



WELCOME to the

All in This Together ECHO:

What's Next? Ideas into Action to Support Mental Health in Schools

January 28 – March 18, 2025



Funding Statement

This Project ECHO series is/was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human (HHS) as part of an award totaling \$4 million with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit HRSA.gov.



Series Learning Objectives

After participating in this activity, learners will be able to:

- 1. Recognize when disruptive behavior in the classroom might be a sign of mental health challenges or stress.
- 2. Describe tools and resources to manage disruptions in the classroom.
- 3. Discuss mechanisms to engage and collaborate with families of children exhibiting disruptive behaviors.



Series Sessions

Date	Session Title
January 28	Setting the Stage: Connecting Mental Health and Behavior
February 4	Behavioral Therapies: Techniques for the Classroom
February 11	Mindfulness in the Moment
March 4	Sensory and Environmental Strategies
March 11	Language and Strategies for De-escalation
March 18	Navigating Systems, Policies, and Families





Setting the stage: Connecting mental health and behavior in the classroom

Nina Sand-Loud, MD Becky Parton, LICSW



Children's Current Needs

Depression and Anxiety in children has been increasing over time

- Pre-pandemic 1 in 5 youth had MH concerns or learning disorder (Osgood et al, 2021), 6-10% had anxiety, 4-5% had depression, higher rates in teens (CDC, 2022)
- During Covid 30-40% of kids said they were anxious, depressed and/or stressed (Osgood et al, 2021)

^{*}Keep in mind the disproportionate impact on families who lost jobs, income, housing; families who didn't have access to technology/internet; families living in poverty; people of color; people with disabilities; people with pre-existing mental health concerns; people living in areas with fewer services



Children's Current Resilience

Nearly 4 out of 5 children ages 6 months to 5 years (78%) exhibit all of 4 indicators of flourishing:

- 96% usually or always are affectionate and tender with parents or caregivers.
- 82% usually or always bounce back quickly when things do not go their way.
- 95% usually or always show interest and curiosity in learning new things.
- 99% usually or always smile and laugh.

3 out of 5 children ages 6 to 17 (60%) exhibit all of 3 indicators of flourishing:

- 83% usually or always show interest and curiosity in learning new things.
- 72% usually or always stay calm and in control when faced with a challenge.
- 80% usually or always work to finish tasks they start.



Whole Classrooms

- Teachers have always to be thinking about the "greater good" and balance for the entire classroom
- When one child is dysregulated, it can change the dynamics for the whole classroom
 - Stressful for children and adults to witness
 - May encourage "copy cat" behavior
 - AND... that individual child is struggling and needs help!

