

NTACT
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Transition Services and Contemporary Mental Health Related Issues and Approaches

An NTACT:C Webinar

Disclaimer

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Who Are Today's Presenters?

- ❑ Dr. Rob Froehlich - GWU Associate Professor of Counseling
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Starting out points

- ❑ A variety of topics today
- ❑ Not intended to be policy revision information
- ❑ Nor a training/certification regarding mental health counseling or psychotherapy
- ❑ Real topics you all deal with every day with resources to help you expand your thinking on how to formulate your approach to dealing with these issues in your setting
- ❑ *What is currently does not have to always be*
- ❑ *There is always hope for improvement*
- ❑ Attachment Theory and the 'corrective emotional experience'

**Anxiety, Depression,
Suicidal Ideation, &
Self-Harm**

Anxiety and Depression: Background & Risk

Brief Background

- ❑ Depression, anxiety, and other mood disorders share many common symptoms
- ❑ Often symptoms begin to surface in young adults
- ❑ Up to 44% of college students reported having symptoms of depression and anxiety
- ❑ Young adults are increasingly faced with negotiating "America's culture of hyperachievement" and "the pressure to be effortlessly perfect,"
- ❑ 9.4% of children aged 3-17 years (approximately 5.8 million) had diagnosed anxiety in 2016-2019.
- ❑ 4.4% of children aged 3-17 years (approximately 2.7 million) had diagnosed depression in 2016-2019.

Risk Assessment / What to Be Aware Of

- ❑ Warning signs for mental health problems
 - ❑ Intense fear, dread, worry, or feelings of being overwhelmed
 - ❑ Persistent feelings of sadness or feeling overly elated, or fluctuation between moods
 - ❑ Irritability or isolation
 - ❑ Loss of interest / energy loss
 - ❑ Feelings of worthlessness
 - ❑ Sudden behavioral changes that persist for 2 weeks or more

Anxiety & Depression: Best Practices & Prevention

Best Practices / How to Respond

- ❑ Educate staff, parents, & students on symptoms of and help for mental health problems
- ❑ Have an empathetic conversation
 - ❑ Name the things you've noticed
 - ❑ Ask in a direct way
 - ❑ Listen & show you care
 - ❑ Avoid arguing
- ❑ Connect them with mental health resources

Prevention Measures

- ❑ Increase access to services
- ❑ Involving parents & families
- ❑ Increasing training & professional development opportunities
- ❑ Reinforce available services during student orientations and meetings with advisors
- ❑ Seek out partnerships with community mental health providers, and mental health organizations
- ❑ Advocate for developing & implementing effective school mental health programs (QPR, Think Be Do)

Self-Harm – Background & Risk

Brief Background

- ❑ Sometimes students may inflict pain & cause physical harm in an attempt to cope with stressors, abuse/trauma, or to relieve symptoms of mental illness.
- ❑ The physical pain that an individual experiences through these actions can temporarily help them forget or physically express the emotional pain they are experiencing
- ❑ Studies have found that about 17% of adolescents and some 15% of college students in the United States have engaged in some form of self-injury on at least one occasion.
- ❑ Usually starts in early adolescence, between the ages of 11 and 14
- ❑ Common forms of self-injury are mostly used for emotional regulation. Through deliberate and intentional damage to the body, those who self-harm usually do so because they feel their emotions very powerfully, or they do not have the capacity to tolerate their distress.

