



Mental Health Awareness Month:

Research, Guidance, Tips &
Resources for Educators,
Parents and Caregivers

MAY 2023

Effective School Solutions



Effective School
Solutions

Reinventing K-12 Mental Health Care

The State of Mental Health

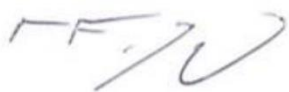
Welcome!

On behalf of all of us at Effective School Solutions, Happy Mental Health Awareness Month! We have compiled this guide to serve as a toolkit and collection of resources to help you use this period of time as a way to stimulate dialog and conversation in your school districts and communities about how we can all work together to support mental health, particularly the mental health of students, their parents, and the educators who serve them.

As background, Mental Health Awareness Month has been observed since 1949 when it was started by the National Association for Mental Health, now known as Mental Health America (MHA). Each year, MHA chooses a theme to promote mental wellness. For May 2023, MHA has selected "[Take Some Time to Look Around, Look Within](#)" as this year's theme. MHA is challenging us to examine our environment and how it can affect our overall health. They also want everyone to have "foundational knowledge about mental health & mental health conditions and information about what people can do if their mental health is a cause for concern."

Mental health is essential to everyone's overall health and well-being, and it is critical to reduce the stigma associated with mental health struggles. Our guide provides a few practical tools that everyone can use to improve mental health and increase resiliency.

I hope that you find this toolkit helpful, and thanks for all that you do to support students, parents, and educators.



Duncan F. Young
CEO





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Another Look at School Avoidance

by Lucille Carr-Kaffashan, PhD

As students begin their 4th academic year impacted by the COVID-19 pandemic, educators are continuing to adjust their understanding about what types of support are needed to address children's educational and emotional challenges. Teachers and administrators all over the country are reporting record levels of anxiety and depression, and when asked about their number one concern, they frequently mention school avoidance.

Life has changed in numerous ways since the start of the pandemic, and many would agree that the world feels scarier and less stable than we remember it to be in early 2020. Some students who struggled with school avoidance prior to pandemic-related school closures have found it even harder to face the stress of being at school. Others who previously had little or no difficulty getting themselves to school each day may be finding it too anxiety provoking to leave the perceived safety of home no matter how reassuring parents and teachers try to be.

School avoidance is a pattern of refusing or avoiding school altogether or difficulty remaining in school for the entire day. It is not the same as truancy, and it is not an avoidance of schoolwork per se. It is a complex syndrome influenced by temperament, genetics, cognitive factors, and family environment, and often occurs after a stressful event (e.g., a parent's illness, a bullying incident, a move to a new home or school, a prolonged absence from school). In general, it is best understood as an anxiety disorder related to separation anxiety.

Effective School Solutions (ESS) has a long history of treating school avoidance within the various Multi-Tiered Level of Supports (MTSS) programs that it offers to districts throughout the country. Staff draw from research-based standards of care and the collective experience of ESS's own clinical experts to design individually tailored clinical interventions.

We recently caught up with one of ESS's own clinical experts, Jordan A. Katz, MSW, LSW, a Licensed Social Worker, to get her take on our current understanding of school avoidance. Ms. Katz's clinical interests include obsessive compulsive disorder (OCD), anxiety disorders, emetophobia, mental health stigma, and access to mental health care. In addition to her role as Professional Development Trainer and Coach for ESS, she currently maintains an active clinical practice, working as a psychotherapist with children, teens, and adults who struggle with OCD and other anxiety disorders.

Interview with Jordan A. Katz, LSW, Professional Development Trainer and Coach for ESS

How common is school avoidance and when should a parent or teacher become concerned?

As reported by The School Avoidance Alliance ([School Avoidance Facts - School Avoidance Alliance](#)) the refusal to attend school or remain in class an entire day is not uncommon, affecting 5% to 28% of students at some time in their lives. If the behavior persists for 1.5 – 2 weeks, it's time for parents and school professionals to confer about the causes and what can be done to help.

What are the signs of school avoidance?

School avoidance will look different depending on the age of the child. With younger children, for example, we might see tantrums or threats to run away when it's time to go to school and they may say things like "No, I'm not going to go to school. I'd rather run away from you." They may even run down the street when the bus comes. We might see tearfulness in the morning before going to school, or even the night before. It is also very common to see somatic complaints, including stomach aches or headaches. These may be so persistent that a parent pursues medical intervention, e.g., bringing the child to see a gastroenterologist because of chronic stomach aches associated with going to school or being in school.

Other things to look out for include seeing a student hesitate about going to school or exhibit persistent negative thoughts or statements about school that didn't otherwise exist. A student might suddenly declare "I hate school" or "I'm not good at school" or make statements that suggest worry: "What if something bad happens when I'm at school?" "What if I get bullied?" "What if I fail this exam?" Another common behavior is reassurance seeking from parents or teachers, such as continually asking, "Is everything going to be okay?"

Exposure to bullying is another factor that contributes to school avoidance. Recently, there's been an increase in bullying online, so it's not just face-to-face bullying that adults must consider. For example, perhaps a student who has had no problem going to school in

the past becomes aware of something negative said about him or her on social media. This contributes to apprehension about going into school and about being present among peers.

What are the causes of school avoidance?

There are social, educational, and mental health factors that contribute to school avoidance.

Social factors include bullying, the impact of social media, and substance use. As I mentioned earlier, if a child is exposed to bullying at school it will create an undesirable situation that the child will want to avoid. The explosion of social media has ensured that our students' social contact doesn't end when they leave school and go home. Whether it is bullying or competition or social pressure of any kind, students can no longer get away from it: it now follows them home. For example, there may be tweets or social media posts that could be the prompting event for a student to avoid the next day. As for substance use, if a student is using substances for any reason - to fit in, to feel "cool", to self-medicate, to party and/or experiment - it may contribute to that student being unable or unwilling to rouse from sleep or to feel motivated to go to school the next day.

Educational factors include things like a learning disability or some other neuro-cognitive difference. A child might say, for example, "If I struggle in school, I may have a hard time being there. I don't really enjoy it. It's hard for me. I don't really understand what I am learning anyway, and I don't learn at the same rate as my classmates. It's going to be hard for me to be there." Students who have ADHD may have a

hard time sitting in classes in districts that use block scheduling, which can require students to sit and pay attention for 90-minute classes.

Mental health factors could include anxiety or depression. Generalized Anxiety Disorder or Social Anxiety Disorder might manifest in comments like "I am anxious about being in school and worried about how I am doing in my classes" or "Other kids will be mean to me and won't want to talk to me." Depression might be reflected in comments like "I don't get much sleep, it's difficult for me to get going in the morning" or "I don't really care about school because I just feel sad a lot of the time."

What can parents do?

Well-meaning parents can inadvertently maintain or reinforce school avoidance. For example, if a student has a tantrum or says to a parent, "I don't want to go to school" or "it's scary" or "I don't like it" it is understandably hard for a parent to force a child to do something that is causing them emotional distress. It is important, however, to urge parents to encourage their children to face their fears and continue to go to school even though it's hard or doesn't feel comfortable. Parents need to assure their kids that they can tolerate uncomfortable feelings, and these feelings are temporary and will pass. Over time, as parents withdraw these protective behaviors and accommodations, it can help the student be more functional in the school setting. By decreasing parental accommodations, students can become more independent in confronting their fears and develop a greater sense of self-efficacy, confident in their ability to remain at school. It can

also be important for parents to get their own mental health support if they find it difficult to withdraw those accommodations and to tolerate the child's discomfort.

How can schools help?

The most important goal is for educators to identify and understand when a student might be struggling with an anxiety or depressive disorder. There are a variety of different symptoms to look out for in the school setting. For example, a student who persists in checking for mistakes, who often turns in incomplete assignments, who seeks lots of reassurance, who isolates more than in the past, who seems unwilling or unable to be involved in class discussions, who is chronically late, might be struggling with anxiety or depression. These are all symptoms that an educator might notice and then begin to question what might be going on with this student.

From there, the teacher or school counselor should talk with the parents to share what they're observing and see how these symptoms might be showing up outside of the school setting. In some instances, when there are mild issues related to something like social anxiety, the teacher or school counselor might feel comfortable coming up with goals or exposure opportunities so that the student might practice new behaviors while tolerating discomfort during school activities. In other cases, if the child is refusing school frequently, it may be something that's more significant that requires professional help. In that case, the educator can make a referral to school based mental health counselors, or help parents identify outside resources, such as a program or a

practitioner who specializes in the treatment of anxiety or mood disorders.

We are grateful to Ms. Katz for taking the time to share her perspectives on this pervasive problem.

Some Final Thoughts

Educators are analytical by nature and by training and strive to understand their students' struggles. With that in mind, it might be useful to summarize some information about the causes of school avoidance that have been discussed in prior MindBeat articles.