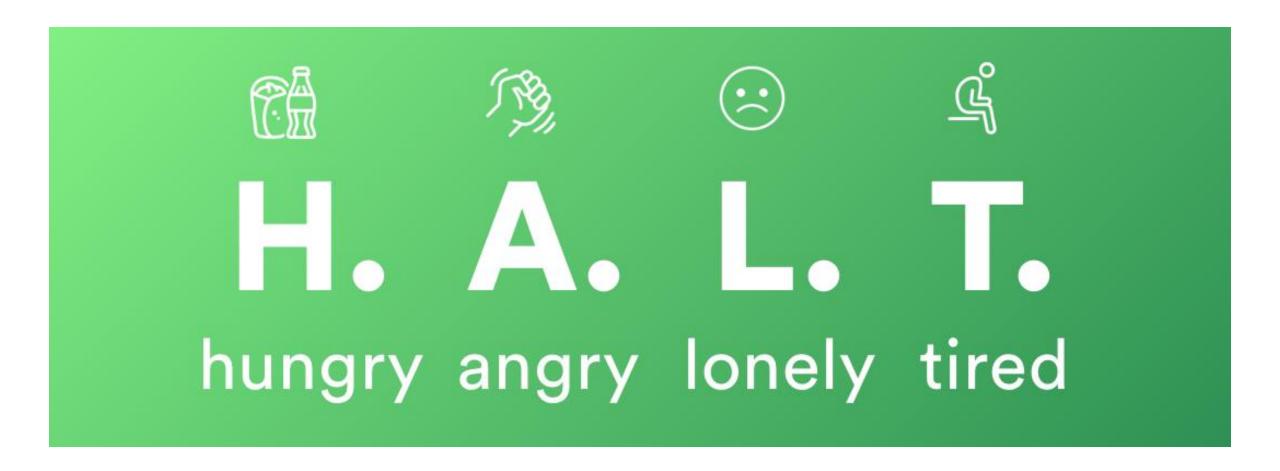




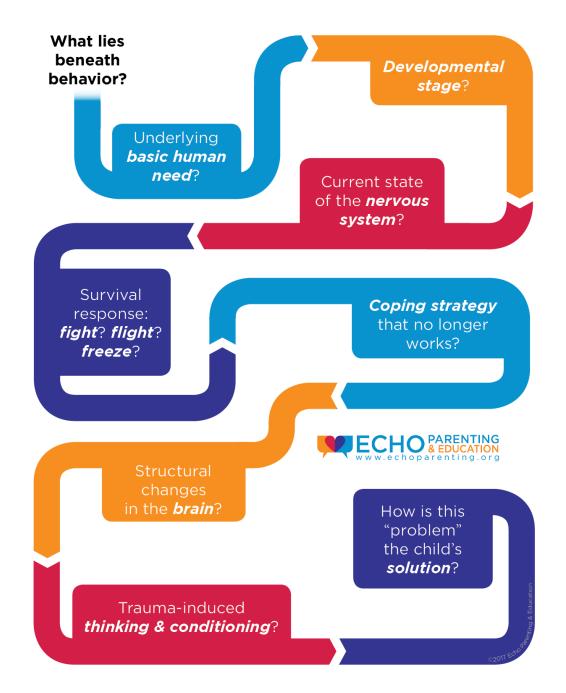










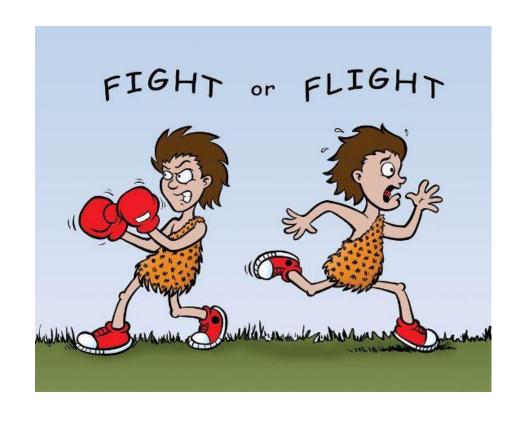




How do we respond to stressful situations?









Flock Fawn Fight Flight Freeze





THE STRESS RESPONSE IN KIDS

FIGHT

Yelling, Screaming, Using Mean Words

Hitting, Kicking, Biting, Throwing, Punching

Blaming, Deflecting Responsibility, Defensive

> Demanding, Controlling

"Oppositional", "Defiant", "Noncompliant"

Moving Towards What Feels Threatening

> Irritable, Angry, Furious, Offended Aggressive

FLIGHT

Wanting to Escape, Running Away

Unfocused, Hard to Pay Attention

Fidgeting, Restlessness, Hyperactive

Preoccupied, Busy with Everything But the Thing

Procrastinating, Avoidant, Ignores the Situation

Moving Away From What Feel Threatening

> Anxious, Panicked Scared, Worried, Overwhelmed

WholeHearted School Counseling

FREEZE

Shutting Down, Mind Goes Blank

Urge to Hide, Isolates Self

Verbally Unresponsive, Says, "I don't know" a lot

Difficulty with Completing Tasks

> Zoned Out, Daydreaming

Unable to Move, Feeling Stuck

Depressed, Numb, Bored/Apathetic, Helpless



Young Children

- Tantrums, outbursts
- Excessive crying
- Clinginess
- Mute or withdrawn
- Unable to focus or sit still during preferred activities
- Extra argumentative

^{*}All of this has to be considered within the context of normal child development, looking at milestones and reasonable expectations



Signs of Anxiety in the Classroom

- Worry, might look like perfectionism or hyperfocus on a specific worry
 - Social anxiety; Performance anxiety
 - Overly sensitive to criticism
- Irritability, anger
- Trouble concentrating
- Withdrawal from activities; Avoidance of new or difficult activities
- Drop in grades, change in school or sports performance
- Sleep problems
- Substance use to cope
- Physical complaints (stomachaches, headaches)
- Panic Attacks
- ☐ Resource: https://childmind.org/article/signs-of-anxiety-in-teenagers/



Signs of Depression in the Classroom

- Irritability, anger
- (Sudden) Change in mood or demeanor (from how the youth acted previously)
- Tired, lack of energy (can be hard to distinguish from lack of sleep)
- Not turning in work, change in grades or effort
- Less interested in peers, activities or hobbies
- Missing school and/or coming in late
- Mentioning death or suicide out loud or in classwork
- ☐ Helpful to rule out trauma, life changes or big events, lack of sleep in general
- ☐ If you have a relationship with the student and traditional methods of engagement aren't working, could be due to Depression
- ☐ Resource: https://kidshealth.org/en/parents/depression-factsheet.html



TRAUMA

- Feelings of fear, helplessness, uncertainty, vulnerability
- Increased arousal, edginess and agitation
- Avoidance of reminders of trauma
- · Irritability, quick to anger
- · Feelings of guilt or shame
 - Dissociation, feelings of unreality or being "outside of one's body"
 - Continually feeling on alert for threat or danger
 - Unusually reckless, aggressive or self-destructive behavior

OVERLAP

- Difficultyconcentrating and learning in school
 - Easily distracted
 - Often doesn't seem to listen
 - Disorganization
 - Hyperactive
 - Restless
 - Difficulty sleeping

ADHD

- Difficulty sustaining attention
 - Struggling to follow instructions
 - · Difficulty with organization
 - Fidgeting or squirming
 - Difficulty waiting or taking turns
 - Talking excessively
 - Losing things necessary for tasks or activities
 - Interrupting or intruding upon others





Misdiagnosis Monday

ADHD vs Autism

ADHD

Seeks Novelty

Motivated by new and exciting experiences*

Attention Regulation

Persistent trouble focusing, except when highly interested

Difficulty with Social Cues

Challenges with focus and attention can cause missing social cues or impulsivity can lead to disregarding them

Interest-Based System

Motivation and focus driven by personal interests

Hyperactivity & Impulsivity

Restlessness & difficulty regulating impulses*

ADHD combined and hyperactive type*

OVERLAP

Stimming & fidgeting

Sensory differences

Impulse control difficulties

Emotional regulation difficulties

Higher rates of substance abuse, suicidality, depression, anxiety, eating disorders, bipolar & OCD

ND communication patterns (info-dumping, connecting over shared interests, story swapping)

Executive functioning difficulties

Increased risk of victimization

Divergent thought patterns

Special interests & passions

Task-switching difficulties

Neurodivergent masking

Eye contact differences

Social differences

Passionate focus

Autism

Seeks Familiarity

Finds comfort in repetitive behaviors and routines

Preference for Routines

Adheres to routines for comfort and predictability

Difficulty with Allistic Social Cues

Brain doesn't subcortically process social cues, requiring prefrontal cortex analysis and decoding

Monotropism

Tendency to focus intensely on a single interest or activity

Need for Verbal Context

Benefits from clear, detailed verbal explanations and context

DR. NEFF MISDIAGNOSIS MONDAY SERIES

A person can experience both!



