

Jessie Chang Cindy Guzman Adla Jaber Danielle Symes Rayce Tamanaha



Attallah College of Educational Studies

TABLE OF CONTENTS

click for a sh<mark>ortcut</mark>

What is Mental Health?
Wellness & Mindfulness
Mental Health Impact on Teachers <u>page 5</u>
Statistics
Take a Look at the Numbers <u>page 6</u>
Underrepresented Communities
COVID-19 Impact <u>page 8</u>
How Schools Play a Role
The Ecological Model
Positive School Climate
Hierarchy of Needs - Importance of Safety & a Sense of Belonging
Who to Look to for Support & Their Roles
Communication & Collaboration w/ Mental Health Professionals
An Educator's Role
Common Diagnosis
Depression & Anxiety
Attention-Deficit / Hyperactivity Disorder (ADHD)
Conduct Disorder, Bulimia Nervosa, & Anorexia Nervosa
Suicidal Ideation
Adverse Childhood Experiences, Protective Factors, Risk Factors, & Resilience
Risk Factors & Warning Signs
What Educators Can Do if They Suspect a Student is Struggling with Mental Illness page 27
Legal & Ethical Considerations
Cultural Diversity in the Classroom
Cultural Competence
Multi-tiered System of Support (MTSS)
Evidence-Based Practices in Schools
Social Emotional Learning (SEL)
Screeners
Progress Monitoring
Strengths-Based Assessments
Progress Monitoring Activities for the Classroom
Progress Monitoring with Scaling Questions
Screening & Progress Monitoring Resources
Appendix - Resources & Tips

MENTAL H

Social Psychological

Nental Health

Mental health encompasses how we think, feel, and act. It includes physical, mental,

Emotional

Mental health can affect students':

School & Grades

Decisionmaking Skills

and social well-being.

Students with poor mental health have an increased risk of:

Drug Use

Risky Sexual Behaviors

Experiencing Violence

Overal Health

(CDC, 2021; CDC, 2022)

IMPORTANT MENTAL HEALTH THEMES TO CONSIDER: UELLNESS An overall well-being that affects a person's mental health

- Financial
- Physical f absence of disease
- fit body
- Occupational work

4

- satisfaction
- family/personal finances
- - Spiritual
 purpose for existence
- Environmental • pollution • crime
- Emotional stressors self-esteem
- **Gocial** communication skills supportive -relationships
- Intellectual
 creativity
 critical thinking
 common sense



A TECHNIQUE TO HELP WITH WELLNESS: MINDFULNESS MMM

"Non-judgmental awareness of our thoughts, feelings, physical sensations, and surroundings in the present moment"

Self-Reflective Stance Awareness • thoughts • emotions • body

Attention • purposeful • being present

(Maynard, et al., 2017; Stewart & Rice, 2022)

MENTAL HEALTH IMPACT ON TEACHERS

On a plane, we put the oxygen mask on ourselves before putting them on children. Similarly, we need to care for ourselves before we can care for others. If burnt out, we will not be as effective in our care.

Compassion fatigue occurs when caretakers become "physically, emotionally, and spiritually exhausted" from being exposed to students' trauma. Compassion fatigue can lead to an "inability to

Compassion Fatigue

provide sufficient care" to students.

Secondary Traumatic Stress

Secondary traumatic stress occurs when caretakers develop symptoms similar to posttraumatic stress disorder (PTSD) from caring for a student with trauma. This phenomenon can cause caretakers to have difficulties with everyday tasks.

Self-care can help teachers be more effective caretakers when working with students who have trauma in their lives.

*See self-care resources in the Appendix

5

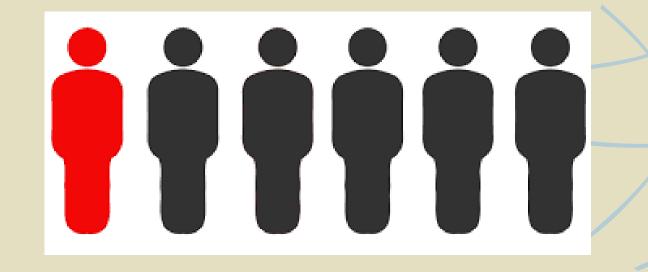
TAKE A LOOK AT THE NUMBERS ABOUT STUDENTS YOU WORK WITH



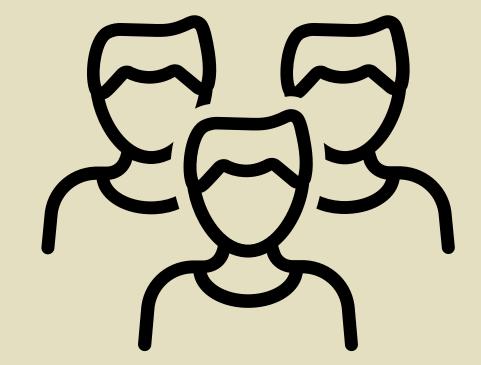
1 in 6 U.S. youth aged 6-17

experience a mental health disorder each 49.5%

of adolescents develop a mental health condition between the ages 13-18



year



Approximately 50% of youth in the Welfare system

have mental health needs , with a large number of the youth in the Welfare system being youth of color

70% of students

in need of mental health treatment do not recieve services

(NAMI, 2022; WHO, 2021; Alegria, Vallas, and Pumariega, 2011)

UNDERREPRESENTED COMMUNITIES & MENTAL HEALTH

42% OF LGBTQIA+ YOUTH

considered suicide in the past year

LGBTQ YOUTH ARE 4X MORE LIKELY

to attempt suicide than straight youth

RACIAL AND ETHNIC MINORITIES

have less access to mental health services than whites, are less likely to receive needed care and are more likely to receive poor quality care when treated

LOWER SOCIOECONOMIC STATUS (SES)

correlates with mental health disparities because children living in poverty are exposed to more stressors and have fewer buffers to counter that stress.

(NAMI, 2022; McGuire and Miranda, 2014; Butler, et.al, 2011)

COVID-19 & MENTAL HEALTH

Clinically Generalized Anxiety Symptoms







Clinically Generalized Depressive symtoms

Pre- Covid: 12.9%

Post- Covid: 25.2%

(Racine et al., 2021)



Children spend more time in schools than any other location besides at home. Schools are often the first line of defense for mental health concerns and 70-80% of children that receive mental health services access them at school. Also, youth are 6 times more likely to complete mental health treatment in

schools than in community settings.

Mental health programs in schools are effective for serving hard-to-reach populations such as children in rural areas or racial and ethnic minority children.

School staff play key roles in preventing further mental health problems & in promoting mental health through early identification and treatment.

un

mm

SCHOOLS AND SCHOOL STAFF PLAY AN IMPORTANT ROLE IN STUDENT MENTAL HEALTH

Schools must maintain a positive, safe, & nonstigmatizing academic environment. <u>See the Appendix</u> for a positive school climate checklist.

With training, adults in schools identify signs & symptoms of mental health issues in youth. Staff also help identify resources, support referrals, and connect students to needed mental health services inside and outside the education system.



All staff should look at the WHOLE CHILD & All factors that influence their mental health.



atthe

Government Regulations

Neighborhoods

Research

Looking

Communities

Policy

Resources

Technology

Societal Conflict

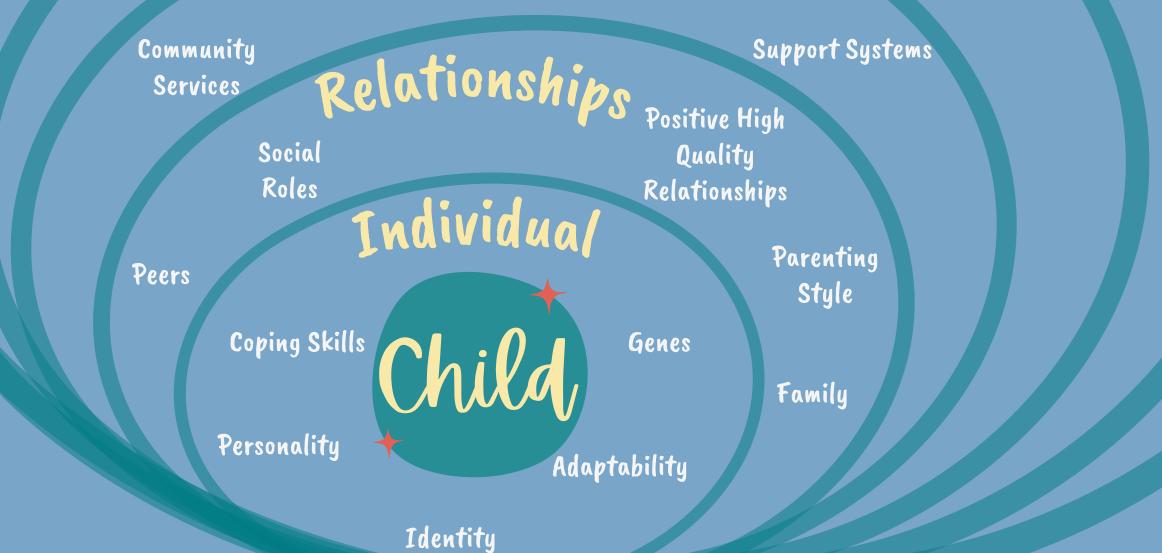
Funding

Poverty

Housing

Organizations Education

Social Environment



Teacher's Role

Teachers can provide positive relationships with students, collaborate with the community, & influence policy change. Education shapes students' development and mental health.