Risk Assessment / What to Be Aware Of

- ❑ Numerous and/or suspicious cuts, bruises, scars, or burns
- ❑ Wearing clothes that cover up the skin, such as long sleeves or long pants, even in hot weather
- ❑ Expressing feelings of hopelessness or worthlessness
- ❑ Having sharp objects in their possession, including razors, safety pins, nail scissors, knives, needles, shards of glass, or bottle caps
- ❑ Increased isolation and social withdrawal
- ❑ Avoiding situations in which they need to reveal skin, such as swimming or changing in a locker room

Self-Harm – Best Practices & Prevention

Best Practices / How to Respond

- ❑ An open-minded, non-judgmental approach and validation of the teenager's emotions can lead to open and constructive dialogue.
- ❑ Social support: **Multiple studies** have shown that social relationships improve mental and physical health. Teens who self-injure will benefit from finding people they trust, who care about what they're going through. Their support network can include family, peers, guidance counselors, and mentors.
- ❑ Exercise: Research shows that exercise supports mental health by increasing the body's production of endorphins. Doing a physical activity can also increase a teen's feelings of mastery and self-confidence.
- ❑ Take Control: For some people, getting the facts and making plans can help counteract stress and negative emotions. If they're facing an unknown situation, they can do some research so they know what to expect.
- ❑ Creativity: Writing, art, music, and dance can all serve as ways to express emotions. For example, writing about what's creating stress and anxiety in your life helps you to identify outside stressors. Moreover, it can help you pinpoint what's going on internally.

Prevention Measures

- ❑ Face your own discomfort or confusion about self-harming.
- ❑ Educate yourself about this behavior and why it happens.
- ❑ Learn about the symptoms, the different types of self-harm, the underlying issues, and how to help prevent relapse.
- ❑ Remember not to judge the person. Most likely, they already feel distressed and ashamed.
- ❑ Express your care and your support.

Suicidal Ideation – Background & Risk

Brief Background

- ❑ Young people with a mental health diagnosis are five times more likely to attempt suicide than adults.
- ❑ Suicide is the second leading cause of death among youth age 15-24.
- ❑ Approximately one out of every 15 high school students reports attempting suicide each year.
- ❑ For some groups of youth—including those who are involved in the child welfare and juvenile justice systems; lesbian, gay, bisexual and transgender; American Indian/Alaska Native; and military service members—the incidence of suicidal behavior is even higher.
- ❑ During 2009–2019, prevalence of suicide attempts increased overall and among female, non-Hispanic white, non-Hispanic black, and 12th-grade students.
- ❑ **'Youth suicides increased during COVID-19**, with significantly more suicides than expected among males, non-Hispanic American Indian/Alaskan Native youth, and non-Hispanic Black youth.'

Risk Assessment / What to Be Aware Of

- ❑ Ignoring class work or skipping classes
- ❑ Withdrawing from friends and wanting to be left alone
- ❑ Giving away possessions
- ❑ **Talking about suicide**
- ❑ Engaging in risky or self-destructive behavior
- ❑ Increasing use of alcohol or drugs
- ❑ Saying goodbye to people as if they won't be seeing them again

Suicidal Ideation – Best Practices & Prevention

Best Practices / How to Respond

- ❑ Take all thoughts of suicide seriously
- ❑ If you have concerns, it's important to ask if your young adult is thinking about suicide or harming themselves. This will not put the idea in their head.
- ❑ Be direct. Give examples of symptoms you have noticed and explain why these examples worry you. Be patient, calm and empathetic in your communication
- ❑ Students often believe they are to blame for their mental health concerns, which can lead to defensiveness or shutting down. Help your student understand many young adults experience depression and anxiety to reduce the stigma.
- ❑ Develop a plan for safety.

Prevention Measures

- ❑ Advocate for developing & implementing effective school mental health programs (QPR, Think Be Do)
- ❑ [Suicide Prevention Resource Center](#)
- ❑ Work closely with other school staff such as health services, counselors, and administration.