This diagram represents common patterns but may not reflect everyone's individual experiences. There's significant diversity among Autistic and ADHD people. For more information and a full write-up, visit neurodivergentinsights.com/misdiagnosis-monday







ADHD

HYPERFOCUS

REJECTION SENSITIVITY

PROCRASTINATION

ADDICTION PRONE

SHORT TEMPER, OPPOSITIONAL

IMPULSIVITY, RECKLESSNESS

POOR ORGANISATION, PLANNING & TIME MANAGEMENT

EXECUTIVE DYSFUNCTION

POOR EATING HABITS

SLEEP DIFFICULTIES

SOCIAL DIFFICULTIES **WORK DIFFICULTIES**

LOW SELF-CONFIDENCE

POOR CONCENTRATION

AVOIDANCE

FATIGUE, LOW ENERGY

LOW DISTRESS TOLERANCE

EASILY OVERWHELMED

EMOTIONAL SENSITIVITY

OVERREACTION

DISTRACTABILITY

RESTLESSNESS

SOCIAL PHOBIA PERSISTENT WORRY

FEAR & PANIC

WAKING EARLY

PHYSICAL SYMPTOMS:

ELEVATED HEART RATE,

SWEATING, TREMBLING VOICE,

TENSION, NAUSEA, UPSET STOMACH

CARING TOO MUCH

FIGHT OR FLIGHT MODE

OVERTHINKING

IMPOSTER SYNDROME

LOW SELF ESTEEM LACK OF MOTIVATION

DEPRESSION

ANXIETY HIGH BP & CORTISOL GENERALISED, SOCIAL, PERFORMANCE





ADHD

Sensory issues. Emotional Dysregulation. Poor impulse control. Poor working memory.

Losing interest in things you used to enjoy. Sleep problems. Low self-esteem. Getting anxious easily Thoughts/actions relating to self-harm. Difficulty maintaining friendships. Difficulty making decisions. Rejection sensitive. Emotional numbness. Overthinking.



How can we support students?

- Students can't learn if they don't feel safe
 - Physical, emotional, social safety
- Students need to be fed
- Students need caring, consistent adults
- Adults have a shared language about trauma/stress, learning
 - Have a clear plan for unsafe situations/ behavior expectations
- Look at the whole child's well-being
- Teach new skills and give students time to practice them
- Partnership with parents/ caregivers
- Peer support for the adults who work in the school

Adapted from: https://traumasensitiveschools.org



RESOURCE

https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems/schools

There are fact and tip sheets:

- Child Trauma Toolkit for Educators
- Fact Sheets based on age/grade about impact of trauma
- "Trauma Facts"
- Self Care tips







TRAUMA FACTS for Educators

FACT: One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.

FACT: Trauma can impact school performance.

- Lower GPA
- · Higher rate of school absences
- Increased drop-out.
- · More suspensions and expulsions
- Decreased reading ability

FACT: Trauma can impair learning.

Single exposure to traumatic events may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory.

Chronic exposure to traumatic events, especially during a child's early years, can:

- Adversely affect attention, memory, and cognition
- · Reduce a child's ability to focus, organize, and process information
- Interfere with effective problem solving and/or planning
- Result in overwhelming feelings of frustration and anxiety

FACT: Traumatized children may experience physical and emotional distress.

- Physical symptoms like headaches and stomachaches
- Poor control of emotions
- Inconsistent academic performance
- · Unpredictable and/or impulsive behavior
- Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- · Intense reactions to reminders of their traumatic event:
 - . Thinking others are violating their personal space, i.e., "What are you looking at?"
 - Blowing up when being corrected or told what to do by an authority figure
 - · Fighting when criticized or teased by others
 - Resisting transition and/or change

FACT: You can help a child who has been traumatized.

- Follow your school's reporting procedures if you suspect abuse
- · Work with the child's caregiver(s) to share and address school problems
- Refer to community resources when a child shows signs of being unable to cope with traumatic stress
- · Share Trauma Facts for Educators with other teachers and school personnel



RESOURCE

https://www.echotraining.org/trauma-informed-schools/

There are graphics and tip sheets:

https://www.echotraining.org/resources/

Nonviolent paradigm is an increased "understanding of the importance of using relational healing for relational injury."





DOS AND DON'TS OF A TRAUMA-INFORMED COMPASSIONATE CLASSROOM



CREATE A SAFE SPACE

Consider not only physical safety but the children's emotional safety as well.

ESTABLISH PREDICTABILITY

Write out a schedule and prepare children for transitions, it helps create a sense of security and safety.





BUILD A SENSE OF TRUST

Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.

OFFER CHOICES

Empower students and offer "power with" rather than "power over" strategies.





STAY REGULATED

Help your students (and yourself!) stay in the Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).





There's really only one DON'T Let's not punish kids for behaviors that are trauma symptoms.