(Michaels et al., 2022)

YOUR ROLE AS AN EDUCATOR IS TO MAINTAIN SCHOOL SAFETY & A POSITIVE SCHOOL CLIMATE

WHAT DOES A POSITIUE SCHOOL CLIMATE LOOK LIKE?

Staff ensuring school safety helps create a positive school climate.	 US Department of Justice: <u>Ten Essential Actions to Improve School Safety</u> 	
Staff developing positive relationships with students	 Western Governors University <u>6 Easy Ways to Build Relationships w/ Your Students</u> American Psychological Association <u>Improving students' relationships w/ teachers</u> High Speed Training <u>Effective Communication in the Classroom: Skills for Teachers</u> 	
Educators providing social- emotional learning (SEL)	<u>See later pages on SEL curriculum for more</u> information & resources	
Staff using positive behavioral techniques	 National Center for Learning Disabilities <u>Positive Behavior Strategies: An Approach for Engaging &</u> <u>Motivating Students</u> Center on PBIS (Positive Behavioral Interventions and Supports) → go to <u>pbis.org</u> for more <u>Supporting & Responding to Students' Social, Emotional, &</u> <u>Behavioral Needs: Evidence-Based Practices for Educators</u> KAIRARANGA - VOLUME 13, ISSUE 1 Article on <u>Evidence-based Classroom Behaviour Management Strategies</u> 	
Staff promoting inclusion & respecting diversity	 US Department of Health & Human Services: <u>School Connectedness</u> <u>What Can Schools do?</u> <u>Bullying Prevention at School</u> 	
Staff preventing & addressing discrimination	 <u>What is Cyberbullying?</u> <u>LGBTQ+ inclusivity</u> Edutopia - George Lucas Educational Foundation <u>Inclusive curriculum</u> 	
Staff preventing & addressing bullying schoolwide	 US Department of Justice: <u>5 Things about School-Based Violence Prevention & Intervention</u> <u>Programs</u> <u>See later page on cultural diversity in the classroom</u> 	

click the Hyperlinks

12 (Lazarus et al., 2021)

WHAT DOES A POSITIUE SCHOOL CLIMATE LOOK LIKE?

Administrators & staff creating opportunities for student leadership	 Teaching Expertise <u>15 Leadership Activities for High School Students</u> Unify High School <u>How to Nurture Student Leadership</u> Edutopia - George Lucas Educational Foundation <u>5 Tips for Creating Effective Student Leadership Groups</u> 	
Administrators & staff implementing fairness of rules with clear expectations	 IRIS Center Establishing Classroom Norms & Expectations US Department of Education Guiding Principles: A Resource Guide for Improving School 	
Educators consistently teaching & upholding school values	<u>Climate & Discipline</u> • University of Nebraska-Lincoln & the Nebraska Department of Education • <u>School Values & Expectations</u>	
Educators & staff having high expectations of students & encouraging student efficacy	 The Progress of Education Reform - clearinghouse <u>Teacher Expectations of Students</u> Edutopia - George Lucas Educational Foundation <u>The Necessity of Having High Expectations</u> 	
Educators instilling student	 Oregon GEAR UP - Educational Partnerships, Inc. (EPI) <u>Importance of High Expectations</u> Social Psychology of Education 	

confidence, interpersonally & academically	 Social Psychology of Education <u>Believe in me, and I will too': a study of how teachers'</u> <u>expectations instilled confidence in Grade 10 students</u>
Staff pursuing training & further education	 This can be done by reading research or participating in trainings. US Department of Education School Climate Improvement Online Modules California Department of Education Bullying Prevention Training & Resources California School Climate Conference Spring Workshops see what trainings & workshops are being offered by your school district
Educators collaborating & having good relations w/ staff	 National Center for Learning Disabilities <u>Collaboration: Partnering With Colleagues, Families, and</u> <u>Caregivers to Promote Student Success</u>
Educators communicating staff & student needs to administrators	 Edutopia - George Lucas Educational Foundation <u>Keeping the Door Open to Collaboration</u> Branching Minds <u>Benefits of and Strategies for Teacher Collaboration in MTSS</u>
Educators having good home & family communication	<u>See later pages on who your school-based team is & the importance of communication & collaboration</u>

(Lazarus et al., 2021)

for more resources on school safety & climate go to <u>SchoolSafety.gov</u>



y is safety & a sense elonging so important

Once an individual's physiological needs are satisfied, the needs for security & safety become primarily important.

People want to experience order, predictability, and control in their lives. Needs are organized in a hierarchy where more basic needs must be met prior to higher needs, more or less.

> Self-actualization desire to become the most that one can be

Esteem respect, self-esteem, status, recognition, strength, freedom

Love and belonging friendship, intimacy, family, sense of connection

Safety needs can be fulfilled by the family & society, such as at school.

Belongingness is a human emotional need for interpersonal relationships, affiliating, connectedness, & being part of a group. Safety needs personal security, employment, resources, health, property

Physiological needs air, water, food, shelter, sleep, clothing, reproduction

Maslow's hierarchy of needs

People who have difficulty achieving very basic physiological needs (such as food, shelter, etc.) are not capable of meeting higher growth needs.

> In the classroom! Before a student's cognitive needs can be met, they must first fulfill their basic physiological needs.

It's important to know who your school 'team' is

Who to Look to for Support & Their Roles

Administrators & Principals

- Decision makers that define the safe school climate
- Provide a meaningful learning environment
- Address barriers to school climate
- Promote mental health schoolwide and through procedures
- Conduct schoolwide assemblies about general mental health awareness (suicide prevention, bullying, etc.)
 Support all school-based mental health specialists

School Psychologist

- Support students, families, & teachers in academic, behavioral, & emotional success through prevention & intervention support
- Support Special Education students & teachers
- Provide advice on universal screenings as change agents
- Consult & collaborate with teachers, families, & service providers
- Provide data-based

- Ensure access to trainings that build awareness
- Facilitate methods of communication (w/ parents, teachers, & other staff)
- Survey the site for direct and indirect needs



School Counselor

- Support students, families, & teachers in academic & emotional success
- School violence & mental health prevention & intervention
- Provide group or individual counseling
- Implement programs that enhance student success
- Provide knowledge and resources to other staff on school climate, student wellness, & staff wellness
- Most likely part of the school crisis response team

(ASCA, 2022; Dowdy et al, 2015; Lazarus et al., 2021; NASP, 2021; NASSP, 2017; Wiley University Services., 2021)

Who to Look to for Support & Their Roles

School-based Social Worker

- Consultation w/ teachers, parents, & administrators
- Collaborate w/ families & outside agencies
- Support the student, family, & community
- Behavioral & classroom support through positive behavioral interventions

School Nurse

- Provide direct healthcare to students
- Promote a healthy school environment
- Provide a safe space for students
- Have empathy, compassion, & understanding toward students
- Collaborate & communicate w/
 outside providers
- Monitor & administer medications
- Help screen at-risk behaviors through preventative & screening services

Coaches

• Ensure students are safe & healthy

• Promote conflict resolution & anger management

Instructional Aides & Assistants

- Assist the teacher in all facets of daily classroom management
- Work with students
- Provide behavioral support
- Complete administrative tasks
- May assist a student one-on-one
- May work directly with those with medical needs or those with mental health needs

- Work w/ many kids that are motivated to play sports which may help their emotional wellbeing & mental health
- Have the opportunity to recognize and triage mental health red flags
- May notice withdrawal behavior in students in sports

(Bohnenkamp et al., 2015; Council on School Health, 2008; Solomon, 2022; Wiley University Services., 2021)

MN

Who to Look to for Support & Their Roles

Families

- Have insight on their child's life outside of school
- Communicate with school staff
- Respond to surveys & ratingscales
- Point out changes in their child's behavior, grades, or attendance
- Consult w/ school staff on strategies that may best support the student
- Progress-monitoring at home
- Model the expectations they have for their child

Community Providers

- Provide outside services for students & their families
- Primarily implement direct services for at-risk students such as counseling and more



- Enhance existing services & contribute to the school improvement plan
- Collaborate with school staff to support students
- Just like school staff, they ...
 - work on prevention, promotion, & intervention services
 - data collection & reporting;
 - confidentiality agreements & information sharing protocols;
 - \circ attend team meetings,
 - participate in trainings & professional development

Remember, roles may vary accross schools

(Lazarus et al., 2021; National Association of School Psychologists, n.d.) It is important for educators to communicate their concerns to school counselors or school psychologists.