As Ms. Katz pointed out, there are many factors that contribute to the development and maintenance of school avoidance, and once a student's pattern of avoidance persists beyond two weeks it is critical to have a mental health professional conduct a comprehensive assessment before creating an intervention strategy. The *School Refusal Assessment Screening (SRAS)* tool, developed by Kearny and Albano ([When Children Refuse School: Parent Workbook | Oxford Academic \(oup.com\)](#)), helps us understand what factors are most relevant for any given student.

The four primary reasons that students avoid school:

- To avoid school-related stimuli or situations that cause discomfort or anxiety (e.g., noisy cafeterias, bus rides, fire drills, crowded hallways, other children that make them

uncomfortable such as bullies, not being able to do schoolwork because of learning differences, etc.)

- To avoid evaluative or social situations related to school performance (e.g., tests, public speaking, athletic performance in the gym or on sports teams, etc.)
- To receive attention from parents or caregivers (e.g., separation anxiety or the feeling that one or both parents need them at home, etc.)
- To seek tangible rewards that make staying home more comfortable or enjoyable than going to school (e.g., access to video games, ability to sleep in, to work at a job, to socialize with friends outside of school, etc.)

And remember, make sure to engage school-based mental health professionals as soon as possible in the conversation about any student's pattern of school avoidance!



Resources:

<https://www.newportacademy.com/resources/restoring-families/school-refusal/>

[When Children Refuse School: Parent Workbook | Oxford Academic \(oup.com\)](#)

[School Avoidance 101: Assessment Scale & Parent Resources](#)

[School Avoidance Facts - School Avoidance Alliance](#)



Top 3 Things You Can Do to Celebrate Mental Health Awareness Month

- 1. Knowledge is powerful:** When it comes to student mental health it is essential that all staff be educated on how they can help, what their role is, and what supportive resources are available. Districts should **schedule professional development** sessions for staff members, **redistribute policies/procedures** relating to student mental health awareness, prevention, intervention, and postventions to all staff and **create a mental health action plan**.
- 2. Awareness is key:** Ensure that all staff and students are aware of the warning signs and changes in student behavior that can be indicative of mental health needs. This can be done through **newsletters, bulletin boards, assemblies**, and a variety of other distribution methods.
- 3. Taking Action:** Education and awareness are important, however as the old adage goes “actions speak louder than words.” **Embed positive mental health practices** such as meditation, mindfulness, grounding, sensory regulation, nutrition, and physical exercise throughout the school day. **Establish daily routines and rituals** to enhance positive mental health.

Mental Health Services in School: The New Normal? **by Effective School Solutions**

Earlier this year, the chief science officer of the American Psychological Association, Mitchell J. Prinstein, [made the case](#) for greater investment in mental health services for our country's youth. His argument came on the heels of similar appeals by President Biden and Vivek Murthy, the country's Surgeon General. To make his point, Prinstein notes that, on average, there are two students in every American classroom who are experiencing mental health issues severe enough to affect "their ability to concentrate and learn – and potentially threatening their lives." In the United States, he adds, the suicide rate is the highest among all wealthy nations. In fact, suicide is the [second leading cause of death](#) among teens and young adults in this country.

Prinstein is right to refer to "students" and "classrooms," because school is where young people spend the bulk of their day. It's where they engage in the activities, learning, and relationships that play a role in shaping their futures. At the same time, mental well-being is virtually a prerequisite for a rewarding school experience. It's hard to engage academically when anxiety, depression, or other emotional challenges are siphoning off all your energy. This is why mental health services and schools are natural partners. And it's why President Biden and Dr. Murthy called on schools to step up and help meet the current challenge.

School-Based Services: A Solution That Makes Sense

In many ways today's young people live in a climate of unease. They face

heightened pressures to achieve in school, the always online culture of social media, the psychological toll of constant school shootings, anxieties around climate change and its impact on the future, the pain of racial injustice, and, of course, the lingering aftermath of the COVID-19 pandemic. These broad, external factors don't even take into account interpersonal dynamics within families or the specific brain chemistries of individual young people. Kids are by nature resilient, but with so many complex factors at play, it's not hard to see how we've arrived at our current mental health crisis.

School-based mental health services offer an effective and workable response to this enormous challenge and address the greatest obstacles to access. For many families, the sheer cost of a private therapist is prohibitive, and getting to and from appointments can pose logistical nightmares. Even for families for whom these issues aren't a problem, access can still be a challenge; we're currently facing a shortage of private therapists who are qualified to meet the unique needs of children and teens.

Another barrier to access is stigma. In recent decades our culture has become much more open about and accepting of mental health issues, but individuals and families may still experience shame when *they're* the ones in need of support. School-based interventions can serve to normalize the experience of seeking mental health services – both for young people and their families. By bringing mental health issues into the school setting, schools have an opportunity to educate students and families about the pervasiveness of mental health

difficulties and their causes, reducing embarrassment, guilt, and shame.



In addition to solving issues of access, schools and school personnel may also be in the best position to recognize students' mental health struggles early on because they see and interact with students on a daily basis. Early identification of social and emotional problems can lead to faster resolution and reduce the burden of suffering. By implementing strategies like universal screening, schools can often head off troubles before they have a chance to develop and escalate.

Easing students' suffering may be the most immediate benefit, but [studies have shown](#) that developing comprehensive school mental health

programs have a number of ripple effects: stemming absenteeism and helping students achieve academically, building students' social skills, developing their self-awareness and leadership skills, and fostering warm and caring connections to adults in their school and in their community. In short, school based mental health services are a workable solution that can promote healthy skills for school – and for life.

A Multi-tiered System of Supports

Evidence shows that school-based mental health services are most effective when they exist within a multitiered system of support (MTSS). An MTSS framework encompasses the continuum of need, enabling schools to promote mental wellness for all students, from the most resilient to the most vulnerable. Tier 1 programs focus on schoolwide wellness, employing a social emotional learning curriculum and universal mental health screening. Tier 2 services address the needs of students with mild to moderate mental health symptoms; and Tier 3 services are the most intensive, reserved for the smaller group of students with severe mental health challenges.

Implementing tiered programs makes it possible to identify and address problems before they escalate or become chronic and to provide increasingly intensive, evidence-based services for the individual students who need them.

Are Schools Ready?

It's clear that yesterday's strategies aren't suited to today's complex reality. School staffing solutions that might have sufficed twenty, ten, or even five years ago are no longer adequate to meet

the current needs of our young people to allow them to flourish. But are schools ready and equipped to provide the supportive, evidence-based care that can help kids thrive?

Citing a study by the National Center for Education Statistics (NCES), [the Pew Research Center reports](#) that during the 2019-20 school year just over half of the country's public schools (55%) provided mental health assessments to diagnose mental health issues. Far fewer, however, actually provided services or treatment for students who needed them. Just 42% of K-12 schools offered mental health treatment to lessen or eliminate symptoms, the survey reported.

The pandemic, of course, changed the landscape considerably. With the return of in-school instruction for the 2021-22 school year, it came as news to no one that the mental health needs of students had risen dramatically. In response, schools across the country scrambled to beef up their mental health services. [Research](#) conducted by the National Center for Education Statistics and the U.S. Census Bureau found that in the 2021-22 school year as many as 96% of public schools reported offering at least some form of mental health intervention to their students. A majority of schools (67%) said that they'd increased their mental health services; fewer than half, however, (41%) said they'd hired additional staff to meet the overwhelming need. What's more, only a third of schools said they were providing outreach services and mental health screenings, which are effective tools for early intervention and prevention.

In both of these research studies, the main reasons schools gave for failing to

provide the necessary services for their students were *insufficient funding* and *lack of access to qualified mental health professionals*.

Effective School Solutions Can Help Sustain Mental Health Services for the Long Haul

School-based mental health services are not a passing trend. The challenges young people face are not going away. By reducing stigma and increasing access, in-school services can help ensure that all students – not just the fortunate few – get the support and help they need to reach their true potential.

So how will school districts across the country expand services for their students? And how will they pay for them? On the staffing front, one answer is partnering with outside experts. As a leader in in-school mental health services, [Effective School Solutions](#) (ESS) works with districts around the country that are struggling to meet the rising needs of their students. By implementing an MTSS framework and providing qualified practitioners, ESS consistently helps schools expand and improve care, strengthen academics, and maintain students in-district.

To help district leaders secure the resources to pay for these essential services, ESS has devised a 7-part framework to guide districts as they seek to obtain long-term funding for mental health services: SUSTAIN.

Seize the opportunity to prioritize school-based mental health. First and foremost, supporting students through school-based mental health programs is the path for helping young people succeed in school and beyond, and districts must

make it a priority.

Utilize traditional federal funding sources like Title funds and IDEA to fund mental health services. The federal Mental Health Service Professional (MHSP) Demonstration Grant Program and the School-Based Mental Health (SBMH) Services Grant Program allocate monies to increase mental health support services in schools.