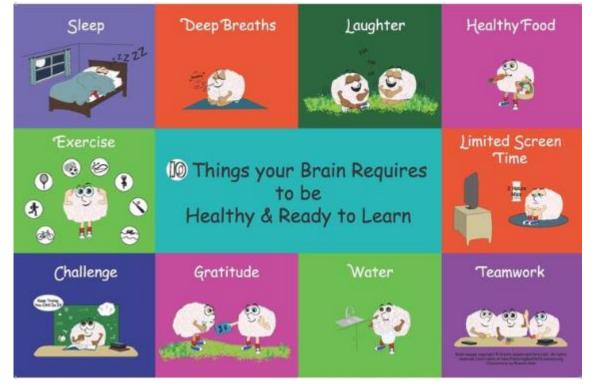


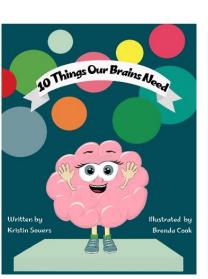


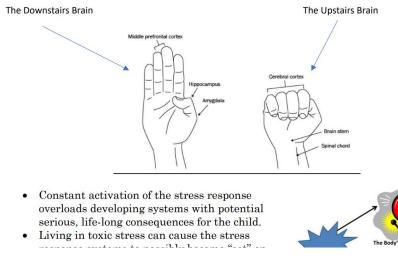
RESOURCE

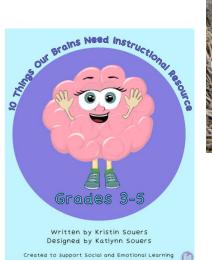
https://www.fosteringresilientlearners.org/

Includes handouts and study guides, new children's book















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Session #2, Behavioral Therapies: Techniques for the Classroom, 4 February 2025





Behavioral Therapies: Techniques for the Classroom

Caroline Christie, LICSW, CSSW



A Review of What We Already Know Thanks to Dr. Sand-Loud and Becky Parton, MSW

Depression and Anxiety in children has been increasing over time

- Pre-pandemic 1 in 5 youth had MH concerns or learning disorder (Osgood et al, 2021), 6-10% had anxiety, 4-5% had depression, *higher rates in teens* (CDC, 2022)
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*Keep in mind the disproportionate impact on families who lost jobs, income, housing; families who didn't have access to technology/internet; families living in poverty; people of color; people with disabilities; people with pre-existing mental health concerns; people living in areas with fewer services



How Are Students Showing Up?

- Reduced Awareness and Focus
 - O Why you get upset, why you feel the way you feel, what are your goals?
- Emotional Dysregulation
 - o Fast, intense mood changes, mood dependent behaviors, steady negative mood
- Impulsivity
 - Acting without thinking, escaping or avoiding
- Interpersonal Problems
 - Pattern of difficulty keeping relationships steady, getting what you want, boundaries, isolation



Distress Tolerance to Address Impulsivity

- Caregiver Distress Avoidance
 - Intolerance of strong emotional responses
- Incongruence Between What you see and What you get
 - Social media and a lack of present moment awareness
- Pathologizing Behavior
 - All emotions are appropriate



What Impulsivity Can Look Like & What It's Trying to Achieve

- Disruptive (what does it get you?)
- Self-Harm
- Substance Misuse
- Excessive Screen Time
- High Risk Behaviors
- Lying
- Sleeping
- Procrastinating



Skill Building For Distress Tolerance

- Psychoeducation
 - We don't have to be sneaky
- Emotion Identification
 - Students who don't know how they feel experience more distress. There is more than mad, sad, and happy
- Validate Without Solving Or Removing
- Ensure Support And Accommodations Are Strength Based



Dialectical Behavior Therapy DBT

- DBT is an effective treatment for people who have difficulty controlling their emotions and behaviors
- DBT aims to replace problem behaviors with skillful behaviors
- DBT skills help people experience a range of emotions without necessarily acting on those emotions
- DBT skills help students navigate relationships in their environment



Crisis Survival Skills

- Stressful
- Short-Term
- Not resolvable in the Moment
- Impulse Behaviors Might Make It Worse



ACCEPTS: Distract with ACCEPTS

Activity

Contribute

Comparison

Emotions

Pushing away

Thoughts

Sensations





Self-Soothe with Six Senses

Look at photos, posters, people, out windows...notice

Listen to music, nature, play and instrument, sing

Put on lotion, perfume, cookies, coffee

Eat favorite foods and drinks, notice what you're eating

Pet a dog, brush your hair, use an ice pack, sensory tool

Stretch, run, walk, yoga, dance



Using Pros and Cons to Manage a Crisis

Coping skillfully with pain and impulsive urges leads to better results and positive momentum towards goals

Accepting Reality

Doing Things We Don't Want to Do



Pros and Cons Exercise

	Pros	Cons
Old Way: Acting Impulsively (Leaving Class, Getting removed)	Distraction (ST) Avoid Pain(ST) Feel Better (ST)	Miss work fall behind (LT) Removed from community (ST/LT) Feel guilt/shame (ST/LT) Reality Returns (ST/LT) Miss chance to learn skill (ST/LT)
New Way: Tolerating Distress by choosing a skill	Better chance of understanding work (LT) Better chance of connecting (ST/LT) By using skills and feeling mastery, self-efficacy and pride increases (ST/LT) Developing skills to use in many areas of life (LT)	You don't escape hard feelings (ST/LT) Pain is not immediately resolved (ST) Requires work and effort (ST)





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What's Next? Ideas into Action to Support Mental Health in Schools

Session #3, Mindfulness In The Moment: Practical Approaches to Supporting Mental Wellness in the Classroom, 11 February 2025





Mindfulness In The Moment: Practical Approaches to Supporting Mental Wellness in the Classroom

Gretchen Moulton

Student Success Coordinator
Haverhill Cooperative Middle School ~ North Haverhill, New
Hampshire



I provide student support by:

- Helping the student identify with their role as a student.
- Setting expectations to ensure student success.
- Providing structures that support the desired outcome.
- Building and consistently maintaining a meaningful relationship with students.
- Choosing "harm and repair" over "shame and punishment" (Restorative Practices)



Becoming aware of...