Anxiety, Depression, Suicidal Ideation & Self-Harm Resources

ADDITIONAL RESOURCES / TAKEAWAYS

- ❑ [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs](#)
- ❑ [Suicide Prevention Resource for Action](#)
- ❑ [Talking About Mental Illness](#)
- ❑ [How to Talk to Your Students](#)
- ❑ [A Teacher's Guide To Helping Students with Anxiety](#)
- ❑ [20 Ways to Help Students Who Struggle With Anxiety](#)
- ❑ [How Educators Can Help Anxious Students](#)
- ❑ [6 Ways Teachers Can Help Fight Depression and Mental Health Disorders](#)
- ❑ [Self-harm: How Teachers Should Respond](#)
- ❑ [Educator Response](#)
- ❑ [About Depression, Bipolar Disorder and Anxiety Disorders](#)
- ❑ [About Self-Harming Behaviors](#)

Anxiety, Depression, Suicidal Ideation & Self-Harm Case Study

Jenna is a student you have known for several years. Over the past 6 months, Jenna's interest in class has decreased, she is not turning in her assignments, she looks tired and drawn, and you noticed a number of cuts on her forearm the other day when she rolled up her sleeves.

What to do?

Pull Jenna aside and have a non-judgmental and concerned conversation. Is Jenna feeling pressure from her studies? Socially? At home? Jenna indicates she's feeling a sense of dread and worry at all times. She shares she's feeling like she has no value, and she is frequently irritable.

You share that you are concerned, and you want to help. You've noticed cuts on her arms and you wonder if she'd be willing to talk with you about them. You share that things as varied as exercise or creativity and arts or even finding ways to be in control can help people when their experiencing internal pain. Would she like for you to brainstorm with her and see if there are ways she can find help with planning how to integrate these approaches into her life? She indicates yes, she'd like to continue this conversation with you.

You ask if Jenna has ever felt so hopeless that she has thought of ending her life. Thankfully, she says no, but you let her know that it is important to talk about feelings when they occur, so they don't multiply and weigh her down, and that you'd like to help her find someone to speak with professionally about her feelings.

Coping plan – Who are social supports to reach out to in a crisis? What does she find to be helpful when she has overwhelming feelings? What services may be available within the school and community to assist Jenna when she is feeling low?

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School Violence



School Violence – Background

Brief Background

- ❑ School violence describes violent acts that disrupt learning and have a negative effect on students, schools, and the broader community
- ❑ Examples of school violence include:
 - ❑ Bullying and cyber bullying
 - ❑ Fighting
 - ❑ Weapon use
 - ❑ Gang violence
 - ❑ Sexual violence

School Violence – Risk

Risk Assessment / Warning Signs

Early warning signs for violent behavior are:

- ❑ Social withdrawal
- ❑ Excessive feelings of isolation and rejection
- ❑ Being a victim of violence
- ❑ Feelings of persecution
- ❑ Uncontrolled anger
- ❑ Patterns of impulsive and chronic intimidation
- ❑ A history of discipline problems and aggressive behavior
- ❑ Intolerance for differences
- ❑ Drug and alcohol use
- ❑ Inappropriate access to and possession of firearms.

Imminent warning signs indicate that a youth is at high risk for dangerously violent behavior. These warning signs include:

- ❑ Serious physical fighting with peers or family members
- ❑ Destruction of property
- ❑ Severe rage for apparently minor reasons
- ❑ Detailed threats of lethal violence

When these signs exist, action must be taken immediately by parents, school authorities, and possibly law enforcement officers.

Resiliency factors that can counter tendencies toward violence are:

- ❑ positive role models
- ❑ the development of self-esteem and self-efficacy
- ❑ supportive relationships with teachers and friends
- ❑ a sense of hope about the future
- ❑ strong social skills
- ❑ good peer relationships
- ❑ a trusting bond with a nurturing adult outside the family.

School Violence – Best Practices & Prevention

Best Practices / How to Respond

- ❑ Set norms for appropriate and anti-violent behavior
- ❑ Learn how to recognize the warning signs that a student might be headed for violence
- ❑ Encourage & sponsor student-led anti-violence activities & programs (peer education, student courts, & mediation to mentoring)
- ❑ Offer to serve on a committee to develop & implement a Safe School Plan detailing how school staff should respond in emergencies
- ❑ Learn and teach conflict resolution & anger management skills