State specific mental health funding. State appropriations fund student mental health supports and services. Recent state actions have focused on awarding monies to support and develop school-based mental health programs and services, mental health and wellness curricula, staff training and professional development, mental health screenings, suicide prevention programs and other core services. ESS works with state legislators on an ongoing basis to advocate for the inclusion of mental health services in state appropriations.

Take advantage of Medicaid. The federal government now allows school districts to bill Medicaid for health services delivered to all children enrolled in Medicaid. Some states can update this policy change administratively, while other states need to submit a state plan amendment (SPA) to the Centers for Medicare and Medicaid Services. ESS partners with many districts to provide reporting on service delivery that enables this reimbursement to take place.

Adjust out-of-district placements/non-public schools spending. Districts often spend millions of dollars to send students to private therapeutic day schools and other outside placements. While some

students need the specific skills a specialized school offers, many students who are sent out of the district because of behavioral or emotional challenges could be supported in the “least restrictive” environment of the public-school system if the right supports existed. ESS offers great quality clinical support in schools at a fraction of the cost of an ODP or NPS. Strengthening mental health supports in a district can be a significant cost savings.

Integrate new federal funding sources. In addition to traditional federal funding sources, a new piece of legislation signed in July 2022 – the Bipartisan Safer Communities Act (BSCA) – authorizes \$1.7 billion in mental health services to schools and communities.

Navigate COVID-19 relief funding. The government’s COVID-19 relief package allocated over \$263 billion into state and institutional recovery and rebuilding efforts via the Education Stabilization Fund (ESF), which is managed by the Department of Education. The ESF includes distinct emergency relief funds relating specifically to mental health service provision through the Elementary and Secondary School Emergency Relief (ESSER) Fund, the Governor’s Emergency Education Relief (GEER) Fund, and the Emergency Assistance to non-Public Schools (EANS) Fund.

For school-district leaders, using the funding before it expires is critical. When it comes to ESSER funds, the greatest hurdle to spending the monies is having enough staff members to do it. ESS can supplement school staff and grow capabilities, assisting districts in implementing programming funded by ESSER dollars. Similarly, ESS can help districts make use of GEER funding,

which may be distributed to public agencies or private entities that coordinate or directly provide early intervention services under the Individuals with Disabilities Education Act (IDEA). ESS programming falls under this programming bucket.

For many districts, expanding and fine-tuning school-based mental health care is a work in progress. But this model of care is clearly the way forward. This is a new normal that benefits students, their families, and the entire school community.



Anxiety on the Rise **By Effective School Solutions**

When we talk about the mental health crisis affecting our nation's youth, we're referring to a wide range of conditions, the two most prevalent of which are anxiety and depression. Depression is often seen as the more worrisome because its symptoms can be so excruciating and even life-threatening. At its worst, depression can lead to feelings of hopelessness, despair, and suicidal ideation – serious symptoms that call for immediate intervention.

Anxiety, however, brings its own forms of suffering and can be profoundly disruptive and debilitating. At the same time, anxiety and depression often co-occur. Those with anxiety are at greater risk for depression and vice versa. So recognizing and treating anxiety disorders as early as possible is vitally important.

Not All Anxious Feelings Are Problematic

Feeling anxious on occasion is simply a

part of being human. Experiencing mild worry about an upcoming test or feeling butterflies in the stomach before entering a roomful of strangers are normal episodes of nervousness that just about everyone experiences at some point. Indeed, occasional fear and anxiety are healthy and adaptive and help to keep us safe. But while mild worries are normal and disappear when the triggering situation passes, disordered anxiety is more pervasive. Troublesome anxiety is out of proportion to the situation, often hinders behavior, and may get worse over time.

The Most Common Types of Anxiety Kids Experience

There are a number of different anxiety disorders, but what they all have in common is that they lead to suffering and can disrupt and diminish young people's lives. The following are some of the most common anxiety disorders young people experience.

Social anxiety disorder. Children and teens with social anxiety disorder suffer from extreme feelings of self-consciousness that make it hard for them to interact in normal social situations. Some degree of self-consciousness among adolescents is normal, but kids with social anxiety find daily encounters with peers highly stressful – and may find it impossible to participate fully in school. As a result, young people with this kind of anxiety disorder increasingly avoid social situations, which can lead to loneliness, poor school performance, and an avoidance of other activities.

Panic disorder. Students with panic disorder experience recurring (often spontaneous) panic attacks. The

physical manifestations of these episodes – racing heart, dizziness, sweating, shortness of breath – are so overwhelming that sufferers may fear they're dying or going crazy.

Specific phobias. Kids with specific phobias experience extreme fear when they encounter a specific trigger. Triggers can be almost anything, ranging from spiders or insects to heights or bridges to choking or vomiting. In response to their phobia, sufferers will try to avoid the trigger. For instance, someone with a phobia of choking may avoid eating many types of food.

Separation anxiety disorder. While it's normal for very young children to experience distress when separated from their caregivers, separation anxiety is problematic when excessive distress is felt by older students who would normally separate with ease.

Obsessive-compulsive disorder. Young people with obsessive-compulsive disorder (OCD) experience unwanted thoughts (obsessions), and frequently engage in behaviors (compulsions) designed to alleviate the anxiety caused by the intrusive thoughts. For someone with OCD, the thoughts and feelings can take up a lot of mental energy.

Generalized anxiety disorder. Students with generalized anxiety disorder experience intense worries and fears that seems to have no real cause. Unlike phobias, their fears are directed at many things, such as their school performance, their past behaviors, and real or imagined future events.



Why Are Anxiety Disorders on the Rise?

Anxiety is on the rise among people of all ages, but the greatest increases have been among young people. In many cases, we don't know the factors that lead to the development of a child or teen's anxiety disorder. It's likely that genes, brain wiring, temperament, and other unknown factors all play a role. Yet these factors seem insufficient to explain the marked increase we've witnessed among children and adolescents in recent years.

It's tempting to blame the increase in anxiety on the pandemic. And without a doubt, that unprecedented crisis has made everything worse. Various studies have shown that the pandemic increased both rates of depression and anxiety in the population as a whole and among young people in particular. But ample research has also shown that rates of anxiety were already climbing before the pandemic. According to the CDC [more than 9% of young people](#) between the ages of 3 and 17 were diagnosed with anxiety in the four years

leading up to the pandemic, and that number had been rising steadily for the past two decades.

So, what's changed?

High expectations and the pressure to succeed. Today's young people feel pressures that no previous generation did. High-stakes testing, the pressure to get good grades and to get into a good college, and an emphasis on resume-building extracurricular activities can leave students feeling stressed and out of balance. Without adequate downtime to run around, relax, and just be kids, they can become perfectionistic, overwhelmed, and anxious.

Social media. Our kids spend a lot of time on social media, where likes and approval are the currency of the realm. While some kids say social media makes them feel connected, it's also clear that for many it leads to negative self-comparisons and feelings of inadequacy. In addition, too much time spent interacting with screens can crowd out time for in-person, face-to-face interactions and may end up contributing to social avoidance.

Real-World Issues. Kids in twenty-first-century America live in a complex culture with many realities that can feed anxiety. As the threats of climate change loom, children and teens may experience stress and worry about its impact on their future. Once a rare event, school shootings are now so common that many schools regularly have lockdown drills, which can themselves be terrifying for young

people. Racism, anti-LGBTQ prejudice, and other forms of social injustice are now front and center for many young people – whether because they experience them firsthand or because of time spent online.

Recognizing Anxiety Disorders

Recognizing anxiety disorders is the key to treating them. Some forms of anxiety are relatively easy to spot. An anxiety disorder like OCD, for example, often announces itself when a young person begins to engage in compulsive behaviors, like excessive handwashing or repetitive checking. Similarly, specific phobias are often easy to identify. Other anxieties, though, are often less visible.

Generalized anxiety disorder, for instance, can be harder to identify – especially once students hit adolescence, when they become experts at hiding their thoughts and feelings. But to an informed eye, there are a number of behaviors that might signal a teenager is dealing with anxiety.

School refusal is one such sign. According to the Child Mind Institute, "[school avoidance can mask anxiety](#) about any number of issues. "Since so much of what adolescents are focused on is connected with school – think academics, sports, other activities and social life – school can be the setting of a lot of things a teenager might be anxious about. Hence when kids resist going to school, it's not necessarily about school itself."

Other signs could be irritability, difficulty sleeping, trouble concentrating, and excessive worrying, among others. At school, episodes of acting out or

defiance, which look like “misbehaving,” may in fact be fueled by underlying anxiety and feelings of being overwhelmed.

Therapeutic Interventions

Fortunately, anxiety is treatable with the right interventions. Intervention, however, is key. Left on their own, anxiety disorders can worsen. Although strategies like avoidance feel helpful in the short term, over time they can actually deepen fear and anxiety and become self-reinforcing. In the worst case, fears and anxieties spiral out of control and significantly diminish quality of life.