- Relationships
- Student Identity
- Restorative Practices



Relationships

Building relationships is the single-most important piece to the puzzle when it comes to providing support. Having a solid foundation with students allows for both laughter and celebration, as well as a safe place to land when tough conversations need to be had. This goes for parents as well.



"How do I build relationships?"

- INQUIRE LISTEN INQUIRE AGAIN
- How the student FEELS is <u>EVERYTHING</u>.
- Get them to talk
- Be consistent Set boundaries and stick to them
- Set clear expectations and teach students how to reach them
- ALLOW REQUIRE VULNERABILITY Be vulnerable yourself and expect the same expression in return



Student Identity

It cannot be assumed that students know how to be students today. As silly as that sounds, due to multiple factors including but not limited to COVID, living life in front of a screen, and the way the world is modeled for them and what they are subscribing to, students are struggling with "how to do school". Teachers are taking the brunt of the fallout from the multitude of aspects that are deterring student success and they are burning out. Helping students gage where they are at and where they want to go as a student can open up a whole new world.



"How do I help develop student identity?"

NO JUDGEMENT ZONE!

Keep things positive and focused on progress, not perfection

Brainstorm the role of "student" and "teacher" with your students

Create a list of attributes - nothing is off limits!

Independently choose 3 aspects that can be achieved

Journal the 3 - Review consistently and make action plans

Come up with a way to be ACCOUNTABLE

If you've developed that relationship, accountability will not feel like an attack.



Restorative Practices

With a focus on "harm and repair" rather than "shame and punishment", Restorative Practices provides a way to truly maintain the relationships you've built with your students while providing much needed accountability when things go awry. Restorative Practices is also a fantastic tool that can be used proactively to build community and develop a stronger bond.

A stronger bond = SAFETY



"How do I utilize Restorative Practices?"

Begin using Affective Statements (Impact of student's behavior)

States the feeling, names the behavior, and states the action you would like to see

Ask Affective Questions (Open-ended to help elicit emotion)

"What happened?" - Gain perspective

"What were you thinking at the time?" - Reflect

"What have you thought since?" - Reflect

"Who was affected by what you did?" - Accountability

"In what way?" - Accountability

"What do you think you need to do to make things right?"



Student Success



Behavior is the highest form of communication.

When a student's mental health is suffering, you will see it far before it can be articulated. You may not feel qualified, but hopefully now you have a new approach and greater understanding so that more support can be given.

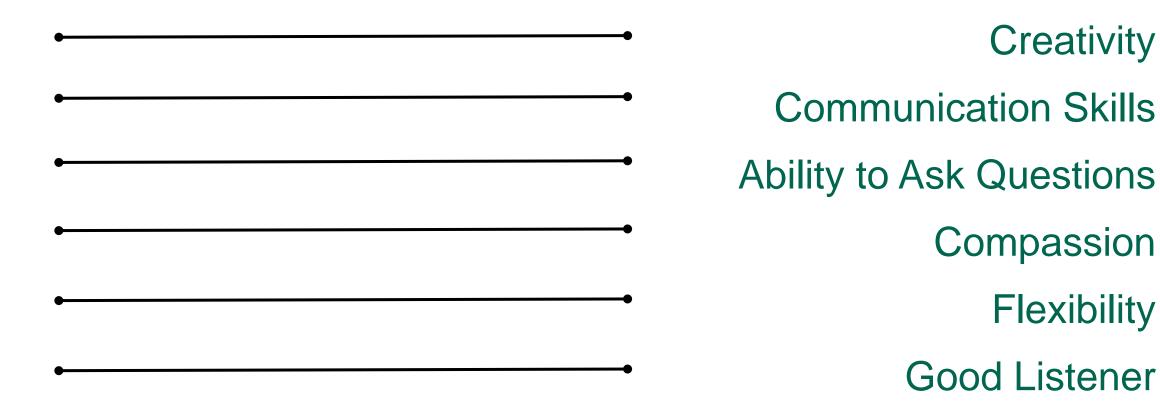


When students FEEL better, they DO better.

Offering a transparent and vulnerable space for students to express what they need to get out in order for them to move forward can be of huge benefit.



Where do you land?





FINAL THOUGHTS: FACULTY & STAFF

Self-Care

YOU ARE IMPORTANT.
Attending to your selfcare and own mental
health is key! If
necessary, seek
guidance.

You're Not Alone

Sometimes it can feel like we are on an island. That's simply not true!

Be vulnerable and speak up if things feel heavy or overwhelming.

Your Best Is Enough

Practice assuming positive intent with yourself and with others. "Everyone is doing the best they can with the resources they have available."



Thank you for this opportunity and thank you for your time.

Gretchen Moulton Student Success Coordinator

Haverhill Cooperative Middle School, North Haverhill, NH

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All in This Together ECHO:

What's Next? Ideas into Action to Support Mental Health in Schools

Session #4, Sensory and Environmental Strategies, 04 March, 2025





Session #4: Sensory and Environmental Strategies

Tuesday, March 4, 2025

Gretchen Moulton
Student Success Coordinator
Haverhill Cooperative Middle School ~ North Haverhill, NH



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Recap:

Relationship

- StudentIdentity
- RestorativePractice





"What happens when there is a lack of relationship, student identity, and restorative practice?"