Prevention Measures

- ❑ Offer therapeutic services to reduce conflict, improve communication, & enhance parents' knowledge & awareness
- ❑ Create anonymous reporting systems
- ❑ Develop threat-assessment & risk-assessment procedures
- ❑ Encourage students to take responsibility for their part in maintaining safe school environments, including participating in safety planning
- ❑ Create school-community partnerships to enhance safety measures

School Violence: Resolution & Management

Conflict Resolution

- SOAR (stop, observe, assess, react).
- Acknowledge emotions (“I see that you’re upset,” or “I understand that this is a powerful topic for you”).
- Focus dialogue on academic concepts rather than personal opinions.
- Give students a few minutes to write a personal response to the situation. Collect these and prepare a response in the next class.
- Listen and restate perspectives, especially if one student is receiving all of the heat
- Meet individually with students if necessary.
- Observe and control your emotional reaction to feelings of being challenged or threatened.
- Be aware of your body language and what you are communicating through your actions.
- Address behaviors, not people.
- Uphold class norms. Address issues that arise each and every time and remain consistent in how you deal with students. Refer to your own class guidelines.

Anger Management

Create a safe emotional climate — Teachers should create a classroom with clear, consistent, and flexible boundaries, one in which every student is treated fairly and is subject to consistent enforcement of a set of rules known and respected by everyone.

Model responsible anger management — Children emulate behaviors, so to be the best teacher of anger management techniques, teachers must model their own anger effectively.

Help children develop self-regulatory skills — Self-control and reflection skills allow children to regulate their own behavior.

Encourage children to label their feelings — Usually a feeling precedes an angry response. It may be frustration, embarrassment, shame, or any number of triggers. If children learn to identify and label their feelings that precede reactions, their ability to exercise self-control will grow.

Use books and stories about anger to help young children understand and manage anger — There are many books for young children that can help validate their feeling and educate them as to what is taking place inside them.

Communicate with parents — Educators should share with parents what is being done to teach children to manage anger. Such efforts are much more likely to be successful if parents model the appropriate skills and reward responsible behavior in their children.

Don't Forget About Your Own Needs

- ❑ Do not ignore your own mental health needs when it comes to your feelings about school violence and school shootings
- ❑ You may be experiencing some of the same reactions as your students (anxiety, trauma related reactions, etc.)
- ❑ Monitor your own effectiveness and provide support to colleagues
- ❑ CRCC Code of Ethics Section E.1.f
Monitoring effectiveness
- ❑ Section E.2.a Impairment
- ❑ [Teachers face mental health challenges dealing with school shootings](#)
- ❑ [How school shootings traumatize teachers](#)
- ❑ [Becoming a teacher in an era of school shootings](#)

School Violence – Resources

Additional Resources / Takeaways

- ❑ [Preventing ACEs](#)
- ❑ [Preventing child abuse & neglect](#)
- ❑ [Preventing sexual violence](#)
- ❑ [Preventing youth violence](#)
- ❑ [A Dozen Things Teachers Can Do to Stop School Violence](#)
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- ❑ Stone Norton, A. E. (2008). *Crossing borders: Bringing students and professors to the same side of the river* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses (3320580).
- ❑ [Managing Anger](#)
- ❑ Simmonds, J. (2003). *Seeing red: An anger management and peacekeeping curriculum for kids*. Gabriola Island, BC Canada: New Society Publishers.
- ❑ Pudney, W. & Whitehouse, E. (1996). *Volcano in my tummy: Helping children to handle anger*. Gabriola Island, BC, Canada: New Society Publishers.
- ❑ Paul, H. (1995). *When kids are mad, not bad*. New York, NY: Berkeley Publishing Group
- ❑ Wilde, J. (2002) *Anger Management in Schools: Alternatives to Student Violence* (2nd ed.). Lanham, MD: Scarecrow Press.
- ❑ [Early Warning Signs and Resiliency Factors for School Violence](#)

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Social Media and Technology



Evolving Paradigms and Views

- ❑ Social Media and generational view.
- ❑ Differing generations and symbiotic relationships regarding learning.
- ❑ AI - Chat GPT
- ❑ Empowering Voices: How ChatGPT is Revolutionizing Communication for People with Disabilities
- ❑ ChatGPT 'Level Playing Field' for People with Disabilities