A form of cognitive therapy known as “exposure therapy” is one intervention that has been proven to be successful. Exposure therapy is just what it sounds like – it entails exposing the anxious person to the trigger or triggers that elicit fear and anxiety, and over time the anxiety lessens. Yet as *The New York Times* [recently reported](#), the treatment, “which is considered a gold-standard approach for tackling anxiety, phobias and obsessive-compulsive disorder” and which often yields big improvements in a matter of months, is rarely used with young people. “Financial barriers and a lack of providers have kept the treatment out of reach for many.”

In addition, exposure therapy for young people has its critics. Exposing a young person to the thing they’re most afraid of can make therapists uncomfortable and may be seen as cruel. A child or teen will have to endure some difficult feelings before they ultimately feel better. But when engaged in with care, a skillful exposure therapist can help young people feel a degree of safety

even as they experience fear and dread.

Another tool that can be helpful in reducing anxiety is mindfulness. Mindfulness is a form of meditation that entails being present with what’s happening in the moment – one’s thoughts, feelings and bodily sensations – without criticism or judgment.

A [recent study](#) (conducted in adults) found that mindfulness training was as helpful as medication in treating anxiety disorders. In the study, half the participants were given a drug commonly prescribed for anxiety and depression, while the other half participated in an eight-week Mindfulness-Based Stress Reduction course. At the end of eight weeks, both groups experienced a 20% reduction in their anxiety.

Lastly, some young people with severe anxiety disorders may be prescribed medications, which can be used together with behavioral interventions to fully address the condition.

What Can Schools Do?

Perhaps the single most important step schools can take to address the epidemic of anxiety – and other mental health issues among students – is to have a [multitiered system of supports](#) (MTSS) in place. An MTSS framework is designed to respond to young people across the continuum of need so that no student falls through the cracks. Universal screening of students can identify issues that may otherwise fly under the radar. And when mental health challenges are identified, there are caregivers available to ensure students have access to appropriate interventions.

Teachers and staff also benefit from an MTSS model, which puts an emphasis on professional development. By equipping them to respond to problematic behavior and to recognize when a young person may be experiencing undiagnosed anxiety, the framework helps the school day run more harmoniously for everyone.

Bringing tools like mindfulness into the classroom can have positive results, as well. Although most mindfulness research has focused on adults, there's plenty of anecdotal evidence that mindfulness is effective for people of all ages, including kids, and increasingly it has found its way into schools. One organization, Mindful Schools, based in Oakland, California, has been bringing mindfulness into classrooms since 2007, giving young people a tool in their toolbox to chip away at stress and anxiety when they arise.

Amid the current epidemic of anxiety and other mental health challenges, it's more important than ever to create a school culture in which mental health issues – and their treatment – are seen as ordinary rather than something to be ashamed of, and in which everyone is accepted and welcomed.





Webinar Recordings

A Strength Based Approach to Tier 3 Mental Health: Meeting the Unique Needs of Every Child

Learn about how the students' mental health needs can not only be addressed, but also in many cases resolved by the utilization of an evidence-based Tier 3 Intensive, In-School Clinical Support program. Participants will explore the structural needs of an effective program, as well as the proven benefits on student mental health. [Click here](#) to access the webinar.

MDMTSS: Rethinking Your MTSS Framework to Support Your Students' Academic, Behavioral, and Mental Health

Effective School Solutions and the National Center on Education and the Economy explore the concept and design of a multi-dimensional, multi-tiered system of support (MDMTSS). Students' mental health significantly impacts their behavior and academic performance. Therefore, districts must address each of these dimensions (mental health, academics, behavior) equally in a multi-dimensional, multi-

tiered system of support. [Click here](#) to access the webinar.

Taking Advantage of Medicaid Supports for School-Based Mental Health Services

Medicaid is one of the fastest growing funding sources for school-based health expenditures, including mental health. Currently, all states offer the ability for districts to seek Medicaid reimbursement for the cost of mental health services delivered to students with individualized education plans (IEPs). Why aren't more districts taking advantage of this? [Click here](#) to access the webinar.

Mental Health Vision and Planning: Developing an MTSS Playbook for your District

In order to make meaningful changes to a school district's mental health care program, districts must first have a clear understanding of their current strengths and weaknesses, a focused vision for improvement, proper policies, procedures, protocols, and tools to deliver high quality clinical care. In this webinar, we discuss why it is important to create a MTSS playbook, the process for developing a playbook, and the 5 essentials of an effective playbook. [Click here](#) to access the webinar.

Early Childhood Clinical Programming: Impacting the Mental Health of Early Learners

Effective early childhood programming focuses on cultivating high quality interactions between children, their peers, and adults. Participants will learn: why it is important to create supportive environments for early learners, three key components of effective systems of

support when designing early childhood programming, and four ways to advance positive social emotional and behavioral outcomes in early learners. [Click here](#) to access the webinar.

Transition Resets: A School District's Guide for Emotion Regulation

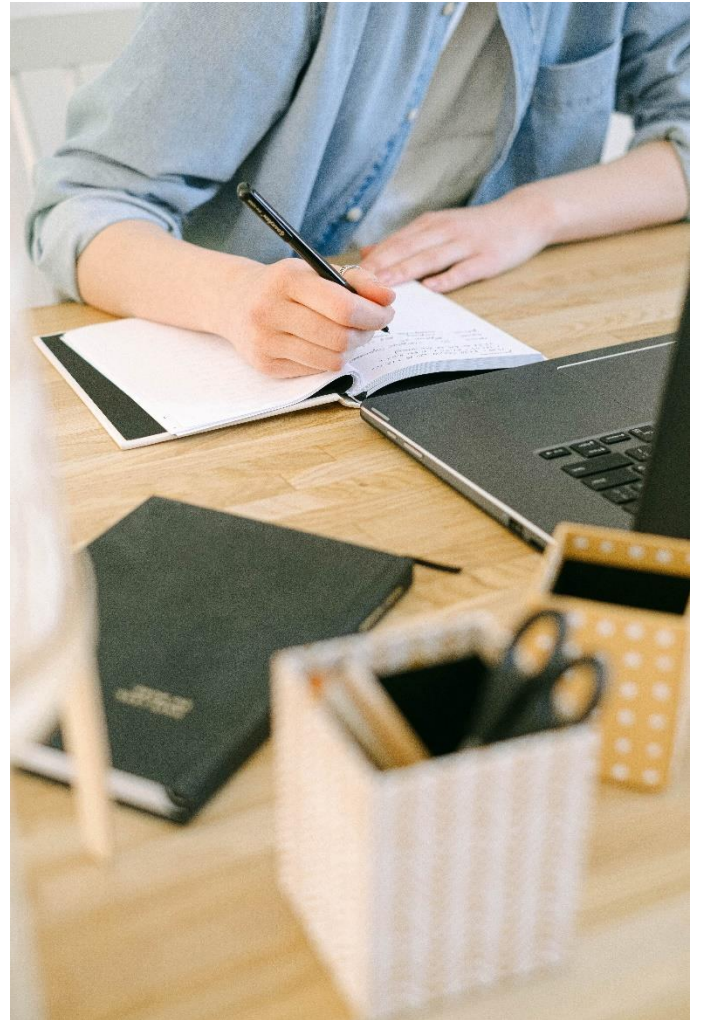
Students often lack the skills and have difficulty recognizing opportunities to regulate their emotions. Transition resets imbed mindfulness and emotional regulation techniques into students' daily school routines. With frequent repetition, resetting can become a transferable skill that is easily accessed when students are overwhelmed. The more students learn the value of resetting the more they will begin to learn to reset themselves and others. In this webinar, participants will learn strategies for developing a reset paradigm in the classroom and the entire school, along with practical techniques for implementation. [Click here](#) to access the webinar.

Ensuring a Strong Foundation for your MDMTSS (Multi-Dimensional Multi-Tiered System of Support) Through Professional Learning

Effective School Solutions, the National Center on Education and the Economy, and special guest, Dr. Abigail Leonard, Director of Ancillary Services, Big Spring School District take a deeper dive into the concept of a multi-dimensional, multi-tiered system of support (MDMTSS), exploring the ways in which powerful, prevention-focused professional learning will help to ensure strong support for your students' mental health. [Click here](#) to access the webinar.

Cognitive Behavioral Therapy (CBT): Integrating Evidenced-Based Approaches into School-Based Counseling

Many of the challenges experienced by students are based on self-defeating and unhelpful thought patterns that impact both feelings and behavior. Cognitive Behavioral Therapy (CBT) is a time-sensitive, structured, and present-oriented treatment that focuses on problem solving and teaching students how to modify often problematic “all or nothing” thinking patterns. In this webinar participants will learn: the core principles of CBT, best practices of CBT in a school-setting, and key techniques of cognitive reframing for students. This webinar provides a foundational knowledge of the principles and strategies involved in using CBT. [Click here](#) to access the webinar.