When there is a lack of any of thee above, the need for sensory and environmental strategies dramatically rises and leads to what can probably be deemed an epidemic...



DYSREGULATION

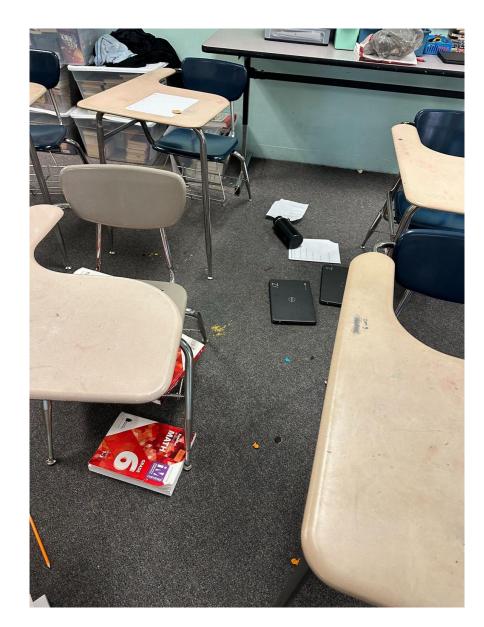
"What does a dysregulated classroom look like?"

"What does a dysregulated classroom sound like?"

"What does a dysregulated classroom FEEL like?"

Let's find out.





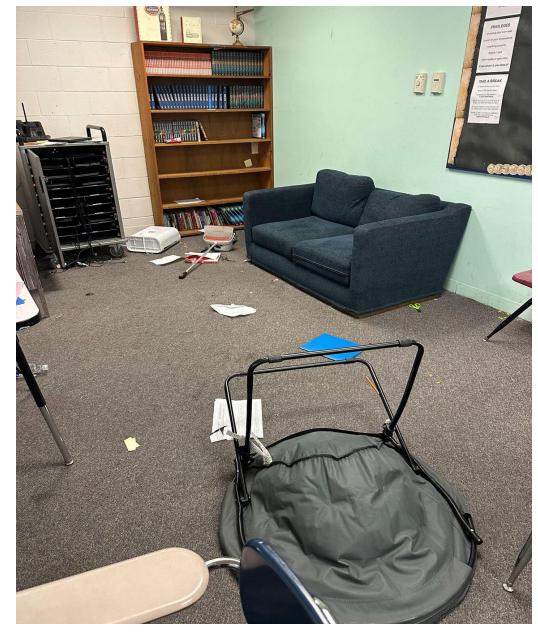


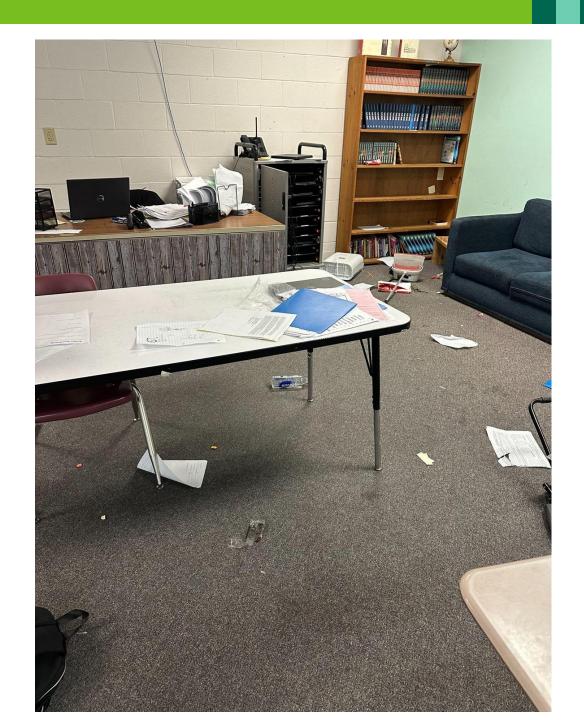














It definitely doesn't have to be this way.

#1: Realize, AS THE ADULT, when you, yourself, are dysregulated. Awareness is KEY.

#2: Gather the troops! You are a TEAM - Identify what is lacking and talk about it. (Remember that *vulnerability* thing?)

#3: Take action on at least one of the 3 areas that may be lacking. Are there boundaries that need to be set? Is there a lack of consistency?



Sensory Strategies

- Deep breathing
- Lighting
- Sound / Noise Level
- Movement
- Energetic Shift
- Fidgets
- Smell / Odors
- Decrease screen time



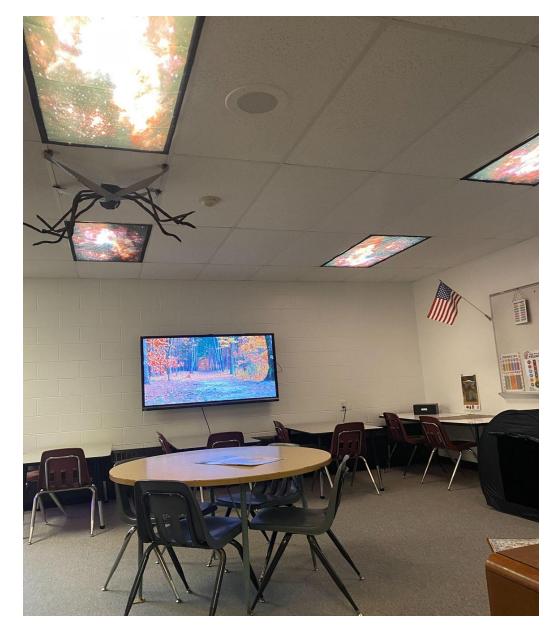


Environmental Strategies

- Light filters
- Breathing Station
- Motor Station
- Provide alternative seating
- Create stations
- Plants
- Pleasing aesthetic
- Change things up











In closing...