> "Collaborative planning [...] can lead to improved efficiency and effectiveness."

> > - Dr. Trish Hatch

"Working with teachers is one of the greatest collaborative efforts school counselors can make on behalf of students.

This partnership is essential to helping students to be successful.

When the teacher and counselor work

together, they can identify the needs of

the student and determine the best way to

address the concerns." - Julie Hartline (school counselor)

Based on conclusions in many studies, the quality of communication between teachers and counselors needs to be imporved

(Ferlazzo, 2021; Sherman et al., 1969)

Educators play an important role in student mental health!



- create a positive school climate
- build & maintain relationships with many students



- support students
- foster academic, behavioral, & social-emotional student development through classroom
 -



curriculum

• help with early detection of mental health

problems in students

can provide students with time & space to help

calm them

- are involved in consultation, collaboration, & communication with mental health professionals, administrators, & families
- attend meetings for students at-risk
- help identify signs & symptoms of mental health issues

(Ekornes, 2015; Lazarus et al., 2021; Moon, 2017)

Common Diagnosis seen in high school student populations



Adolescents can present these diagnoses differently than young children or adults might present them.



It is important to remember that the presence of symptoms means we should <u>seek help</u> for the student but.....



imply a

<u>diagnosis!</u>

What is it?

What does it look like in the classroom?

Depression

A mood disorder identified by feelings of sadness (depressed mood) or loss of interest or pleasure. Significant weight loss, insomnia, fatigue, diminished ability to concentrate, feelings of worthlessness, diminished interest in activities.







Excessive worry about a number of event or activites where the worry is out of proportion to the actual likelihood of anticipated event. Restlessness, figeting, feeling on edge. Easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance.

Attention Deficit Hyperactive Disorder (ADHD)

What is it?

What does it look like?

a persistent pattern of inattention and/or hyperactivityimpulsivity that interferes with functioning or development"

Hyperactivity: taps with hands or fidgets, squirms in seat, unable to engage in leisure activities, often talks excessively, often "on the go" as if "driven by a motor" Inattention: makes careless mistakes, does not seem to listen, has difficulty organizing, is easily distracted, and is often forgetful in daily activities.



What is it?

Conduct Disorder (CD) What does it look like?

A persistent pattern of behavior that violates societal norms that are ageappropriate. This can cause significant impairment in social, academic, or occupational functioning.

Aggression to people or animals, destruction of property, serious violation of rules, deceitfulness or theft

Bulimia Nervosa

recurrent episodes of binge eating, where eating is done in a discrete period of time, an amount of food larger than what most people would eat. Sense of lack of control over eating during the episode.

Recurrent inappropriate compensatory behaviors in order to prevent weight gain.

Anorexia Nervosa

restriction of energy intake relaize to requirements, leading to significant low body weight (context of age, sex, development and physical health)

(APA, 2022)

Restricting type: Intense fear of gaining weight or becoming fat, weight loss accomplished through dieting/fasting/excessive exercise. Binge-eating/purging type: recurrent episodes of bingeeating behavior followed by selfinduced vomiting.



Suicidal Ideation

Suicidal ideation is not a diagnosis but is a symptom of some mental disorders and can also occur in response to adverse events without the presence of a mental disorder.

Key Terms:

Suicide: death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide attempt: a non-fatal self directed potentially injurious behavior with any intent to die as result of the behavior (may or

What to look for?

- Talking about dying.
- Change in personality (sad, withdrawn, anxious)
- Change in behavior (difficulty concentrating)
- Change in sleep patterns (insomnia, oversleeping, nightmares)
- Change in eating habits (loss of

may not result in injury).

Suicidal Ideation: thoughts of suicide that can range in severity from a vague wish to be dead or active suicidal ideation with a specific plan and intent.



- appetite and weight, overeating)
- Fear of losing control (acting erratically, harming self or others

**Warning signs do not mean a student is going to attempt, but they should be responded to in a thoughtful & serious manner.

> Do not dismiss this as a cry for attention!

Suicide Prevention Hotline: 1-800-273-TALK (8255)
<u>*See the Appendix for additional Crisis Hotlines!*</u>

ADVERSE CHILDHOOD EXPERIENCES

Experiencing and being exposed to traumatic events

- Violence
- Experiencing a death
- Abuse, including neglect
 Instability in the household
- etc.

Potential Consequences

- toxic stress \rightarrow issues with brain development, immune systems, and stressresponse systems \rightarrow affect attention, decision making, and learning
- Depression

WHAT TO LOOK OUT FOR AS AN EDUCATOR

PROTECTIVE FACTORS

Individual

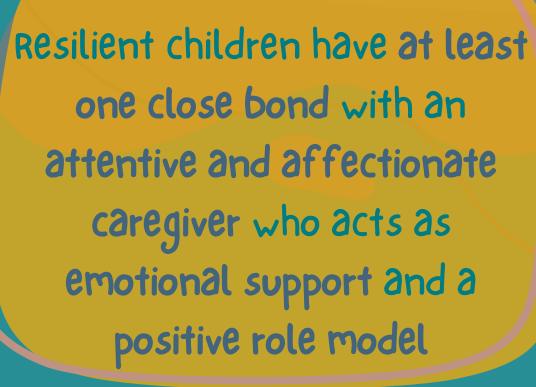
• Beneficial personality traits

Relationships/Organizations/Communities

- Caring and responsive caregivers
- Outside support from the community Policy/Society

RISK FACTORS

Safety and basic needs



Individual

- Reactivity to stress
- Self-concept

Relationships

- Strained interpersonal relationships
- Organizations/Communities/Policy/Society
 - Environmental stressors
 - Societal stressors
- Adverse Childhood Experiences

RESILJENCE

Resilience is the experience of having "good outcomes in spite of serious threats to adaptation or development."

- Ann Masten, key figure in resiliency research

Risk factors

Personal and environmental factors that can place students at a higher risk for developing a mental illness.

- Family History of Mental Health Complications
- Childhood abuse or neglect
 - Early parental separation or loss
- Disturbed family environment
- Low self-esteem or negative self-perception
- Conduct or substance abuse disorder
- Exposure to trauma or adverse childhood experiences

Warning Signs

Behaviors that students may engage in, that indicate that they might struggling with mental illness.

- Chronic absenteeism
- significant decrease in academic performance
- Somatic symptoms (i.e., sore stomach, dizziness, headache)
- Difficulty focusing in class
- Risky behavior or Impulsivity
- Substance abuse
- Non-suicidal selfinjurious behaviors
- Withdrawal from friends and family
- Noticeable changes in



What are Adverse Childhood Experiences?

Adverse Childhood Experiences or ACEs are potentially traumatic events that occur before a child turns 18.

High levels of childhood adversity are associated with depressive symptoms, antisocial behavior, and drug use throughout an adolescent's transition to adulthood. Learn more about how to support students with ACEs here:



sleeping and eating habits

- Unusual neglect of personal appearance
- Eloping or running away from school or home
- Chronic feelings of sadness, anxiety, or hopelessness.

Teacher Tip: If you suspect that your student is struggling with a mental illness, reach out to a school psychologist or counselor and see what you can do to help below!

(Bertuccio et al., 2022; Fitzgerald et al., 2022; Saluja et al., 2004)

What can educators do if they suspect a student is struggling with mental illness?

