

**NTACT**  
THE COLLABORATIVE

# Transition Services and Contemporary Mental Health Related Issues and Approaches

An NTACT:C Webinar

# Disclaimer

The contents of this presentation were developed under a grant (H326E200003) from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

# Who Are Today's Presenters?

- Dr. Rob Froehlich - GWU Associate Professor of Counseling
- Barbara Dos Santos - Ph.D. in Counseling Student

# A Little Bit on A Lot of Topics

- Today's presentation is intended to provide a brief overview of some topics related to the mental health of the students you work with.
- The format we will use is:
  - Topic
    - Background
    - Assessing for Risk
    - Best Practices
    - Prevention Measures
    - Resources
- Please know that for each of the topics we cover today, one could take an entire graduate class.
- Our intention is to demystify some of these topics, to make them more conversational in nature, and to encourage your self reflection as to how you do or do not address these topics in your work.

# But wait... there's more!

We got a bit carried away in the development phase, so this webinar is now a 2-part series:

- Part 1 (ACEs, Dating, Vaping, Body Image, Bullying)
- Part 2 (Anxiety, Depression, SI, SH, School Violence, Social Media, Partnering with Families, Supporting a Friend, Self Care, and Addictions)
- Quiz Guidance – One of the CE questions for this webinar includes a question on which topics were covered. For the purposes of that question, make sure to include anxiety, even though that will be covered in the next webinar.

**But Dr. Froehlich, I'm not a  
mental health professional!**

# We all share a part in each other's mental health..

## Abraham Maslow (1954):

- "Let them recognize that every person who is kind, helpful, decent, psychologically democratic, affectionate, and warm, is a psychotherapeutic force, even though a small one."
- "Let people realize clearly that every time they threaten someone or humiliate or hurt unnecessarily or dominate or reject another human being, they become forces for the creation of psychopathology, even if these be small forces."
- **Note – We will reserve 10 minutes for questions at the end, but if you have a pressing question, put it in the chat and one of our colleagues will bring it to our attention. Thanks.**

# Adverse Childhood Experiences





# ACES

(Felitti et al., 1998)

## What are Adverse Childhood Experiences?

Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years) such as:

- ❑ Experiencing violence, abuse, or neglect
- ❑ Witnessing violence in the home
- ❑ Having a family member attempt or die by suicide
- ❑ Aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with:
  - ❑ Substance misuse
  - ❑ Mental health problems
  - ❑ Instability due to parental separation or incarceration of a parent, sibling or other member of the household

# ACES: Why is this important?

(Felitti et al., 1998)

- ❑ An estimated 62% of adults surveyed across 23 states reported that they had experienced one ACE during childhood and nearly one-quarter reported that they had experienced three or more ACEs.
- ❑ ACEs can have negative, lasting effects on health, wellbeing, and opportunity.
- ❑ The evidence confirms that these exposures increase the risks of injury, sexually transmitted infections, mental health problems, maternal and child health problems, teen pregnancy, involvement in sex trafficking, a wide range of chronic diseases and the leading causes of death such as cancer, diabetes, heart disease, and suicide.
- ❑ ACEs can also negatively impact education, employment, and earnings potential.
- ❑ A large and growing body of research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems, and that such exposures can even alter the physical structure of DNA (epigenetic effects).

# ACES : Preventing ACEs

(Felitti et al., 1998)

Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full health and life potential.

CDC has produced a suite of technical packages to help states and communities take advantage of the best available evidence to prevent violence, including the many types of violence and social, economic, and other exposures in the home and community that adversely affect children.

The evidence tells us that ACEs can be prevented by:

- ❑ Strengthening economic supports for families
- ❑ Promoting social norms that protect against violence and adversity
- ❑ Ensuring a strong start for children and paving the way for them to reach their full potential
- ❑ Teaching skills to help parents and youth handle stress, manage emotions, and tackle everyday challenges
- ❑ Connecting youth to caring adults and activities
- ❑ Intervening to lessen immediate and long-term harms

By addressing the conditions that give rise to ACEs and simultaneously addressing the needs of children and parents, these strategies take a multi-generation approach to prevent ACEs and ensure safe, stable, nurturing relationships and environments. Together, these strategies are intended to work in combination and reinforce each other to prevent ACEs and achieve synergistic impact.