Supporting Transgender Students by Leslie Crowe

The current mental health crisis among our country's young people is far reaching, affecting youth in all groups and at all socioeconomic levels. Yet certain populations are especially vulnerable. For instance, research shows that LGBTQ youth experience more mental health struggles than their heterosexual peers. And within this group, transgender young people are the most vulnerable of all. In addition to the challenges their non-transgender peers are grappling with, they experience a set of issues that are uniquely their own.

Survey data put out by the CDC suggests that 1.8% of high school students identify as transgender. It's crucial for educators to understand the distinct issues these students face and to find ways to support transgender young people to help them thrive.

What Is Transgender?

The term *transgender* is used to describe people whose gender identity – their internal sense of being male, female, or something else – is at odds with the sex they were assumed to be at birth. A transgender girl experiences herself as a girl, even though she was thought to be male when she was born. A transgender boy identifies as and experiences himself as male despite being perceived as female at birth. The term *cisgender* was coined in the 1990s (*cis* being the opposite of *trans* in Latin) to describe the majority of people whose internal gender identity aligns with their sex at birth.

In recent years the term *transgender* has sometimes been broadened to

include people who identify as neither male nor female. There are also a number of other terms used to describe these young people and adults, such as *non-binary*, *gender nonconforming*, or *genderqueer*.

Understanding the Issues Transgender Young People Face

Being transgender is not a mental illness, but young people who identify as transgender experience unique challenges that may affect their mental health. This isn't the case for all transgender youth.

Some experience no mental health issues, and others may have mental health struggles that are unrelated to their gender identity. Yet for some transgender young people, mental health challenges and gender identity are interrelated, a fact that frequently has less to do with their being transgender and more to do with the social stigma and lack of acceptance they experience – in their families, among their peers, and in the wider society.

According to the National Alliance on Mental Health, transgender youth are twice as likely as their non-transgender peers to experience depressive symptoms, seriously consider suicide, and actually attempt suicide.

Lack of Acceptance by Family

Ideally, being loved and accepted by one's family is something a young person can count on, no matter what. But far from unconditional love, what many transgender youths experience within their families is *rejection*. While even the most accepting families may experience an initial period of adjustment in recognizing and affirming

a transgender child, a great many parents and caregivers lovingly embrace and support their trans child's gender identity. Some parents, however, are unable or unwilling to recognize and accept this facet of their child. They may become dismissive, rejecting, abusive, and even violent. Others may simply deny the child's basic internal reality, which the child perceives as a fundamental rejection of who they are.

Several studies have shown that the lack of familial acceptance takes a powerful toll on the mental health of trans people of all ages. One [2016 study](#) found that among more than 3,400 transgender or gender nonconforming adults, "42.3% reported a suicide attempt, and 26.3% reported misusing drugs or alcohol to cope with transgender-related discrimination. . . . [F]amily rejection was associated with increased odds of both behaviors. Odds increased significantly with increasing levels of family rejection." Other research has shown similar findings.

Bullying

We know that being bullied is a painful experience for many young people. But transgender youth are at an increased risk of being subjected to harassment, hostility, and violent behavior. [Recent data collected by the CDC](#) reveals that young trans people are much more likely to be bullied at school than their non-transgender peers. For example, 43% of transgender youth have been bullied on school property, compared to 18% of their non-trans peers. Further, 29% of transgender youth have been threatened or injured with a weapon on school property, compared to 7% of their peers who are cisgender. And [a survey conducted by GLSEN](#), a nonprofit

established by teachers to support LGBTQ youth, found that more than 77% of transgender students had experienced episodes of discrimination, compared to 46% of their non-trans peers.

What's more, transgender youth can be subject to harassment and abuse in non-school settings as well, including from transphobic strangers who react to them with antagonism and hostility.

Anti-Transgender Legislation

In recent years, conservative legislators have moved to enact anti-transgender legislation across the country, targeting transgender students. While initial efforts took aim at single-sex bathrooms, more than 100 bills have been introduced to limit transgender students' participation in single-sex sports and extracurricular activities. There's evidence that the national debates that have taken place on these issues is causing support for transgender students to erode, and [Research by EdWeek](#) bears this out.

In their survey conducted in October and November of 2021, "less than 41 percent of educators and school and district administrators told the EdWeek Research Center that transgender students should be allowed to use the bathroom or locker room that aligns with the gender with which they identify, as opposed to the sex assigned at birth. That's down from 51 percent of these key school staff members who said they supported transgender students" in a 2017 survey. This legislation is representative of society's lack of acceptance of transgender people of all ages.

It's clear that transgender individuals, young and old, face discrimination,

rejection, and hostility on many levels. Yet as institutions dedicated to the education and well-being of young people, schools must be places of acceptance and safety for all students. Your classroom can be a place where transgender students are fully accepted and where their humanity is recognized, appreciated, and affirmed. Below are five steps teachers can take to help create a more inclusive classroom that will help trans students feel welcome.

Educate Yourself

You may not know a lot about transgender issues, and you may even have your own unexamined biases. However, the first step in creating a safe and supportive classroom for your students is to learn more about the transgender experience. Taking the time to familiarize yourself with the basics of transgender identities will help ensure you treat transgender students with the same respect as their cisgender peers. Visit some LGBTQ websites, read LGBTQ literature, talk to fellow teachers and friends. It's best to avoid asking trans students themselves to educate you about their experience or to teach you about transgender issues. The more you take it upon yourself to learn about and understand transgender identities, the more supportive you can be.

Use Student's Preferred Name and Pronoun

Our names are deeply intertwined with our identity and sense of ourselves, and in order to show trans students respect, it's imperative to use the names and pronouns they themselves use. This is true even if their families are rejecting of their trans identity. Consistently using students' preferred name and pronoun demonstrates your acceptance of

students' identity and models this acceptance for others in the classroom.

Research shows that the effects of affirming students' identities in this way are far from trivial. According to [recent study](#) by researchers at the University of Texas at Austin, it can actually save lives. The study found that using trans youths' chosen names at home, at school, at work, and with friends reduced depressive symptoms, suicidal ideation, and suicidal behavior – and the results were significant. Usage of chosen names resulted in a 29% decrease in suicidal ideation and a 56% decrease in suicidal behavior.

If you inadvertently use the wrong pronoun or use a student's birth name rather than their chosen name, simply apologize, correct yourself, and move on.

Strive to Be Gender Neutral in the Classroom

Become aware of the language you use and opt for gender-neutral terms that are inclusive. This is especially important for young people who may not feel identified with either gender and who feel left out when you say, for example, "Ladies and gentlemen." Avoid phrases like "Boys and girls" and "Ladies and gentlemen" and instead use gender-neutral terms such as "Class," "Students," "Scholars," or "Friends." Similarly, avoid using gender as the basis for groupings or seating arrangements. To form groups, use numbering or other neutral methods.

Put a Stop to Bullying

If you witness or hear about episodes of anti-trans bullying or harassment inside

or outside the classroom, step in immediately and put a stop to it. It's up to teachers, administrators, and other school staff to promote a zero-tolerance stance to bullying of all kinds, making it clear that such behavior has no place at your school.

Incorporate Positive Representations of LGBTQ People in the Curriculum

For groups facing discrimination, it can be affirming and empowering to learn about others who have walked a similar path. One way to provide this for trans students is to include representations of LGBTQ people and topics. According to GLSEN, doing so can "improve transgender and nonbinary students' school experiences by exposing them to positive representations of people who share their identity and by messaging to these students that their identities and experiences are important and valuable." Moreover, exposing all students to these representations can help them to be more inclusive towards

others who may differ from them in one or more ways.

Like all young people, transgender youth need the support and recognition of the adults in their lives, and that includes teachers. By providing a consistently respectful and accepting presence, you can become a powerful counterbalance to forces of prejudice and discrimination in our society that endanger the mental health and well-being of trans youth.





MINDBEAT, the Podcast

In November 2022, we launched MINDBEAT, the definitive go-to podcast for all topics related to school-based mental health. From sharing best practices to highlighting innovative school districts to keeping track of legislation, MINDBEAT is the must-have resource for educators and administrators that are implementing (or thinking about implementing) a mental health care continuum.