Help students connect with trusted individuals on campus Help student's identify selfsoothing behaviors and coping skills

Learn about partnerships with local mental health agencies Attend support meeting to dicuss student needs and develop interventions

Communicate student concerns with administrators Learn how to recognize warning signs in students and lead empathetic conversations

Help students self-monitor and self-reflect on their experiences Collaborate with other educators to promote socioemotional competence and

and support teams

resilience in students

Focus on positive behavior supports and interventions in the classroom

Educator Resources



<u>Tips for</u> educators about <u>how to address</u> <u>mental health in</u> <u>the classroom</u> <u>from students</u>



<u>Suicide risk</u> <u>factors and</u> <u>warning signs</u>

(Bertuccio et al., 2022; Fitzgerald et al., 2022; Saluja et al., 2004)

CHILD ABUSE & MANDATED REPORTING

see page 29 for resources

AS A TEACHER, REMEMBER...

- YOU are the mandated reporter.
- If child abuse or neglect is suspected, report it!
 - Details are important. Try to gather as much as you can.
- Further actions need to be taken:

 If CPS take the case, you will need to fill out a written report.

WARNING SIGNS OF ABUSE IN CHILDREN

EMOTIONAL ABUSE

 Excessively withdrawn, fearful, and anxious about doing something wrong.

PHYSICAL ABUSE

- Frequent injuries or unexplained bruises, cuts, or welts
 - Is always watchful and "on alert"
- Shows extremes in behavior.
- Does not seem attached to parent or caregiver.

SEXUAL ABUSE

- Trouble walking or sitting
- Displays knowledge or interest in sexual acts in appropriate to his or her age.
- Makes strong efforts to avoid a specific person.
- Does not want to change clothes in front of others.
- An STD or pregnancy, especially under age of 14.
- **28** (US Department of Education, 2021)

- Injuries appear to have a pattern such as marks from hand or object.
- Shies away from touch, and flinches at sudden movements.

NEGLECT

- Clothes are ill fitting, filthy or inappropriate for weather.
- Hygiene is consistently bad.
- Untreated illness or physical injuries.
- Frequently left along/unsupervised.
- Frequently late or missing from school.

MANDATED REPORTING CONTINUED...



CONTACTS

LINKS & PHONE NUMBERS

MORE HELPFUL TIPS

- Have the database open and ready
- Consult with admin, counselor, psych, or school social worker
- Call to consult
- Keep your own records of who you speak to, what they said, case number.

ORANGE COUNTY: 714-940-1000 or 800-207-4464

Phone Numbers to Report Child Abuse - all counties





Link for a list of resources that fall under the Department of Social Services



PRIVACY RIGHTS

The Family Educational Rights FERPA and Privacy Act is a federal law (20 U.S.C. § that protects the privacy of 1232g; 34 CFR student education records.

- FERPA gives parents certain rights with respect to their children's education records
- Includes IEP's, 504's and other related documents.

Important Websites for **Ethical Guidelines and** Legal Help

Part 99)

<u>Association of</u>

PARENT/STUDENT RIGHTS UNDER FERPA

Transfers to students once they turn

<u>American</u>

Educators

- National Education **Association**
- <u>California Teachers</u> **Association**

TEACHERS!

USE THESE FOR MORE INFO

18

- Access to educational records
- Right to request that a school correct records which they believe to be inaccurate or misleading.
- Schools must have written permission from the parent is eligible student in order to release any information from a student;s education record
- Schools may disclose, without consent, directory information such as student's name, address, phone number, place and date of birth, dates of attendance, etc.

What is Cultural Divensity in the Classiloom? What is Culture?

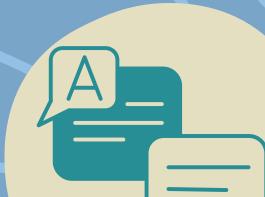
"A Way of Life" Culture encompasses a distinct pattern of behaviors that have evolved from adaption to a unique environment



Teacher Tip: Reflect on how your cultural upbringing influences your view of mental health.

How does Cultural Diversity Manifest in the Classroom?

Language



Customs





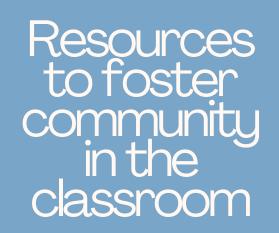
Values

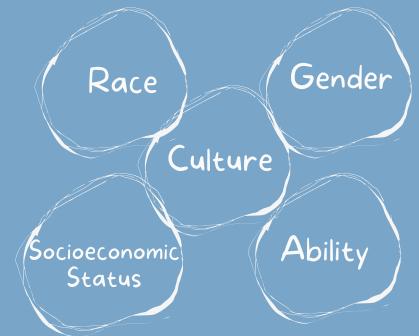


Common words and phrases, nonverbal cues, and gestures

Traditions and practices that are unique to specific groups of students

Ideas and concepts that are important and useful to students









Lessons aboutCommunityLearning forBuildingJusticeActivities(Ortiz et al., 2020; Yasui et al., 2017)

Culture impacts a student's intersectionalities.

Intersectionality describes how different aspects of a student's identity intersect to form unique experiences, opportunities and barriers.

A student's culture impacts their intersectionality through:

- Patterns of socialization
- Familial discipline and reward systems
- Religion and access to community support systems

Culture impact mental health?

Cultural Idiom of Distress

Ways of communicating physical and emotional suffering

Ethnic minority groups are less likely to verbalize mental health concerns in the classroom. Instead, mental health implications could surface as behaviors and somatic symptoms.

Meaning of the Mental Health to Oneself

Attitudes toward mental health and expected outcomes towards counseling

Educators can play a key role in normalizing mental health and modeling effective ways to communicate feelings or cope with distress.

Healing Approaches

Beliefs about the efficacy of counseling and help-seeking behaviors

Ethnic minority children and youth are one-third as likely to receive mental health services. Educators can help connect students to mental health resources and professionals.

How can educators practice cultural competency?

Reflect on how your cultural lens influences your practice

Draw on students' culture to shape the curriculum and instruction Communicate in linguistically and culturally responsive ways

Recognize and readdress bias in the system or classroom Collaborate with families in the local comunity

Promote respect for students with differences

(Muniz, 2020; Yasui et al., 2017)

Multi-tiered System of Support (MTSS)

An MTSS framework is a continuum of evidence-based interventions and supports to ensure positive outcomes for all students. This framework involves collaboration between school personnel and the community.

MTSS is usually depicted as a three-tier model and requires constant data collection and interpretation for best practice. Additionally, practices should be culturally equitable and relevant to their population.

MTSS focuses on students'

Academic Needs Behavioral Needs Socio-emotional Needs

The amount of support needed at Tier 1 depends on the school population and their unique needs. Tier 1 can look different at different schools. Students are not put into tiered groups but rather receive services from certain tiers as necessary as MTSS functions as a continuum and not a categorization.

~5% of the student population TIER 3

~15% of the student population

TIER 2

~ 80% of the student population Universal Supports & Screeners TIER 1

Assessment, data collection for progress <u>monitoring</u>, and collaboration are key in determining what level of support students need

(Loft<mark>us-Rattan, 2021)</mark>

What are Evidence-Based Practices (EBP) in Schools?

Evidence-based practices are approaches that have been found to be more effective for students through research. EBPs are used throughout the MTSS framework.



Examples:

Multi-tiered systems of support (MTSS)

Response to Interviention (RTI)

Positive Behavioral Interventions and Supports (PBIS)

It's because

they are

evidence

based!

WHAT QUALIFIES AS EBP'S?