# Vaping



# Vaping

## BRIEF BACKGROUND

- ❑ CDC reported 19.6% of high school students currently use e-cigarettes
- ❑ Peer pressure has been reported as one of the most common reasons for increased use by adolescents
- ❑ Peer-reviewed studies reveal links between vaping, nicotine, & worsening symptoms of depression and anxiety
- ❑ Dependence on nicotine has been associated with impulsivity, mood disorders, anxiety, suicidality & depression
- ❑ Increases sensitivity to stress, & alters the coping mechanism in the brain

## RISK ASSESSMENT / WHAT TO BE AWARE OF

- ❑ Cognitive symptoms of nicotine dependence include difficulty concentrating & long-term effects on attention and memory.
- ❑ Students may also show behavioral changes such as mood changes, irritability, & changes in attendance
- ❑ Physical symptoms include mouth sores, bloody nose, dry mouth, constant headaches & nausea
- ❑ It may be helpful to identify signs of use and ways students can hide the devices

# Vaping

(Momentum, 2021)

## BEST PRACTICES / HOW TO RESPOND

- ❑ Staying informed & up-to-date on e-cigarette harms and products to be able to identify and inform students of potential risks of use
- ❑ Advocating for comprehensive school tobacco policies that specifically include vaping
- ❑ Helping students understand the harms of e-cigarette use

## PREVENTION MEASURES

- ❑ Advocating for education resources and curricula (such as evidence based prevention programs like CATCH My Breath) to be disseminated to provide information, better intervene, and prevent e-cigarette use

# Vaping

## ADDITIONAL RESOURCES / TAKEAWAYS

- ❑ [Vape Prevention: How teachers can help](#)
- ❑ [3 ways vaping affects mental health](#)
- ❑ [Vaping and mental health: What's the connection?](#)
- ❑ CATCH. (2020). [CATCH My Breath Vaping Prevention Program: State of the Union of the Youth Vaping Epidemic and Introduction to an Evidence-Based Prevention Program.](#)

# Dating & Healthy Boundaries





# Dating & Healthy Boundaries

(University of Pittsburgh, 2022)

## BRIEF BACKGROUND

- ❑ Every adolescent is different and guidelines should be adjusted to specific family needs & values
- ❑ Consent is actively agreeing to engage in sexual activity
- ❑ Consent is never implied regardless of relationship status
- ❑ Consent is not permanent and can be withdrawn at any time
- ❑ Consent is all about communication
  - ❑ Freely given
  - ❑ Reversible
  - ❑ Informed
  - ❑ Enthusiastic
  - ❑ Specific

## RISK ASSESSMENT / WHAT TO BE AWARE OF

- ❑ Recognizing “red flag” behaviors is the first step towards interrupting & preventing dating abuse
  - ❑ Physical injuries
  - ❑ Absenteeism
  - ❑ Social isolation

# Dating & Healthy Boundaries (University of Pittsburgh, 2022)

## BEST PRACTICES / HOW TO RESPOND

- ❑ Consider the adolescent's perception of dating, as well as their maturity
- ❑ Talk about dating etiquette & safety
- ❑ Use appropriate and accurate language
- ❑ Model consent in everyday interactions
- ❑ Use media as a teaching tool
- ❑ Make peace with your own discomfort

## SUPPORTIVE RESPONSES IF A STUDENT DISCLOSES SEXUAL ASSAULT

- ❑ Listen, stay calm, & give them your full attention
- ❑ Believe them
- ❑ Be compassionate
- ❑ Stress that it isn't their fault
- ❑ Know local resources to get help such as a crisis phone line or sexual assault support agency

# Dating & Healthy Boundaries: Youth with Disabilities - BRIEF BACKGROUND

(TASCC, 2020)

- ❑ Studies of youth with intellectual disabilities found that they want to learn about relationships, love, friendships, how to establish an intimate relationship and how to find a boyfriend or girlfriend
- ❑ Service providers can encourage discussions about dating and relationships by asking youth if they know what their families believe about dating.
- ❑ Parents and service providers can use books, TV shows and movies to highlight examples of good dating relationships. Talk about how the characters treat each other. Be sure to point out when someone is not being a good date and how the relationship is not working.
- ❑ Talking about sexuality with children and youth can be uncomfortable. Parents and service providers play an important role in helping them make healthy choices about sexuality.
- ❑ Avoiding these discussions will not stop them from dating or being involved in an intimate relationship. Youth with disabilities report similar levels of sexual activity as those without disabilities and some studies suggest higher rates.
- ❑ Sex can mean different things to different people.
- ❑ Do not assume that youth know what sex is.