Social Media – Background

Brief Background

- ❑ A 2022 Pew Research Center survey found that 46% of 13-17 year olds are online almost constantly and 97% use a social media platform
- ❑ Social media benefits:
 - ❑ Communication & social networks that can provide valuable support, particularly for those who experience exclusion or live with a disability
 - ❑ Entertainment & self-expression
 - ❑ Exposure to current events
- ❑ Social media harms
 - ❑ Disrupt sleep
 - ❑ Exposure to bullying, rumor spreading, peer pressure, & unrealistic views of others' lives
 - ❑ Studies have observed links between high levels of social media use & depression/anxiety symptoms

CRCC Code Updates and Social Media

- ❑ Expanded views and guidelines regarding social media, particularly regarding usage within disability communities.

- ❑ K.4 - Social Media
 - ❑ a. Professional Electronic Presence
 - ❑ c. Social Media and Informed Consent
 - ❑ [Code of Professional Ethics for Certified Rehabilitation Counselors](#)

Froehlich, R. J. , Henry, J. S. , Tichy, N. , Hill, J. C. , & Thompson, K.
Rehabilitation counselors and technology, social media, and distance
counseling: Contemporary considerations. [Rehabilitation Counseling Bulletin](#).

Social Media – Risk & Best Practices

Risk Assessment / What to Be Aware Of

- ❑ Peer rejection
- ❑ Lack of close friendships
- ❑ Excessive use of social media
- ❑ Signs of cyberbullying
- ❑ Impulsivity
- ❑ Peer pressure

Best Practices / How to Respond

- ❑ Set reasonable limits: avoid allowing social media to interfere with other activities, sleep, meals, or homework
- ❑ Encourage a bedtime routine that avoids electronic media use
- ❑ Explain what is not OK on social media such as gossiping, spreading rumors, bullying, or damaging someone's reputation
- ❑ Encourage face-to-face contact with friends
- ❑ Talk about social media: discuss habits, ask how using social media makes the student feel, and remind them that social media is full of unrealistic ideals

Social Media – Resources

Additional Resources / Takeaways

- ❑ [Adolescent social media use & well-being](#)
- ❑ [Re-examining adolescent social media use & socioemotional well-being through the lens of the COVID-19 pandemic](#)
- ❑ [Tween and Teen Health](#)

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Partnering with Families



Partnering with Families – Best Practices

Best Practices / How to Respond

- ❑ Don't wait for a problem to start a relationship.
 - ❑ If the first time you introduce yourself to a student's parents is when you meet to discuss a mental health concern, your challenge, and the resistance you may meet, are that much greater.
- ❑ Don't go it alone.
 - ❑ In partnership with other providers, you can determine the best strategy for sharing your concerns with the parents, identifying resources and next steps.
- ❑ Don't assume the worst.
 - ❑ Discussing a concern with a student's parents doesn't always set up an adversarial relationship.
- ❑ Express empathy.
 - ❑ Use open-ended questions and reflective listening to help show that you understand. Express understanding related to their frustration or worries.
- ❑ Avoid arguing.
 - ❑ You're not seeking to prove a point or to be right. Instead, you are trying help the parent/guardian understand your concern and see the pros and cons of change.
- ❑ Roll with resistance rather than meeting it head on.
 - ❑ It's common and understandable for parents to resist acknowledging a mental health problem, or to feel that somehow they are being "blamed" for the situation. They do not necessarily have to agree with you.
- ❑ Acknowledge the positive attempts they and the student have made so far.
 - ❑ Your optimism can reduce the discomfort that parents may feel.
- ❑ Communicate respect.
 - ❑ Act as a compassionate and knowledgeable consultant, while respecting the family's freedom of choice and self-direction.
- ❑ Respect cultural differences.
 - ❑ Remember that different cultures have different norms regarding personal space, touching, eye contact, etc.