1. There must be at least two, quality experimental studies



2. Studies must be conducted by teams at different institutions



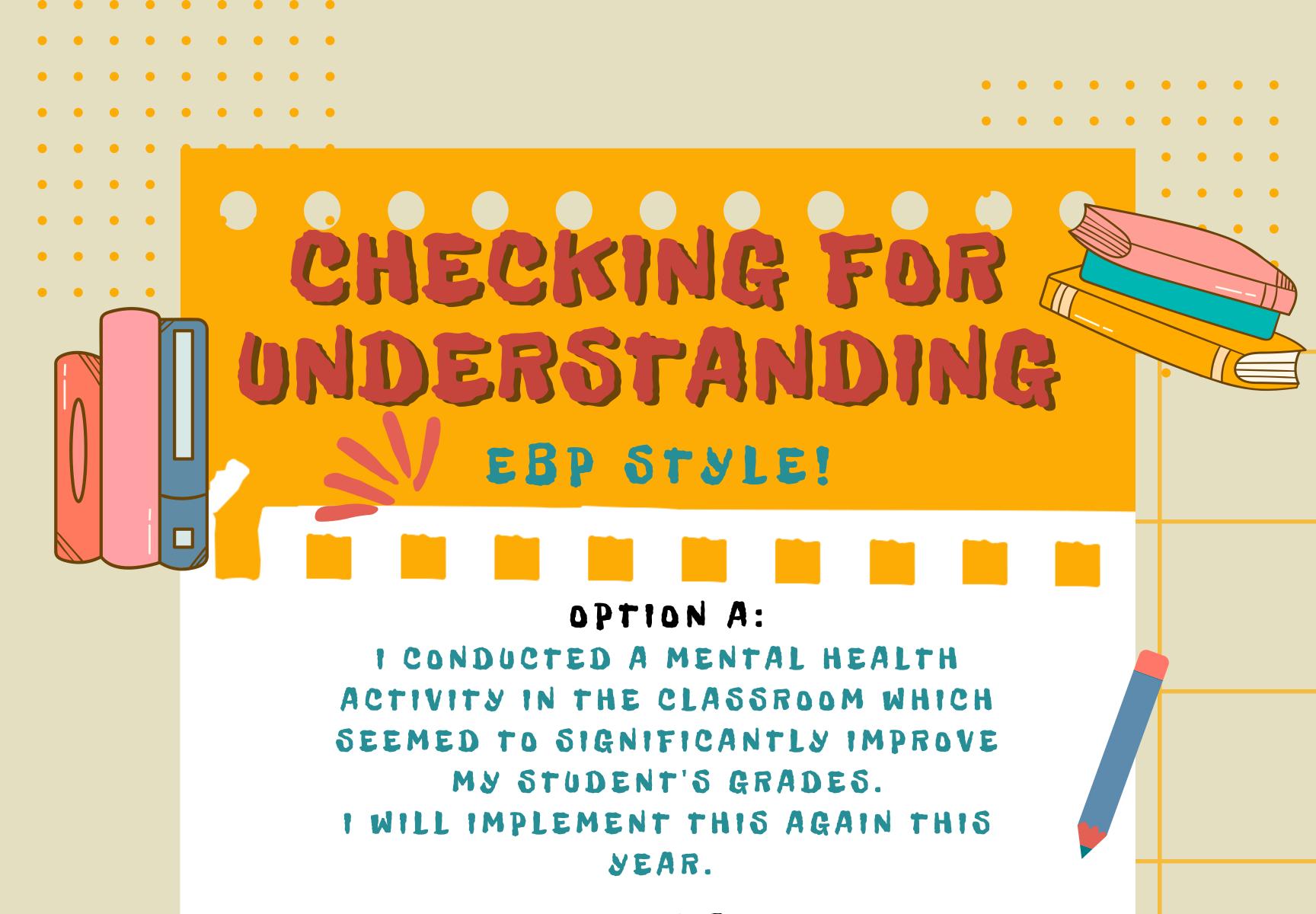
3. Studies must consistently document educationally meaningful, positive effects on valued outcomes without any negative side effects

4. Evidence that the practice can be implemented fully by typical school personnel with typical resources



5. Practice must be shown to work with the particular students whom you are supporting, taking special consideration when students are culturally and linguistically diverse

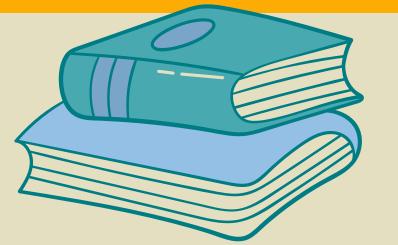
(McIntosh & Goodman, 2016)





I RESEARCHED VARIOUS MENTAL WELLNESS ACTIVITIES AND FOUND ONE THAT WAS TESTED BY VARIOUS INSTITUTIONS AND IN TWO SEPARATE INSTANCES PROVED TO BE EFFECTIVE FOR THE STUDENT'S WELL-BEING AND ACADEMICS

WHICH OPTION QUALIFIES AS EVIDENCE-BASED?



ANSWER: OPTION B

Social Emotional Learning (SEL)

Name & Description	Populations Served	Positive Outcomes	More Info	Website
<section-header></section-header>	For students in grades 6-12 Evidence has shown effectiveness for: • Students in grades 6 and 9 • Black/African American, Hispanic/Latinx, and Multi- racial/other students • Students from low SES	Students will be better able to manage their stress and emotions, handle trauma, and have increase prosocial behaviors.Evidence shows effectiveness in:• Improved school connectedness• Improved other SEL skills and attitudes	<section-header><text></text></section-header>	<image/> <text></text>
<section-header><text></text></section-header>	 For students in grades 6-12 Evidence has shown effectiveness for: Students in grades 7 and 9-12 Black/African American, Hispanic/Latinx, and White students Students from low SES 	Students will build social, emotional, and life skills while developing a positive sense of self and connecting with others. Evidence shows effectiveness in: • Improved academic performance • Reduced problem behaviors	<section-header><text></text></section-header>	<image/> <text></text>
Smart Brain Wise Heart This is a blended learning program that allows students to engage in SEL on their own through their online program while participating in teacher- led instruction in the classroom.	For students ages 9-16 (grades 4-10) Evidence has shown effectiveness for: • Students in grade 10 • Hispanic/Latinx, White, Multi-racial/other students	Students will be empowered to make smarter decisions, gain greater self-control, and have more academic and social success. Evidence shows effectiveness in: • Reduced emotional distress	Translated materials:Spanish & MandarinCost: \$29 - \$2,100 (annual renewal will be 50%)	<image/> <text></text>
	ore evidence-based SEL the CASEL program guid	e!		

(CASEL, 2022; HeartMath Institute, 2022; Niroga Institute, 2022; Wyman Center, 2022)

Social-Emotional Learning (SEL) Classroom Curriculums

Why are SEL Curriculums important?

SEL curriculums help students apply their Knowledge and skills toward building positive relationships, managing and expressing their emotions, and developing healthy identities.



Consider evidencebased programs

Define your Priorities

Choosing an SEL Curriculum for your Classroom?

Focus on curriculums that have undergone multiple program evaluations. Ensure that the program meets the needs of diverse learners.

The curriculum you choose should focus on improving student or classroom needs. Ex: Are you focused on student advocacy? Bullying prevention?

Second Step Example Lessons



Focus on Improvemen t Find programs with continuous opportunities for evaluation. Consider differentiating lessons to adapt to the needs of your classroom.

Second Step

6th-8th Grade

Four Units

Mindset & Goals
 Recognizing Bullying & Harassment
 Thoughts, Emotions, & Decisions
 Managing Relationships & Social Conflict

Incorporates relatable scenarios, individual and group activities, explicit instruction, and final unit assessments.

SEL for Adults

Educator and Adults (18+ Years)

Four Units

Building Trust
 Managing Stress
 Exploring Equity and Belonging
 Cultivating Resiliency and Efficacy

Research suggests that educator well-being and social-emotional competency are strong predictors of classroom quality & engagement.

<u>see the Appendix for</u> << <u>sample SEL lesson plans!</u>

click for a shortcut

(Schwartz & Skoog-Hoffman, 2020)

SCREENERS

All children are required by law to have an education thus, most students have access to schools. Schools are a first line of defense when it comes to screening for and finding problems that we can help solve. Screeners (interviews, surveys, rating scales) help schools determine what students' strengths and weaknesses are so that schools can better address students' needs and support them.

Teachers are often the primary informants as teachers have the most direct contact with students! Collaborate with caregivers and other staff members to form the best

Social Validity

• Is the screening tool age-appropriate?

KEEP IN MINU

- Is it culturally appropriate?
- Look at its acceptability, feasibility, and utility

Screening Measures Should Be Evidence-Based

- Valid measure what they claim to for the population they are intended for
- Reliable consistent data across time

Referral to additional services should be made as soon as possible following screenings for those who need it!

picture of students' needs.

TIPS

- Screening results ≠ diagnosis
- Follow your district and school guidelines
- Communicate with the rest of the school staff, caregivers, and students about the importance of screeners in appropriate, understandable language
- When in doubt, refer to your school counselor/psychologist

(Humphrey & Wigelsworth, 2016; National Center on Safe Supportive Learning Environments, n.d.)



A process of evaluating a student's mental health based on their needs or goals. Monitoring is based on frequently collected data or assessments.

Remember to work with your schoolbased team to determine which tools are appropriate measures

WHAT TOOLS CAN EDUCATORS & THE SCHOOL-BASED TEAM USE AS SCREENERS & TO PROGRESS MONITOR?

> Student Observations Classroom & Recess observations

Interviews Student, Caregiver, & other Teachers

You may see the following examples used with your students.