# Dating & Healthy Boundaries: Youth with Disabilities

(TASCC, 2020) - BEST PRACTICES / HOW TO RESPOND

- ❑ **Peer pressure:** Make sure your child understands they don't need to kiss, cuddle or have sex with someone if they don't want to. Remind them they are in control of their body.
- ❑ **Just say 'no!':** Talk about consent with your child. Do they feel confident enough to say 'no' to being intimate if they are not ready? Practice saying 'No' with them, using assertive body language and eye contact.
- ❑ **Ban 'good' & 'bad' - use 'comfortable' or 'uncomfortable' instead:** Link the feeling to 'comfortable' or 'uncomfortable' rather than 'good' or 'bad'. Using 'good' or 'bad' may make the child feel they are bad if they have an uncomfortable feeling. Talk about 'comfortable' and 'uncomfortable' types of touch. 'When you give me a hug I feel really loved & comfortable.' 'Kicking hurts & I feel unsafe & uncomfortable when it happens.'
- ❑ **Touch changes:** Talk about how touch can start off feeling comfortable, then can become uncomfortable
- ❑ **Business touch:** We ask people with disabilities to sit quietly and allow their bodies to be touched by strangers a lot ... doctors, therapists, aides, care assistants, etc. This leaves them vulnerable to abuse. Teach about 'business touch'
- ❑ **Take it slowly:** Don't bombard your child with a lot of information about sex at once. Be prepared to tell them things again to reinforce the message and help them understand. Make sure you speak to your child at a level they can understand.
- ❑ **Keep an open mind:** Think about your own feelings, attitudes, values and comfort level related to sexuality issues. Try to maintain an open mind when talking to your child about sexual issues. Try not to react negatively to what they say or do.
- ❑ **Get your facts right:** Make sure you have correct information before giving it to your child. It's OK to tell them you're not sure about an issue and you will find out.
- ❑ **Three's company:** It can be helpful to ask a friend or support worker to accompany your child on dates in the early stages of a new relationship. They don't need to sit with them on a romantic date, but could sit in the same cafe reading a book for example, so still be close at hand for support when needed.
- ❑ **Keep it to yourself:** If your child is going on a date with someone new, make sure they don't divulge personal details, such as address, mobile number, bank or passport details. Talk about the importance of privacy.

# Dating & Healthy Boundaries – LGBTQ+

- ❑ Are you approaching the topic from a heteronormative position?
- ❑ Are students able to discuss gender identity and same sex relationships in a secure and safe environment?
- ❑ What are additional topics impacting your students with multiple intersecting identities?

## PAST WEBINARS

[https://gwcre.org/cit -vr/topics/lgbtq/](https://gwcre.org/cit-vr/topics/lgbtq/)

# Dating & Healthy Boundaries Resources

## ADDITIONAL RESOURCES / TAKEAWAYS

- [Dating has changed: New Rules for Teens](#)
- [A guide for talking about relationships, consent, & sexual violence](#)
- [How to talk to kids about consent](#)
- [Teaching about consent & healthy boundaries](#)
- [Teach onset: how to ask for consent](#)
- [Educators as bystanders](#)
- [10 Ways Educators Can Make Schools Safer for LGBT Youth](#)
- [Use inclusive language to affirm diversity](#)
- [Teaching Children with Down Syndrome about Their Bodies, Boundaries, and Sexuality: A Guide for Parents and Professionals](#)
- [Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders: A Professional's Guide to Understanding, Preventing Issues, Supporting Sexuality and Responding to Inappropriate Behaviours](#)
- [Sexuality Education for Adults with Developmental Disabilities](#)
- [RELATIONSHIPS DECODED](#)
- [Boyfriends & Girlfriends: A Guide to Dating for People with Disabilities](#)
- [Circles I: Intimacy and Relationships](#)
- [Intimate Relationships and Sexual Health: A Curriculum for Teaching Adolescents/Adults with High-Functioning Autism Spectrum Disorders and Other Social Challenges](#)
- [Mike's Crush](#)

# Disordered Eating & Body Image



# Disordered Eating & Body Image

(The Jed Foundation, 2022)

## BRIEF BACKGROUND

- ❑ Because there are so many myths & stereotypes about eating disorders, it can be difficult to know what to look for or what to do.
- ❑ The most important thing to know is that eating disorders don't have a "look": they can affect all genders, races, body sizes & socioeconomic backgrounds
- ❑ Health at Every Size (HAES) promotes health equity, supports ending weight discrimination, & improves access to quality healthcare regardless of size
  - ❑ Weight inclusivity
  - ❑ Health enhancement
  - ❑ Eating for well-being
  - ❑ Respectful care
  - ❑ Life-enhancing movement



# Disordered Eating & Body Image

(NEDA, 2018)

## RISK ASSESSMENT / WHAT TO BE AWARE OF

- ❑ Emotional signs
  - ❑ Expresses body image concerns
  - ❑ Changes in attitude/mood
  - ❑ Appears depressed/anxious/expresses feelings of worthlessness
  - ❑ Displays rigid or obsessive thinking about food, eating, and exercise (labels food as good/bad)
  - ❑ Intolerance for imperfection in academics, eating, social life, etc.
  