EP 1: Amy Kennedy - A Glimpse into the Future of School-Based Mental Health

In this episode, Amy Kennedy, Co-founder of The Kennedy Forum, joins Duncan and Laine to discuss the current state of school-based mental health in the U.S., significant changes regarding mental health in the classroom, the youth mental health crisis, federal and state initiatives in place to address the crisis, and why we all need to invest in mental health. [Listen now!](#)

EP 2: John Zogby - Administrator and Parent Perceptions of School-based Mental Health

In this episode, John Zogby, Founder and Senior Partner of John Zogby

Strategies, joins Duncan and Laine to discuss the recently announced ESS-Zogby major survey of parents and school administrators about school-based mental health care, stigmas around mental health, priorities for funding these initiatives, parents' attitudes about what level of mental health support school should provide, and how to prioritize school-based mental health in the future. [Listen now!](#)

EP 3: John Crocker – The Importance of Universal Mental Health Screening

In this episode, John Crocker, Director of School Mental Health and Behavioral Services for Methuen Public Schools in Massachusetts, joins Duncan and Laine

to discuss the most pressing issues relating to student mental health he sees on the ground in his district, the importance of universal mental health screening, and the playbook he uses as the Founder of the Massachusetts School-Based Mental Health Consortium. [Listen now!](#)

EP 4: Natasha King – The State of School-based Mental Health in California

In this episode, Natasha King, SELPA Manager for the San Mateo County Special Education Local Planning Area (SELPA), joins Duncan and Laine and special guest host Dawn Ortiz to discuss what's missing in mental health support, how to reset and recalibrate with students, California's mental health funding landscape, and building programming in school districts to serve all students. [Listen now!](#)

EP 5: Dr. Elizabeth Sylvester & Dr. Kat Scherer – Relationship-Based Treatment of Children and Their Parents

In this episode, Duncan and Laine are joined by Dr. Kat Scherer, a psychologist, educator, and author, and Dr. Elizabeth Sylvester, a psychologist and Nurtured Heart Approach® advanced trainer treating children, teens, and families. They discuss the relationship between attachment, regulation, and discipline, how to help a child regulate their behavior, how schools can support parents who struggle with their kid's behavior, the 7 Essential Attachment Needs, and tips for parents to support their children. [Listen now!](#)

EP 6: Dorothy Espelage - Anti-Bullying Initiatives in Schools

In this episode, Dorothy Espelage, Ph.D., the William C. Friday Distinguished Professor of Education at the University of North Carolina at Chapel Hill, joins

Duncan and Laine to discuss the link between bullying and mental health, how to support bullies to change their behaviors, and bullying prevention initiatives school districts can put in place to reset. [Listen now!](#)

EP 7: Arne Duncan - The Trajectory of U.S. Education

In this episode, Arne Duncan, former U.S. Secretary of Education for the Obama Administration and the leader of Chicago CRED, joins Duncan and Laine to discuss the gaps in school-based mental health services, sustainable funding for school districts' mental health initiatives, and a look back at his tenure as the U.S. Secretary of Education from 2009-2015. [Listen now!](#)

EP 8: Sharon Hoover – Understanding What “Good” Looks Like for School-based Mental Health

In this episode, Sharon Hoover, Ph.D., a licensed clinical psychologist and Professor at the University of Maryland School of Medicine and the Co-Director of the National Center for School Mental Health, joins Duncan and Laine to discuss the “state of the practice” of school-based mental health, the key components of a high functioning school-based mental health continuum, and the biggest barriers that prevent school systems from implementing high-quality mental health. [Listen now!](#)

EP 9: Jennifer Baum & Diandra Kaufman – School-based Clinicians Share Insights on How to Best Support Students

In this episode, Jennifer Baum and Diandra Kaufman, from Effective School Solutions' clinical team, join Duncan and Laine to discuss the challenges students are facing today, how mental health challenges have changed, what makes a good partnership between a school district and mental health

provider, and their advice for teachers and parents on how to identify mental health warning signs. [Listen now!](#)

EP 10: Brian Boyd – Ensuring Equity of Care in Treating Students with Autism Spectrum Disorder

In this episode, Brian Boyd from UNC Chapel Hill's School of Education and the Frank Porter Graham Child Development Institute joins Duncan and Laine to discuss how schools can improve their treatment of students with autism spectrum disorder, exploring care at the intersectionality of ASD and under-represented student populations, how to best support teachers working with autistic students, and the inter-relationship between ASD and mental health disorders. [Listen now!](#)

EP 11: Dr. Ilana Nankin – Benefits of Breathe for Change to Enhance Students' Mental Health

In this episode, Dr. Ilana Nankin the

Founder and CEO of Breathe for Change, joins Duncan and Laine to discuss Breathe for Change's mission to enhance the health and well-being of educators, students, and entire communities through her yoga meets meditation meets SEL approach, the relationship between SEL and yoga, and the benefits of yoga for students and teachers. [Listen now!](#)

EP 12: Michael Lombardo – Implementing & Funding School-based Mental Health in CA & Beyond

In this episode, Michael Lombardo from Placer County's Office of Education joins Duncan and Laine to discuss the multi-faceted approaches to school-based mental health in California, the increase in student support via an MTSS for mental health framework, how to effectively implement and integrate student supports in school districts, and how best to fund school-based mental health in schools. [Listen now!](#)



8 Strategies to Manage Challenging Classroom Behaviors

by Lucille Carr-Kaffashan, PhD

Everyone with a stake in educating children wants to create school environments that support student health. We want our classrooms to be places that encourage curiosity and learning, where students can challenge themselves, develop their social and emotional skills, and feel supported and safe.

Even before schools shut down in 2020 due to the COVID-19 pandemic, educators had noted a rise in disruptive students including aggressive, and even violent student behavior that can undermine children's learning and the safety of the school community.

Teachers notice an increase in disruptive behavior.

Prior to the pandemic, teachers everywhere were reporting disruptive classes with physical and verbal outbursts directed at them and other students. They cited being hit, kicked, punched, stabbed with pencils, and being subjected to other aggressive actions. In some schools, these eruptions had become alarmingly common, upsetting classmates and teachers alike, and at their worst, rendering classroom learning impossible.

These outbursts are not confined to older disruptive students: some of the biggest increases in [aggressive behaviors](#) have been among elementary school children, and teachers and administrators feel ill prepared to handle it. Many school personnel themselves are exhausted and depleted, struggling to meet

academic goals while helping dysregulated students settle into school routines. Staffing shortages further exacerbate the problem.

Aggressive student behavior reaches crisis proportions.

Prior to the pandemic, teachers in one state, Oregon, said that aggression in the classroom had reached crisis proportions. The [Oregon Education Association](#) put out a special report to call urgent attention to the problem. "Students are coming to school with complex needs, students and educators don't feel safe, and schools and districts don't have the resources to address the root causes of these incidents," the report concluded. "Without appropriate resources to support communities, students are biting, kicking, punching. Young children are cursing, yelling, screaming. Innocent objects are turned into dangerous weapons."

And the issue isn't unique to Oregon. Districts around the country have been facing a similar plight. In Connecticut, teachers had grown so unsettled by the behavior in classrooms that they were seeking legislative action, calling on lawmakers to pass a bill that would address this troubling trend.

"Students are disrupting classrooms and putting themselves, other students, and teachers at risk at an alarming rate," says CEA [[Connecticut Education Association](#)] President Sheila Cohen. "Oftentimes, the disruptive students are taken out of the classroom for a short period of time and then returned right back into the same classroom, where the aggressive behavior continues." Cohen adds, "These behaviors and lack of support for teachers are adversely

affecting the learning environment for students.”

There is a consensus that aggressive behavior in classrooms is an escalating problem. What’s less clear-cut is what exactly is behind the increase. As with most widespread phenomena affecting large numbers of students, the causes are likely to be varied and complex, and the aftermath of the COVID-19 pandemic has introduced a whole new set of factors.

Becoming a Trauma-Informed Teacher

When teachers encounter defiant, angry, or aggressive behavior in a student, particularly if the acting out is chronic, the impulse might be to label the child as “oppositional” or simply “a problem kid.” But it’s rare that a child truly wants to be difficult. Labeling a child as “problematic” or “difficult” is incomplete at best. There is always a root cause that underlies a problematic behavior, and often the cause is trauma.

All children must weather their share of hurts and fears. But many of the students in classrooms today are shouldering more serious traumas. The types of traumatic experiences these young people have lived through — or might still be living through — run the gamut: extreme poverty, homelessness, violence, neglect, the toxic effects of racism, parental substance abuse, and the list goes on. There is no end to the hardships that life can throw at kids. And, of course, the shared trauma of the pandemic has added layers of stress to the lives of children and their caregivers.

As the educational community

continues to learn more about the many aspects of trauma, teachers and administrators have come to understand that trauma doesn’t always look like trauma. In fact, children who have experienced traumatic events can manifest any number of behaviors, including aggression.

According to experts at the [Child Mind Institute](#), “Trauma is particularly challenging for educators to address because kids often don’t express the distress they’re feeling in a way that’s easily recognizable — and they may mask their pain with behavior that’s aggressive or off-putting.”

Apart from the emotional fallout of deeply injurious experiences, research has shown that traumatic experiences *alter the brain* and can affect children socially, emotionally, behaviorally, and academically. Traumatized kids can appear angry, depressed, uncooperative, or distracted. These children may be behaving in ways that are unpleasant, but what they urgently need is understanding and help.