- Developing the climate within your own classroom or workspace is essential to the success of your desired outcome.
- SET BOUNDARIES and STAY CONSISTENT Both are the greatest gifts you can give.
 - "Clear is kind. Unclear is unkind." George Conant, Restorative
 Practices Consultant
- KNOW your students. Become fully aware of when and how they work best and provide that most of the time.
- Create a space that feels great to YOU. Change it up when needed!
 Have FUN. (Call me if you get stuck or need a buddy to help with ideas!)



Thank you for this opportunity and thank you for your time.

Gretchen Moulton Student Success Coordinator

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Session 5, Language and Strategies for De-escalation, 11 March, 2025





Strategies for De-Escalation in Schools

Erin Barnett, PhD

Clinical Child Psychologist

Dartmouth Trauma Interventions Research Center, Dartmouth Health, and West-Central Behavioral Health



The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical &

Emotional Neglect

Emotional & Sexual Abuse

Divorce

Substance Abuse Mental Illness

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality &

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

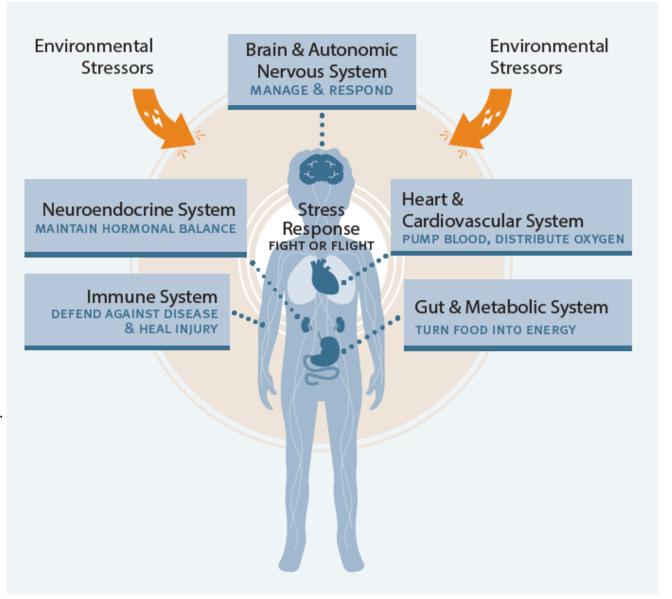
Affordability

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



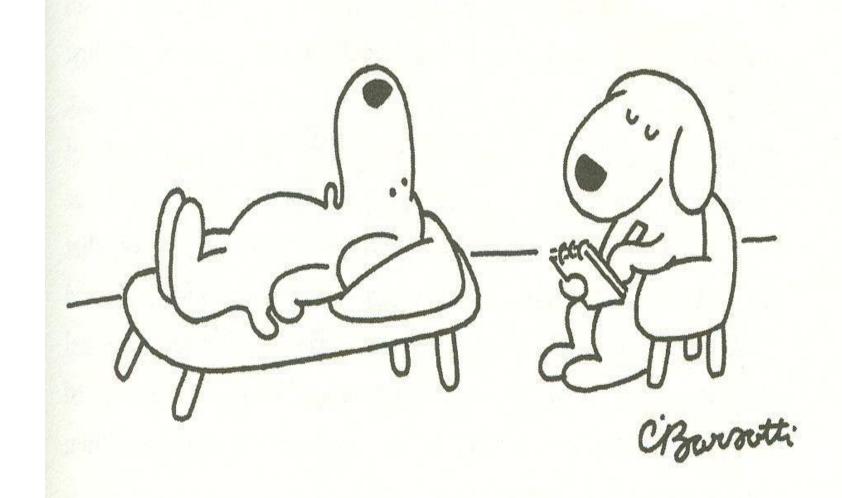


Center on the Developing Child at Harvard. (2020). Health and learning are deeply interconnected in the body. Working paper 15: Connecting the brain to the rest of the body. https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/2020-10 - WP15MiniBrief_FINAL.pdf









"I bark at everything. Can't go wrong that way."







"Listen, pal, they're all emergencies."



Don't forget:
How do we meet
the needs of youth
and families on a
larger level?

HOPE AND HEALING

EMOTIONAL WELL-BEING

Individual, Family and Group
Counseling; GRIEF SUPPORT;
EXPRESSIVE THERAPIES; SUPPORT GROUPS

LOVE AND BELONGING

PEER SUPPORT; CELEBRATIONS AND MILESTONES;
ADOPT-a-FAMILY; ACTIVITIES FOR DADS, MOMS,
SIBLINGS AND TEENS; Camp Heart + Hands; Art from the HeART

SAFETY AND SECURITY

Case Management; HOME AND HOSPITAL VISITS:

STRONG, RELIABLE AND EXPERIENCED ORGANIZATION;

EVIDENCE-BASED SERVICES; Responsive Staff; COMPASSIONATE VOLUNTEERS

PHYSIOLOGICAL NEEDS

ASSISTANCE WITH RENT, UTILITIES, PHONE AND OTHER EXPENSES;
GROCERY AND MEAL DELIVERIES; Transportation to and from Treatment;
Housing Assistance; CLOTHING; GAS AND GROCERY GIFT CARDS; Resources, Referrals and Information



How to Respond to an Individual who is Escalated

Low and slow (T. Bolick)

- Voice and body movements
 - Low volume, low posture (to the ground)
 - -Slow pace of speech, slow body movements



Name it to Tame it (D. Siegel)

- Naming feelings separates the feeling from ourselves
- Language / naming gives us a sense of control
- Name theirs, or, sometimes, name yours!