- ❑ Physical signs
  - ❑ Sudden weight loss, gain, or fluctuation in a short time
  - ❑ Feeling faint, cold, or tired
  - ❑ Dry hair/skin, dehydration, blue hands/feet
  - ❑ Complaints of abdominal pain
  
- ❑ Behavioral signs
  - ❑ Skips meals, throws away food, pretends to eat
  - ❑ Exercises excessively
  - ❑ Constantly talking about food, weight, shape, exercise, etc.
  - ❑ Excessive water consumption

# Disordered Eating & Body Image (2)

(NEDA, 2018)

## BEST PRACTICES / HOW TO RESPOND

- ❑ Speak privately to the student: ensure sufficient time & try to prevent interruptions
- ❑ In a direct & non-punitive manner, indicate to the student all the specific observations that have contributed to your concern
- ❑ Allow the student to respond: listen carefully with empathy, & communicate care and concern
- ❑ The focus should be on the person feeling healthy and functioning effectively - do not focus on weight, shape, or morality
- ❑ Be knowledgeable about community resources to which the student can be referred

## PREVENTION MEASURES

- ❑ Do not label foods as “good” or “bad
- ❑ Do not make comparisons between body types
- ❑ Reflect on your own attitudes to weight & body shape, and be mindful of how you speak about bodies/physical appearances
- ❑ Encourage students to listen to their body: to rest when needed & eat when hungry
- ❑ Emphasize that healthy bodies come in all shapes & sizes
- ❑ Avoid talking about numbers (calories, pounds, minutes) in relation to food or exercise

# Disordered Eating & Body Image Resources

## ADDITIONAL RESOURCES / TAKEAWAYS

- ❑ [What can teachers do to promote positive body image?](#)
- ❑ [Educator Toolkit: National Eating Disorders Association](#)
- ❑ [Eating Disorders Are on the Rise: Here's How Educators Can Help Their Students](#)
- ❑ [About Eating Disorders](#)
- ❑ [About Health at Every Size](#)
- ❑ [National Eating Disorders Website: For Educators](#)

# Bullying & Discrimination



# Bullying & Discrimination (2)

**MICROAGGRESSIONS:** Microaggressions are the everyday slights, insults, putdowns, invalidations, and offensive behaviors that people experience in daily interactions with generally well-intentioned individuals who may be unaware that they have engaged in demeaning ways.

- I can be uncomfortable to make all students comfortable.
- I want to be inclusive and have much to learn.
- Correction and error will help me get to my goal of inclusivity.
- This is not about me and my intent.
- Am I in a learning posture? Or defending something (what?)?

## INTERSECTIONALITY:

Put simply, intersectionality is the concept that all oppression is linked. More explicitly, the **Oxford Dictionary** defines intersectionality as “the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage”. Intersectionality is the acknowledgement that **everyone has their own unique experiences of discrimination and oppression** and we must consider everything and anything that can marginalize people – gender, race, class, sexual orientation, physical ability, etc. First coined by Professor Kimberlé Crenshaw back in 1989, intersectionality was added to the Oxford Dictionary in 2015.

# Bullying & Discrimination (3)

(CDC, 2021)

## BRIEF BACKGROUND

- ❑ Bullying is defined by the U.S. Department of Health and Human Services' (DHHS) as “intentionally aggressive, usually repeated verbal, social, or physical behavior aimed at a specific person or group of people.”
- ❑ Although statistics indicate an increase in cyberbullying, the majority of bullying still takes place at school.
- ❑ According to DHHS, one in three U.S. students reports being bullied at school.
- ❑ Bullying behaviors can be:
  - ❑ Physical – chasing, hitting, damaging or stealing property
  - ❑ Verbal – taunting, name-calling, threatening
  - ❑ Social – spreading rumors, secrets or gossip, excluding or ostracizing from a group
  - ❑ Virtual, as electronic communication and social media create more opportunities for anonymous victimization

## RISK ASSESSMENT / WHAT TO BE AWARE OF

Not all children who are bullied exhibit warning signs, but the following changes in a student's behavior or demeanor may point to a bullying problem:

- ❑ Signs that a student is being bullied
  - ❑ Unexplainable injuries
  - ❑ Lost or destroyed clothing, books, electronics, or jewelry
  - ❑ Frequent headaches or stomach aches, feeling sick or faking illness
  - ❑ Declining grades, loss of interest in schoolwork, or not wanting to go to school
  - ❑ Sudden loss of friends or avoidance of social situations
  - ❑ Feelings of helplessness or decreased self esteem
  - ❑ Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide
- ❑ Signs that a student is bullying others
  - ❑ Get into physical or verbal fights
  - ❑ Have friends who bully others
  - ❑ Are increasingly aggressive
  - ❑ Are sent to the principal's office or to detention frequently
  - ❑ Blame others for their problems
  - ❑ Don't accept responsibility for their actions
  - ❑ Are competitive and worry about their reputation or popularity

# Bullying & Discrimination (4)

(CDC, 2021)

## BEST PRACTICES / HOW TO RESPOND

- ❑ Collaborate with cultural brokers to better understand and address differing cultural perceptions of disabilities (and, in particular, mental health) to best support students in a culturally-responsive manner.
- ❑ Encourage and facilitate collaboration among various offices and departments (e.g., disability services, counseling, and LGBTQ+ offices; education, nursing, psychology, social work departments) to create more comprehensive, culturally relevant ways to address the needs of students with disabilities with intersecting identities.

## PREVENTION MEASURES

- ❑ Promote family environments that support healthy development
- ❑ Provide quality education early in life
- ❑ Strengthen youth's skills
- ❑ Connect youth to caring adults and activities
  - ❑ **Mentoring programs**
  - ❑ **After-school programs**
- ❑ Create protective community environments
- ❑ Intervene to lessen harms and prevent future risk

# Bullying & Discrimination: LGBTQ+ youth

(Bennett & University, 2022)

## Why is this important?

- ❑ The LGBTQ+ community and the disability community intersect in significant ways.
- ❑ Despite some significant social and legal victories, the rights of transgender and gender diverse people are still ignored and, in some cases, attacked.
- ❑ Likewise, transgender and gender diverse youth still often face hostile climates in schools across the country.
- ❑ Schools reflect the power structures of the societies that formed them, so the organization and culture of many schools may reflect the myth that gender and sex are binary matters, as well as the faulty assumption that the cisgender experience (the experience of alignment between one's gender identity and one's sex assigned at birth) is universal.
- ❑ In order to include, support, and our trans and gender diverse students and families, schools must confront and amend exclusive and antiquated policies, procedures, and pedagogies.

## Best Practices

- ❑ Explore gender norms
- ❑ Avoid gendered language: a person's name and pronouns are an important part of their identity
- ❑ Embed inclusive language
- ❑ Use correct pronouns (See CRCC Code of Professional Ethics (2023) for guidance)
- ❑ Use students' chosen names
- ❑ Actively intervene when you hear anti-LGBT remarks, both with students and staff
- ❑ Remember that you may not know who in your class is LGBT



# Bullying & Discrimination Resources

## ADDITIONAL RESOURCES / TAKEAWAYS

- ❑ [Countering Stigma](#)
- ❑ [Bullying Factsheet](#)
- ❑ [The Relationship Between Bullying and Suicide](#)
- ❑ [Technology and Youth: Protecting Your Child from Electronic Aggression](#)
- ❑ [Microaggressions / Microaffirmations](#)
- ❑ [Intersectionality 101: What Is It and Why Is It Important](#)
- ❑ [LGBTQ+ Training](#)
- ❑ [LGBTQ Resources](#)
- ❑ [Guidelines for Affirming Gender Diversity through ELA Curriculum and Pedagogy](#)

# Preview of topics for next webinar

- Remember to register for Part 2: March 1, 2 PM Eastern
- Briefly cover the following topics: Anxiety, Depression, SI, SH, School Violence, Social Media, Partnering with Families, Supporting a Friend, Self Care, and Addictions
- Reminder about quiz for Part 1: One of the CE questions for this webinar includes a question on which topics were covered. For the purposes of that question, make sure to include anxiety, even though that will be covered in the next webinar.

# 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 be of assistance to know when to reach out to those identified emergency related professionals and resources.
- Additionally, our intention was to connect you and your students with the concept of hope.
- Education is the key to providing hope for a better tomorrow, and anytime we can provide such an experience for students, we can be confident in a job well done.

# Thoughts? Questions?

In conclusion...

# For Questions or Additional Information

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