Other Causes of Disruptive Behavior

While trauma is much more prevalent than we used to think, there are certainly other reasons for aggressive and disruptive behavior at school. A wide range of underlying issues can give rise to extremely challenging behavior in kids.

Children with ADHD can experience high levels of frustration in classroom situations, and they can act out as a result.

Students who have an undiagnosed

specific learning disability might lash out when they're faced with school assignments that they find particularly challenging. Young people with sensory processing issues are easily overwhelmed by too much noise, too many people, and other uncomfortable sensory inputs. When this happens, they can become anxious and distressed, which can lead to aggressive behavior.

Another group of kids who are prone to high-powered meltdowns are children on the autism spectrum or ASD (Autism Spectrum Disorder). When they experience frustration or are forced to deal with an unexpected change, they can become anxious and agitated and thus, prone to aggressive outbursts.

Undiagnosed anxiety or depression can be another cause of children's explosive outbursts. We might expect anxious and/or depressed students to look shy or reserved, but anxiety and depression can present in any number of ways, including emotional volatility.

For anyone dealing with difficult or disruptive behavior, it's helpful to remember that "behavior is communication." Children who are lashing out in harmful ways are always in some kind of distress. Throwing a tantrum may be the only behavior they have at their disposal because they "lack language, or impulse control, or problem-solving abilities."

Dealing with Disruptive Behavior: Restraint and Seclusion

Punishment of one sort or another has a long history in our educational system as a means of keeping students' behavior in check, with frequent use of suspensions and expulsion. [In the 1990s](#),

schools enforcing "zero tolerance" policies often harshly punished students, even for low-level infractions. Such stringent practices have fallen out of favor, in large part because studies showed they disproportionately affected racial minorities and students with disabilities. ["In recent years, districts have begun to discourage and even ban suspensions and expulsions."](#) At least 22 states have changed their laws, to reflect these new policies.

Two other controversial practices have been implemented in some schools around the country: "restraint" and "seclusion". Restraint involves restricting a student's movement by physical means. This can entail anything from holding students' arms, to grabbing or seizing their bodies, to pulling them to the floor. Seclusion, on the other hand, involves isolating students in a room or space, and preventing them from leaving. This intervention is distinct from a "time out" — a common practice in classrooms — because in cases of seclusion children cannot voluntarily leave the space.

Most people agree — and federal guidelines instruct — that such practices should be reserved for only the most extreme situations, that is, when student behavior poses an imminent danger to themselves or others. But there is considerable evidence that these practices are being used far more frequently, in less urgent situations. In a report by the Department of Education's Positive Behavioral Interventions & Supports ([PBIS](#)), the authors write, "According to documents we reviewed, a variety of behaviors have landed children in seclusion. Sometimes students were violent. Other times they were simply non-compliant."

[And in 2017, Education Week](#) reported, “One out of every 100 special education students was restrained by school personnel or secluded in school from his or her peers in the 2013–14 school year, presumably to quell behavior that teachers considered disruptive or dangerous.”

These practices can be upsetting and stigmatizing for children, and in some cases traumatizing. Children have been physically harmed and developed post-traumatic stress disorder after being subjected to these stringent practices.

Classroom Management, A Better Way

Educators everywhere have been looking for ways to effectively address the mounting problem of classroom aggression in ways that benefit everyone involved. The surge in mental health symptoms and disruptive behaviors that has been triggered by pandemic-related stressors has certainly increased the urgency to find solutions.

Go Positive! The Benefit of Positive Attention

Experts have found that giving kids positive rather than negative attention is much more effective in changing behavior. Ample research shows that recognizing and responding positively to the behaviors we want to encourage gets better results than punishing or criticizing the things we want children to stop doing.

In the report by PBIS, the authors suggest that prevention is the best alternative to dealing with challenging behavior. By universally employing positive and preventive intervention practices, we can support all students, including those

who present the most disruptive behaviors. The report encourages teachers and administrators to have “positive expectations for students, explicitly teaching social and emotional skills, providing positive, specific feedback, and reinforcing accomplishments.” Doing so creates an environment that functions as a “protective factor” for students with a history of challenging behavior.

Bring a Trauma-Informed Perspective

When children are lashing out verbally or physically, remembering that their behavior is their way of communicating distress may not be easy to do. But learning to look beyond the behavior to address the root cause is an essential step toward changing the behavior and fostering healthier, happier kids.

[One elementary school in Columbus, Ohio](#), has found that implementing a trauma-informed mindset has made a difference in a school where many of the children have grown up in the face of multiple adverse events. At the school, everyone on the staff receives training to become a trauma informed teacher. They learn about the impact that trauma has on kids, particularly that it can make them emotionally volatile. They learn methods to de-escalate conflict. As a result, learning is up, and problem behaviors are down.

Teacher Training: A Whole-School Approach

Educators need training, but they can't handle these situations on their own. It takes a whole-school approach. And, just as students and families need support to emerge from traumas, so do teachers and other school personnel.

8 Steps Districts Can Take to Improve Behavior Management in the Classroom

1. Engage parents and teachers of each student with a history of aggressive behavior in a discussion about trauma history and known triggers for that child.
2. Examine classroom environment and practices to eliminate or reduce triggering stimuli for all students, as well as for individual students with a history of aggressive or disruptive behavior.
3. Provide information and consultation for teachers about how to recognize the early signs of dysregulation in all students, and in specific at-risk students.
4. Provide teacher training and create a de-escalation manual with strategies that can be used to turn down the heat when one or more students begin to exhibit dysregulated behavior.
5. Avoid placing a student back in a classroom setting after an aggressive outburst warrants removal from the classroom. Create a de-escalation/safe room where an agitated student can calm down and re-regulate.
6. Ensure that incident reports are created for any aggressive outburst and create a process for regularly aggregating and analyzing the data. These findings often point directly to policies/procedures/actions that need to be changed.
7. Create a model for community learning — help parents and guardians learn how to identify the early warning signs of aggression in their children and how to minimize triggers and de-escalate situations.
8. Make referrals to school-based or community mental health services BEFORE a major aggressive incident occurs.





Warning Signs of Mental Illness

1. Feeling very sad or withdrawn for more than a two-week period.
2. Trying to harm or kill oneself or making plans to do so.
3. Severe mood swings.
4. Drastic changes in behavior, personality, or sleeping habits.
5. Out-of-control, risk-taking behaviors that can cause harm to self or others.
6. Sudden overwhelming fear for no reason, including a racing heart, physical discomfort, or fast breathing.
7. Intense worries or fears that get in the way of daily activities.
8. Significant weight loss or gain.
9. Repeated use of drugs or alcohol.
10. Extreme difficulty in concentrating or staying still, which can lead to issues in school.

[Source: National Institute on Mental Health](#)

An Unhealthy Relationship with Food: A Growing Problem for America's Youth by **Lucille Carr-Kaffashan, PhD**

In January, 2023, the American Academy of Pediatrics released its first [comprehensive guidelines](#) in 15 years for addressing childhood obesity. Increasing concerns about the short and long-term consequences of being significantly overweight, especially the risk of diabetes and cardiovascular disease, prompted the organization to recommend a much more aggressive treatment approach. The problem is so serious that for the first time ever the organization recommended offering weight loss medications and bariatric surgery along with dietary and lifestyle interventions to children as young as 12.

We don't often think of unhealthy and/or excessive eating as an eating disorder, and for most people eating issues never rise to the level of a diagnosable disorder. At the same time, a broader perspective about the ways in which children develop unhealthy relationships with food seems warranted. Eating disorders have the highest mortality rate of any mental health diagnosis, and mounting data suggest that overweight children are significantly at risk for developing a variety of chronic and life-threatening diseases.

Eating Disorders Awareness Week

The National Eating Disorders Association (NEDA) and other US-based advocacy and treatment organizations have designated February 27 to March 5 as 2023's national Eating Disorders Awareness Week. During this annual public awareness campaign, eating disorder professionals and advocates

conduct, and support others who want to conduct, educational outreach programs aimed at both preventing eating disorders and helping those already suffering with the physical and emotional consequences of this cluster of diagnoses.

Eating Disorders Awareness Week is the ideal time for school districts to use their considerable reach to educate staff, students, and parents about offering students help with eating disorders and to help students cultivate healthier relationships with food. It is also a good time to examine and challenge societal stereotypes of "the perfect body" and to foster acceptance of different body shapes and sizes.

Based on diagnostic interview data collected between 2001 and 2004, the National Institutes of Mental Health (NIMH) have reported that the lifetime prevalence of eating disorders among U.S. adolescents aged 13 to 18 years is 2.7%. Not surprisingly, given that one of the most significant environmental factors contributing to eating disorders is society's subtle and not-so-subtle messages about physical appearance, these conditions are more than twice as prevalent among females (3.8%) than males (1.5%). That said, boys are likely under-diagnosed because many incorrectly assume that boys do not get eating disorders and do not succumb to body image concerns.