Regulate over Educate

- No "learning" can occur until the person is regulated and calm
- Rather, the only goals are safety and regulation
- EMPATHY is a primary regulator!
 - -"I know you are struggling," "I know this is hard"



Connection over Isolation

- Be with
 - -"I'm here with you,"
 - -"We will get through this,"
 - -" I'd like to stay with you and make sure you are safe"



Remind yourself...

- Children might cope by re-enacting trauma and adversity through their interactions with others
- Humans choose the "familiar" of misery over the unfamiliar
- Resist their efforts to draw you into a negative repetition of unhealthy relationships or adversity
- Remind yourself that it is not personal



Resources and References

VIDEOS

- Calming and De-escalation Strategies- Dartmouth Trauma Interventions Research Center Erin Barnett
- https://www.ted.com/talks/nadine-burke-harris-how-childhood-trauma-affects-health-across-a-lifetime?langua-ge=en Nadine Burke Harris

BOOKS

- Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom, by Kristen Souers
- Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, by Lauren van Dernoot Lipsky and Connie Burk

WEBSITES

• https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma





WELCOME to the

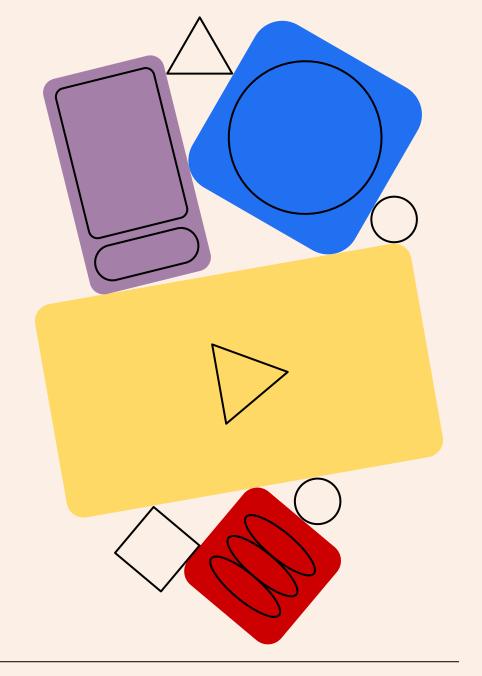
All in This Together ECHO:

What's Next? Ideas into Action to Support Mental Health in Schools

Session 6, Navigating Systems, Policies, and Families, 18 March, 2025

Navigating Systems, Policies, & **Families in School**

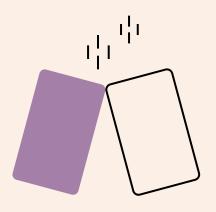
How to Implement Policies, Communicate, and Engage Families

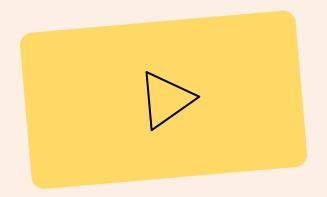


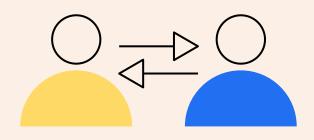
Katie Roach, Principal, Elementary School

March 12, 2025

Understanding Policies in Schools







Schools have specific policies governing student behavior, communication, and family engagement.

It's important to be aware of district policies and handbooks.

Best Practice: Consult with your principal or administration when implementing strategies

Parents Under Pressure



U.S. Surgeon General's Advisory

Highlights stressors impacting parental mental health.



Key Findings

Parental mental health is crucial to children's wellbeing.

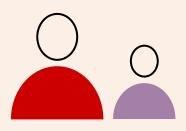
Key Findings Link



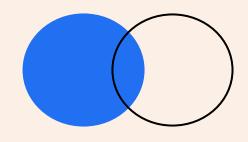
Takeaway

Schools must support parents, caregivers, and families effectively.

Importance of Family Engagement







Families play a key role in student success.

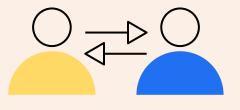
Secure necessary releases to communicate with doctors and therapists.

Keep families informed and involved in behavioral plans.

Addressing Behavioral Concerns







Early intervention is key—identify concerns and engage families.

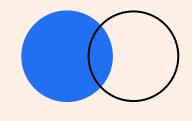
Contact families proactively to discuss student behavior.

Collaborate on strategies that work at both school and home.

Implementing an Effective Plan







Develop strategies that involve both school and home environments.

Ensure alignment with family expectations and routines.

Adapt plans based on student needs and family input.

Best Practices for Communication







5 Positives to 1 Negative
Approach: Reinforce good
behavior more often than
correcting negative behavior.

Use clear, positive, and solution-focused language.

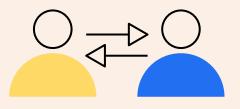
Utilize free tools like

<u>TalkingPoints</u> for multilingual
communication and
communication in general with
families!

Conclusion & Next Steps



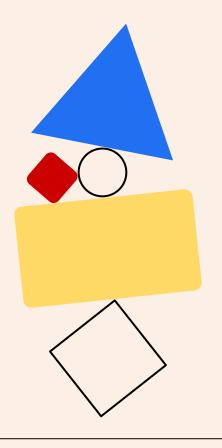




Schools must navigate policies while prioritizing family engagement.

Effective communication fosters better student outcomes.

Take time to review district policies and collaborate with leadership.



Thank you!