School Psychologists will often administer these. Talk to **your** school psychologist for more information on what **you** can administer. Standardized Surveys & Rating Scales Social, Academic, & Emotional Behavior Risk Screener (SAEBRS) Student Risk Screening Scale (SRSS) Behavior Assessment System (BASC-3) Behavior Rating Inventory of Executive Function (BRIEF-2) Behavioral & Emotional Rating Scale (BERS-2) Behavioral & Emotional Screening System (BESS) Systematic Screening for Behavior Disorders (SSBD) Behavior Goal Attainment Scaling (GAS) Behavior Intervention Monitoring Assessment System (BIMAS) Outcome Rating Scales (ORS) Curriculum Based Measurement (CBM) General Outcome Measurement (GOM) Strengths and Difficulties Questionnaire (SDQ)

> School-Based Data Attendance Academic Achievement & Grades Counseling Notes & Scaling Questions

(Borntrager & Lyon, 2015; Dexter & Hughes, n.d.; Dowdy et al., 2010)

Strengths-Based Assessments (SBA)

The goal of strengths-based screening is to:

- (a) identify skills that are underdeveloped and need to be targeted for intervention and
- (b) determine which skills are strengths for each student and can address a child's concerns.

focusing on students' *strengths,* not their *deficits!*

Captures the students' unique abilities, highlighting competencies & their areas of strengths. Acknowledges the contribution of contextual & ecological factors of the child.

Provides a more holistic, optimistic and positive view of a child.

Proactively assesses the absence of a skill that may be crucial for healthy development.

(Lazarus et. al, 2021)

ASSESSMENTS

Here are a few types of **SBA assessments** & **progress monitoring** tools used within the MTSS framework in schools

Behavioral & Emotional Rating Scale, 2nd Edition (BERS-2)

- Used to identify individual competencies of children aged 5-18 years old.
- Important when working with an adolescent who is struggling to find acceptance in the class environment or struggles to identify life goals.

Resiliency Scales for Children & Adolescents (RSCA)

- Used to identify aspects of resilience and strengths in children aged 9-18 years old.
- Scales include:
 - Sense of mastery (optimism, adaptability)
 - Sense of relatedness (relationships)
 - Emotional Reactivity
 (vulnerability to stress)

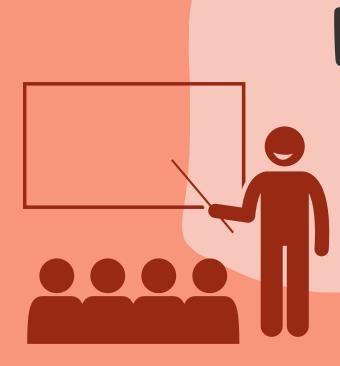
Strengths & Difficulties Questionnaire

- Used for children aged 3-16 years old.
- Measures emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behaviors.
- Available in 80 languages with norms from 10 countries.

MEASURES 42

Social Emotional Assets & Resilience Scales (SEARS)

- Focuses on assessing the social-emotional abilities of ages 5-18 years old children.
- Domains measured are: · Self
 - Social competence
 - Empathy
 - Responsibility



PROGRESS MONITORING ACTIVITES FOR THE CLASSROOM

Behavior Goal Attainment Scaling (GAS)

Method of rating behavioral, cognitive, or social performance based on a criterionreferenced scale



Zones of Regulation

Tools to help students identify what they are feeling at a particular moment and help regulate their emotions





Direct Behavior Rating Scales (DBR)

rating behavior during a specified observation period and then sharing of that information to inform decisions.





What behaviors, goals, or student needs are we prioritizing through data collection?



EXAMPLE OF PROGRESS MONITORING WITH COUNSELING NOTES & SCALING QUESTIONSl...l...l...l...l...l...l...l

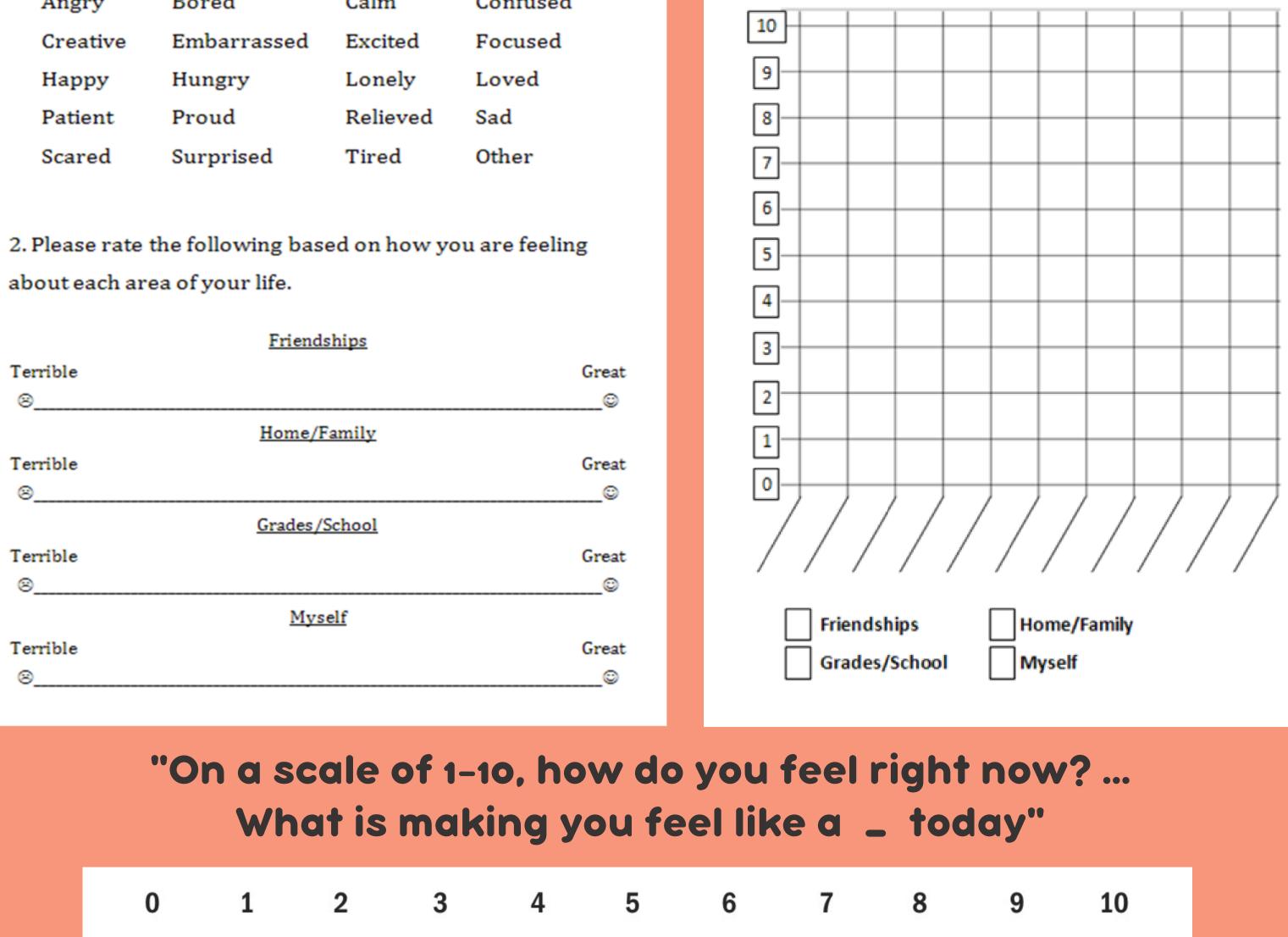
1. Circle how you are feeling:							
Angry	Bored	Calm	Confused				
Creative	Embarrassed	Excited	Focused				
Нарру	Hungry	Lonely	Loved				
Patient	Proud	Relieved	Sad				
Scared	Surprised	Tired	Other				

Date

Name

Frien	<u>dships</u>
Terrible	Great
8	
Home	/Family

's Progress Chart



Anyone can use scaling questions to progress monitor a student's mental health, not just counselors!!

You as an educator can ask these questions.

0.

~

~

0

WHAT TO DO AFTER ASKING A SCALING QUESTION WHAT TO DO AFTER ASKING A SCALING QUESTION Scaling questions provide a baseline of how the student is doing and sets the stage for exploring progress already made.

Step 1: Present the scale and ask for a number.

Step 2: Explore progress already made. when its not the first time asking a scaling question

Step 3: Explore future progress.

The goal when asking scaling questions is to strive for small changes

that will progress the student towards their preferred outcomes.