Partnering with Families – Resources

Additional Resources / Takeaways

- ❑ [Tips for Family Members](#)

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Supporting a Friend



Supporting a Friend – Background

Brief Background

- ❑ Forming and maintaining good friendships is a part of the human experience.
- ❑ So many of the resources provided today speak to the need for social support and a network of care.
- ❑ Friendships increase overall happiness, mental health and sense of belonging; they help self-confidence and self-worth and can also reduce stress.
- ❑ While it's great to form a diverse network of friends, it's important to remember that quality counts more than quantity.
- ❑ In adolescence, friendships are also crucial for developing students' problem-solving and social skills.
- ❑ Teachers and counselors can play an important role in guiding students towards positive friendships and social connections.

Supporting a Friend – Best Practices for Students

Best Practices / How to Respond: for Students

- ❑ Show your support. Express your concern and sympathy, talk openly and make sure that your friend knows that they are not alone.
- ❑ Keep your friend's trust. Don't gossip or share their personal information with others. The exception is any talk about suicide. When suicide is mentioned, it's time to tell a professional and get help!
- ❑ Ask what you can do to help.
- ❑ Reassure your friend that you still care about them. It's common for people with mental health disorders to withdraw and isolate from family and friends. Continue to invite your friend to get together to study, talk or just hang out. Even if they don't always feel like spending time together, it can be a comfort just to know that you are available, and that you care.
- ❑ Educate yourself. Learn about your friend's diagnosis.

Supporting a Friend – Best Practices for Educators

Best Practices / How to Respond: For Educators

- ❑ Nurture empathy, listening and cooperation in the classroom
 - ❑ Teachers can provide opportunities for students to build and demonstrate these important social skills by facilitating classroom activities that encourage them.

- ❑ Teach students how to have difficult conversations
 - ❑ Adolescent friendships can be turbulent and a source of anxiety for students, especially those who haven't yet developed conflict resolution skills. A disagreement between students can quickly turn a good friendship bad if neither of them knows how to have a difficult conversation.
 - ❑ Teachers can play an important role in educating students about how to confidently manage issues within their friendships to ensure that their relationships grow in healthy ways.
 - ❑ Students can benefit from learning how to:
 - ❑ Discuss issues that arise with their friends, instead of avoiding or ignoring them
 - ❑ Deal with conflict confidently and effectively to minimise stressful situations and preserve connections
 - ❑ Identify toxic friendship behaviors to reduce the likelihood of mistreatment
 - ❑ Accept responsibility for problems, instead of blaming others
 - ❑ Listen to others with the intention of understanding their perspectives, instead of intending to win arguments and to always be right.

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Substance Use



Post Legalization

- ❑ [NIH and other sources](#) - no increase in teen usage post legalization
- ❑ Anecdotal stats... clinic and practice work
- ❑ [Effects of Marijuana on Mental Health](#)
 - ❑ “THC appears to decrease anxiety at lower doses and increase anxiety at higher doses”
 - ❑ Using marijuana to cope with anxiety may offer some short-term benefit, but well-controlled studies indicate that use of marijuana is associated with increased likelihood of substance use disorders.

Substance Use – Background & Risk

Brief Background

- ❑ Today's drug landscape is not the same as it used to be.
- ❑ Drug and alcohol abuse does not discriminate.
- ❑ Youth who experience a major depressive episode were twice as likely to begin using alcohol or an illicit drug, compared to youth who had not experienced a major depressive episode.
- ❑ Estimated rates of co-occurring mental illness among adolescents with substance use disorders range from 60 to 75 percent.

Risk Assessment / What to Be Aware Of

- ❑ Experts say that a substance use problem is more likely if you notice several of these signs at the same time, if they occur suddenly, or if some of them are extreme in nature.
- ❑ Mood changes (e.g., flare-ups of temper, irritability, defensiveness)
- ❑ Poor class attendance, low grades, and/ or behavior problems
- ❑ Disregard for school rules
- ❑ Memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech
- ❑ Switching friends and a reluctance to allow parents to meet new friends

Substance Use – Best Practices & Prevention

Best Practices / How to Respond

There are several things a teacher or school staff member can do if they suspect a student is using alcohol or other drugs, but the first step is always to talk to the student.