As reported by NEDA, "Body image concerns often begin at a young age and endure throughout life. By age 6, girls especially start to express concerns about their own weight or shape, and 40-60% of elementary school girls (ages 6-12) are concerned about their weight or about becoming too fat. (Smolak,

2011). Furthermore, over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives (Neumark-Sztainer, 2005)."

Understanding the Common Types of Eating Disorders

Eating disorders symptoms can hide in plain sight: when we see people who look painfully thin, we might wonder if they have cancer or some other medical condition, and perhaps overlook the possibility that disordered eating might be to blame. Even harder to detect are the eating disorder struggles of those who appear to be of average weight, or even of those who are overweight since our society often judges overweight people as weak, lazy, or lacking in self-control rather than as suffering from a medical or mental health condition.

There are many types of disordered eating patterns and unhealthy relationships with food, but the most common eating disorders that are formally recognized by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) include:

- **Anorexia Nervosa** is characterized by the extreme restriction of food intake, lower than expected body weight, highly distorted body image, and the fear of gaining weight. Anorexia nervosa can also be found in individuals who fall within expected weight ranges, and while it is perhaps the best known, it is actually the least common eating disorder.

- **Bulimia Nervosa** is characterized by recurrent episodes of binge eating followed by behaviors meant to compensate for the calories consumed, including purging (vomiting), fasting, excessive exercise, and laxative use to avoid gaining weight.
- **Binge Eating Disorder** is characterized by repeated episodes of consuming a large amount of food in a short amount of time. It is typically accompanied by feelings of loss of control and intense shame and is most often found among people of larger body sizes.
- **Other Specified Feeding and Eating Disorder** is a catch-all category that is used when an individual shows disordered eating behaviors that do not meet the specific criteria for one of the above disorders. People with these "sub-clinical" eating disorders will often go on to develop full blown eating disorders.
- **Avoidant/Restrictive Food Intake Disorder** involves restricted food intake that causes individuals to fall short of their nutritional and/or energy needs, but it typically is not accompanied by body image problems.

Although not characterized as an eating disorder per se, **Body Dysmorphic Disorder** can be a significant risk factor for the development of one of the above disorders. Body Dysmorphic Disorder is characterized by a preoccupation with one or more perceived defects or flaws in one's physical appearance, "flaws" that are imperceptible or seem slight to others. It is accompanied by feelings of embarrassment and shame, anxiety in and possible avoidance of social situations, and repetitive behaviors like mirror checking and reassurance

seeking because of appearance concerns. Some individuals go so far as to seek numerous cosmetic procedures to try to "fix" the perceived flaw, although often these procedures offer only temporary relief.

Body image disturbances range in severity and frequently co-occur with self-esteem issues, depression, eating disorders, or post-traumatic stress. Warning signs of a body image disturbance include:

- The inability to accept a compliment.
- Constant comparisons of self to others.
- An ever-present fear of gaining weight, regardless of body size.
- An overriding sense of shame about oneself and one's body.
- Frequent disparaging references to the self: I am "gross," "disgusting" or "ugly."
- Frequent requests for reassurance that his/her looks are acceptable.
- Distortions related to one's body or body parts.
- Extreme and consistent perfectionism.
- The persistent tendency to equate thinness with beauty, success, perfection, happiness, confidence, and self-control.

What Causes Eating Disorders?

The exact causes of eating disorders are unknown, but the results of various research studies suggest that a person's risk is related to a combination of genetic, biological, psychological, and social factors.

The NEDA website offers a comprehensive list of risk factors [Risk](#)

[Factors | National Eating Disorders Association](#)

in each of the above categories:

- Biological/genetic factors include a history of dieting; having a family member with an eating disorder; and a diagnosis of Type I diabetes.
- Psychological factors include perfectionism; inflexible thinking; a co-occurring anxiety disorder; and body image dissatisfaction.
- Social factors include a history of bullying or teasing about weight or appearance; the pervasiveness of "weight stigma" in our society that reinforces the belief that "thinner is better" and that there is a "perfect body"; the stress of acculturation; and the presence of intergenerational trauma.

How Can School Professionals Help?

Educators spend a lot of time with young people and often are the first ones to detect that something is wrong. Early intervention is critical, so school professionals should consider involving school-based mental health or medical staff and/or notifying parents if they notice that a student:

- Is showing significant weight loss or gain.
- Always wear clothing that hides the shape of the body.
- Never brings lunch to school, throws away most of his/her lunch, refuses to eat in front of others, or shows extreme pickiness about food (although the latter can also be a sign of neurodiversity, e.g., autism or sensory issues).
- Consistently spends a lot of time in the bathroom, especially after lunch.

- Is increasingly tired and distracted, perhaps the sign of a malnourished brain.
- Frequently expresses dissatisfaction with his/her body or how he/she looks.
- Shows persistent and extreme perfectionism.
- Frequently expresses feelings of being out of control.

Apart from guiding individual students and their families toward assessment and eating disorders treatment, the biggest contribution that school professionals can make is in the area of prevention. This involves actively pushing against the many forces that can affect the development of body image disturbances and unhealthy relationships with food. Districts can consider several educational and school culture interventions to accomplish these goals:

- With all students, regardless of whether an eating disorder is known or suspected, it is advisable to avoid talking about eating habits, weight, or physical appearance. Exceptions to this, of course, would be health, science, and physical education classes that teach nutritional concepts and an appreciation for the miracle that is the human body. In nutrition classes avoid labeling foods as “good” or bad”.
- In anti-bullying discussions and interventions specifically label body-shaming comments and behavior that contributes to weight stigma as unacceptable.
- Engage students and families in conversations about the hazards of buying into “diet culture” and our society’s relentless messages about striving to achieve the “perfect” body size and shape. Help students identify and actively resist cultural messages that promote weight stigma and the idealization of thinness.
- Help students and families reduce negative risk factors that contribute to disordered eating (e.g., body dissatisfaction, depression, self-esteem based on appearance) by advocating and referring for mental health services.
- Help students and families increase protective factors, e.g., by fostering non-appearance-based ways of defining oneself. Encourage students to recognize and value characteristics such as hard work, honesty, kindness, creativity, etc. in themselves and others.
- Use SEL and other classes to teach and practice various self-regulation and self-soothing strategies as many emotional factors (e.g., anxiety, anger, frustration, boredom) can trigger eating in the absence of actual physical hunger.
- Re-evaluate food offerings in the school cafeteria and in vending machines.
- Develop a list of community resources that offer healthy food for families struggling economically and/or who live in “food deserts” where affordable fruits, vegetables, and other healthy foods are largely unavailable.
- Find ways to creatively introduce movement into the school day.
- Keep in mind that certain groups of students might be particularly vulnerable to eating disorders, such as student athletes in weight focused

sports (e.g., wrestling and gymnastics) and those engaged in the performing arts (e.g., ballet and theater). Coaches and other extracurricular instructors should de-emphasize weight, body shape, and appearance goals and strive for inclusion in both athletic and other enrichment activities.

For help with eating disorders contact the NEDA Helpline at [Eating Disorders Helpline | Chat, Call, or Text | NEDA \(nationaleatingdisorders.org\)](#) or call 1-800-931-2237. NEDA also offers an Educator Toolkit that contains a variety of suggestions for school professionals to consider.

Resources:

- [Eating Disorders: Definition, Symptoms, Traits, Causes, Treatment \(verywellmind.com\)](#)
- [What Is Weight Stigma? \(verywellmind.com\)](#) [Obesity in kids: American Academy of Pediatrics pushes for more aggressive treatments up to drugs and surgery - cleveland.com](#)
- [National Eating Disorders Association](#)
- [EducatorToolkit.pdf \(nationaleatingdisorders.org\)](#)
- [Risk Factors | National Eating Disorders Association](#)



Resources:

SAMHSA National Helpline:

- Call: 800-662-HELP (800-662-4357)

SAMHSA Disaster Distress Helpline:

- Call: 800-985-5990

The Crisis Text Line:

- Text HOME to 741741

National Suicide Prevention Lifeline:

- Call 800-273-TALK (800-273-8255)
- Starting on July 16, 2022, dial 988

Autism Response Team:

- Call 888-AUTISM2 (888-288-4762 for English, 888-722-9050 for Spanish)
- available 9:00 AM to 5:00 PM in all time zones

LGBT National Youth Talk Line

- 800-246-7743

Trans Lifeline

- 877-565-8860

Teen Line

- 310-855-4673



Additional resources can be found on our site:

<https://www.effectiveschoolsolutions.com>

You'll find articles, podcasts, webinar recordings, newsletters, and more mental health resources.