When the time is right, help the student explore future progress on the scale in the direction of their goal, "best hope," or "miracle" – when things are 10% better

Examples:

- What would it take for you to increase, by just one point?
- How will your life be better for you when you are at a <u>*insert one number above*</u>?
- What will teachers see you doing that lets them know you are now at a <u>*insert one</u> <u>number above*</u>?

This helps create small, manageable, realistic, & achievable goals.

for more tips go to <u>https://schoolcounselor.com/</u> <u>scaling/</u>



learn more about Solution-Focused Brief Therapy (SFBT)



(Bertolino & O'Hanlon, 2002; Sabella, 2020; SolutionFocused Therapy Institute, 2022)

for more information ...

click the Hyperlink OR scan the QR code

SCREENING RESOURCES

<u>School Mental Health</u> <u>Screening Guide</u> – a book



<u>Screening, Brief</u> Intervention, & Referral to <u>Treatment (SBIRT)</u>



NAMI Screening Advocacy Information



<u>Grant Opportunity for:</u> Screening, Brief Intervention, & Referral to Treatment (SBIRT)



<u>Grant Opportunity for:</u> Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training



PROGRESS MONITORING RESOURCES

<u>Progress Monitoring</u> <u>Guide</u>



<u>More on "What is</u> <u>Progress Monitoring?"</u>



<u>Progress Monitoring in a</u> <u>Virtual Setting</u>



<u>Academic Progress</u> <u>Monitoring Tools Chart</u>



<u>What is RTI & Progress</u> <u>Monitoring for Math?</u>



REMEMBER: you can always go to your school-based team with questions or for advice.

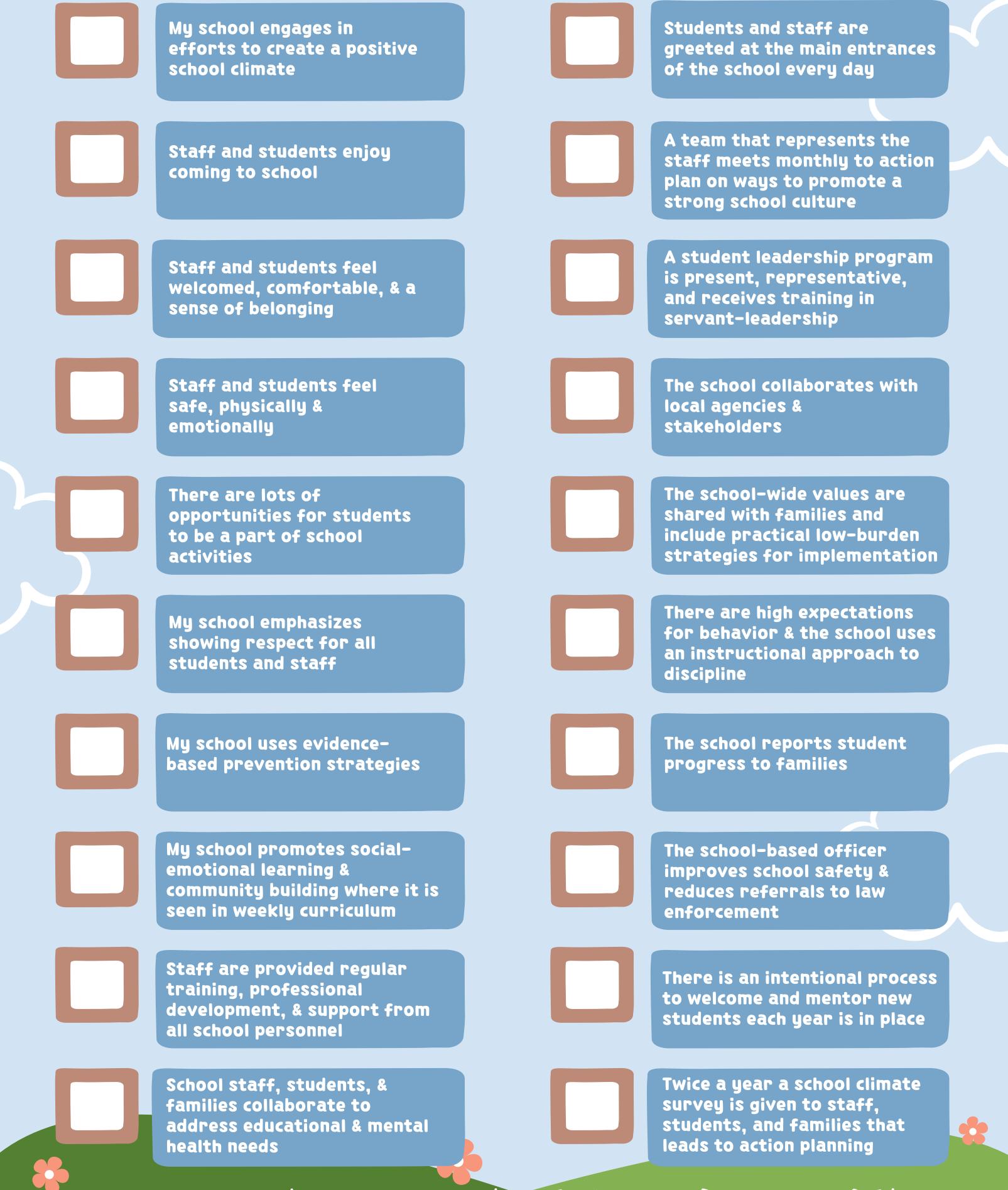
APPENDIX



Resources & Tips

POSITIVE SCHOOL CLIMATE CHECKLIST V

Check the boxes for what you, as an educator, observe your school doing. Reflect on what you could do & who you can talk to about your unchecked boxes.



(CharacterStrong, n.d.; MAEC, 2016; U.S. Department of Education, n.d.)



Hotlines & Text Lines

Spanish & English options



Suicide Prevention Lifeline 1-800-273-TALK (8255)

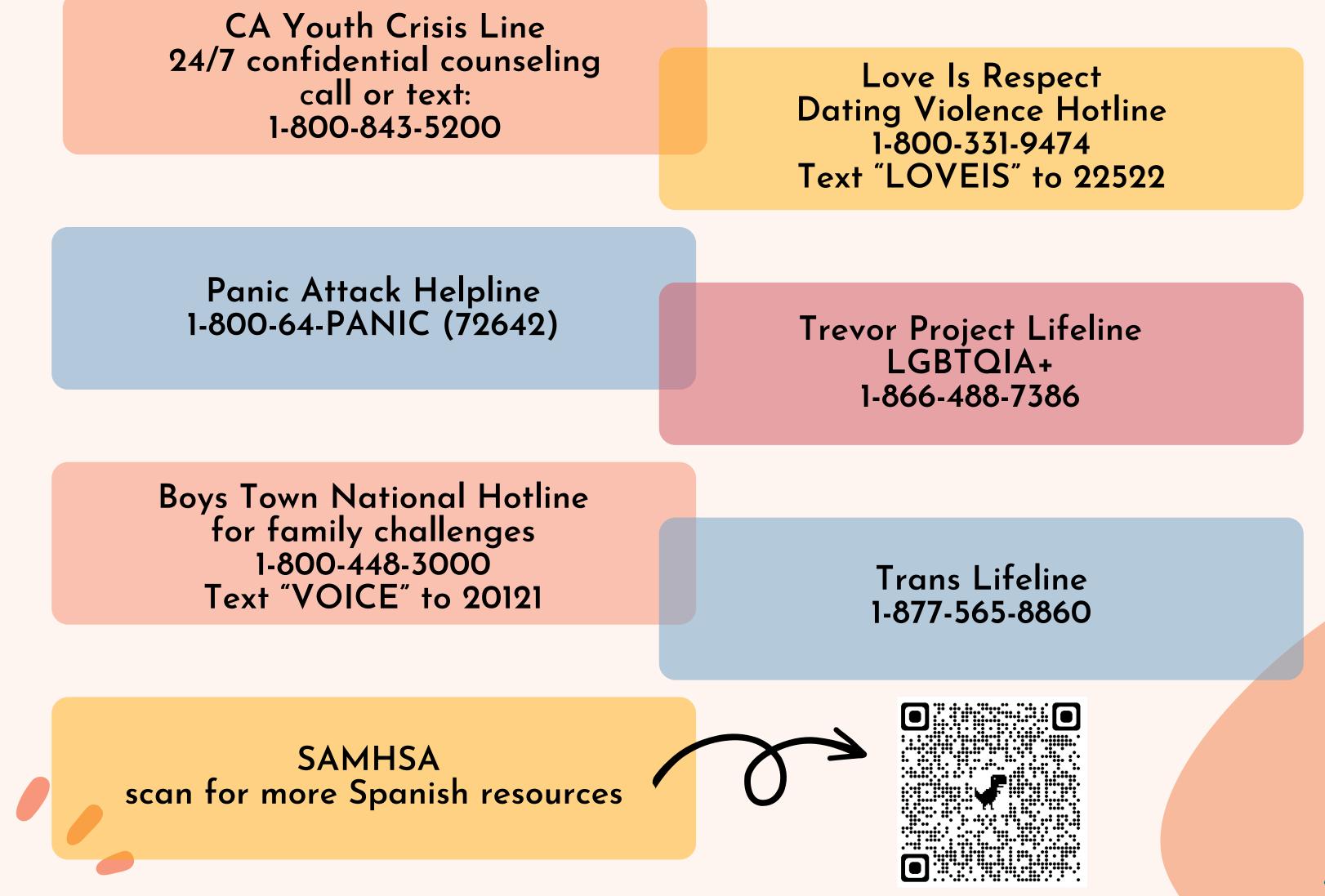
Spanish Suicide Prevention Lifeline 1-800-628-9494