- ❑ Be a Good Source of Information
- ❑ Show Them You Care
- ❑ Use Personal Stories
- ❑ Help Them Build an Exit Plan
- ❑ Focus on health and brain science, not morality.
- ❑ It's never too early to talk about prevention.

Prevention Measures

In 2017, more than one in four students aged 12 to 17 who were enrolled in school in the past year reported not having seen or heard drug or alcohol use prevention messages at school. Educators have the power to change this. Make sure your students are getting prevention messages on a consistent basis

- ❑ Pass Out Materials at Parent-Teacher Conferences or Orientation Nights— Print out materials such as the 5 Conversation Goals handout, Talk. They Hear You.® Campaign postcards, and marijuana/opioid parent brochures to hand out to parents during conferences or orientation nights.
- ❑ Present at Parent Teacher Association (PTA) Meetings
- ❑ Conduct Train-the-Trainer Programs
 - ❑ Train school counselors, community leaders, and/or parents and caregivers to help educate your community about the risks associated with underage drinking and drug use.

Substance Use – Resources

Additional Resources / Takeaways

- ❑ [What educators Can Do to Help Prevent Underage Drink and Other Drug Abuse](#)
- ❑ [Substance Misuse as a Coping Mechanism](#)
- ❑ [7 Things Every Teacher Needs to Know About Teens and Drug and Alcohol Use](#)
- ❑ [Conversation Starters: How to Talk about Addiction with Students of All Ages](#)
- ❑ [About Substance Use Disorder](#)

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Self-Care



Self-Care – Background

Brief Background

- ❑ What is self-care and why does it matter? Self-care includes all the things you do to take care of your well-being in four key dimensions – your emotional, physical, psychological, and spiritual health.
- ❑ Because of the work you do, self-care and care of others becomes an important balancing act to consider.
- ❑ Self-care is essential for managing stress, preventing burnout, and mitigating compassion fatigue – all common occupational hazards for caring individuals. Self-care is also important for a sense of overall integrity, as it ensures we are “walking our talk.”
- ❑ It is also ethically mandated in many fields.
 - ❑ **Section E – Professional Responsibility:** ‘CRCs/CCRCs engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.’

Self-Care – Best Practicers & Components

Best Practices / How to Respond

- ❑ Set aside time to unwind
- ❑ Plan ahead
- ❑ Set boundaries
- ❑ Adjust your expectations
- ❑ Acquire new skills and appreciate the ones you already have
- ❑ Be kind to yourself
- ❑ Stay socially connected
- ❑ Get your body moving
- ❑ Seek mental health support if needed

Components of Self Care

- . *Physical self-care*
- . *Emotional self-care*
- . *Psychological self-care*
- . *Spiritual self-care*

Self-Care – Resources

Additional Resources / Takeaways

- ❑ [The Ethical Practice of Rehabilitation Professional Self Care](#)
- ❑ [Student Self-Care Toolkit](#)
- ❑ [A Self-Care Portfolio for Adults](#)
- ❑ <https://ctrinstitute.com/4-key-dimensions-self-care/>
- ❑ [Ten Mental Health and Well-being Tips for Teachers](#)
- ❑ [Stress Reduction Techniques](#)

Bringing It All Together

- We provided a lot of information today; not intended to replace your structures pertaining to emergency procedures or policies.
- It was intended to generate thoughts about what you can do, and when to reach out to identified emergency related professionals and resources.
- Additionally, our intention was to connect you and your students with the concept of hope.
- Being a support for a student struggling with mental health issues can be one of the most important functions you play, no matter your role within the educational and rehabilitation community.

Thoughts? Questions?

In conclusion...



For Questions or Additional Information

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