Crisis Prevention Hotline (OC) 24-hr confidential suicide prevention 1-877-7-CRISIS

SAMHSA's National Helpline (Spanish option available) 1-800-662-HELP (4357)

Crisis Text Line Text "HOME" to 741-741 for crisis counselor

Teens Support Teens Helpline 1-800-TLC-TEEN Or text "TEEN" to 839863



49

Additional Community Resources, Hotlines, & Text Lines





50

SELF-CARE TIPS FOR BOTH TEACHERS & STUDENTS

TAKE TIME TO DO THINGS YOU ENJOY

includes everyday activities that YOU find relaxing, fun, or energizing (ex. reading a book or taking a vacation)

TAKE CARE OF YOURSELF

eating regular meals, getting enough sleep, caring for personal hygiene, & anything else that maintains good health

MAKE SELF-CARE A PRIORITY

Don't let other things interrupt the time you set aside for selfcare. It should be given the same importance.

CREATE SPECIFIC SELF-CARE GOALS

change vague goals to specific goals. "I will take more time for self-care." → "I will walk every day."

MAKE SELF-CARE A HABIT

Using self-care once won't have much effect on reducing stress. Choose activities you can do often, & that you will stick with.

SET BOUNDARIES

Your self-care is reason enough to say "no" to others. Remind yourself that your needs are as important as anyone else's.

A FEW MINUTES IS BETTER THAN NONE

Set reminders to take regular breaks, even if it's small. Often, stepping away will energize you to work more efficiently.

UNHEALTHY ACTIVITIES ARE NOT SELF-CARE

Substance use, over-eating, etc. hide uncomfortable emotions temporarily, but cause more problems in the long run.

KEEP UP W/ SELF-CARE, EVEN WHEN YOU'RE FEELING GOOD.

This will keep you in a healthy routine. Plus, self-care might be part of the reason why you're feeling good!

SELF-CARE TIPS IN SPANISH

Consejos para cuidar de uno mismo

Cuidar de uno mismo significa tomarse el tiempo para hacer las cosas que uno disfruta. Por lo general, el autocuidado (cuidar de uno mismo) implica realizar actividades que sean relajantes, divertidas o energizantes. Estas actividades pueden ser algo tan sencillo como leer un libro o tan grande como tomar unas vacaciones.

El autocuidado también significa cuidar de usted mismo. Esto significa comer sus comidas con regularidad, dormir lo suficiente, ocuparse de su higiene personal y cualquier otra cosa que mantenga la buena salud.

El autocuidado debe ser una prioridad. Siempre habrá otras cosas que hacer, pero no deje que interrumpan el tiempo que usted dedique al autocuidado. El autocuidado debe tener la misma importancia que sus demás responsabilidades.

Establezca objetivos de autocuidado específicos. Es difícil dar seguimiento a los objetivos vagos, tales como "dedicaré más tiempo a cuidar de mí mismo". En vez de ello, asegúrese de que sea algo específico, como "caminaré durante 30 minutos por las tardes después de comer".

Haga del autocuidado un hábito. Así como comer una manzana no elimina los problemas de salud,

una sola sesión de autocuidado no tendrá mucho efecto para reducir el estrés. Elija las actividades que usted pueda hacer con frecuencia y que continuará haciendo.

Ponga límites para proteger su autocuidado. Usted no necesita tener un motivo importante para decirle "no" a los demás—su autocuidado es motivo suficiente. Recuerde que sus necesidades son tan importantes como aquellas de los demás.

Unos pocos minutos de autocuidado son mejor que nada. Programe una alarma para tomar sus descansos con regularidad (aunque solamente sea para dar la vuelta a la cuadra) o para disfrutar de un refrigerio sin interrupciones. A menudo, los descansos le darán energía para trabajar de forma más eficiente cuando regrese.

Las actividades no saludables no cuentan como autocuidado. El uso de sustancias nocivas, la alimentación en exceso y otros comportamientos no saludables pueden ocultar temporalmente las emociones incómodas, pero a largo plazo causarán más problemas.

No se olvide del autocuidado, aún cuando usted se sienta bien. Esto le ayudará a mantener una rutina saludable. Además, jel autocuidado pudiera ser parte del motivo por el cual usted se siente bien!

Provided by TherapistAid.com

POSITIVE STEPS TO WELLBEING

be kind to yourself

We all have bad days. Encourage rather than criticise yourself. Treat yourself the way you would treat a friend in the same situation. Being active helps lift our mood, reduces stress and anxiety, improves physical health, & gives us more energy. Find an activity you enjoy

excercise regularly

take up a hobby

Taking up a new skill can Increase your confidence & interest, meet others, or prepare for finding work.

help others

Get involved with a community project, charity work, or simply help out someone you know. You'll be doing something worthwhile which

have fun & be creative

This will help you feel better & increases your confidence. Enjoy yourself!

relax

Make time for yourself. Allow yourself to chill out & relax. Find something that suits you – different things work for different people.

will help you feel better about yourself.

Remember to breathe...

eat healthy

Remember to eat regularly, eat breakfast, eat healthily, eat fruit & vegetables, drink water



Get into a healthy sleep routine (going to bed & getting up at the same time each day)

connect with others

Stay in touch with family and friends - make regular and frequent contact with them.



see the bigger picture

We all have different meanings to situations & see things from our own point of view. Broaden out your perspective & consider the bigger picture. Ask: What meaning am I giving this? Is this fact or opinion? Is there another way of looking at this? How important is it? What can I do right now that will help most?

avoid drinks & drugs

Avoid using alcohol or non-prescribed drugs to help you cope. It will only add to your problems.

acceptance

We tend to fight against distressing thoughts & feelings. We can learn to just notice them & give up that struggle. Some situations we just can't change. Sometimes, allow those thoughts & sensations to just be – they will pass.

(GetSelfHelp., 2010)

SEL-Based Classroom Curriculum

Sample Lesson Plan

Environmental Factors that Contribute to Bullying Grade 8

Objective

By the end of this lesson, students will be able to identify environmental factors that contribute to bullying and harassment.

Prep

Whiteboard or chart paper

Bold—Teacher's script Italics—Anticipated student responses

Vocabulary

- Bullying (n.) intentional physical, verbal, or social aggression. It's often repeated over time
 and occurs when there's a real or perceived power imbalance.
- Harassment (n.) aggression against someone based on a real or perceived characteristic they have, such as their race, religion, sex, or gender. It's serious enough to create an unsafe environment and is a form of discrimination.
- Social factors (n.) common beliefs, attitudes, and behaviors of a particular group or community
- Environmental factors (n.) the physical space and any rules and regulations that apply within an area

Lesson Notes

- Remind students to follow the class norms for discussing sensitive topics.
- Have students save their written work. They'll need it to complete the Activity in Lesson 13.

Lesson objectives, materials, and key vocabulary are listed for teachers to review beforehand.

Program Themes

Bullying and Harassment, Conflict

CASEL Core Competencies

Self-Awareness, Social Awareness, Relationship Skills

Warm-Up (4 min.)



Set the purpose for today's lesson.



Review the last lesson.

Give students time to think about the question on the screen. Then call on students at random to share their responses.

Select the Review button for a summary of what was learned.



Have students write their responses to the question on the screen. Call on volunteers to share their responses. Students begin each lesson with a review of the previous one, followed by an individual or group activity to foster engagement.

Define (3 min.)



Last time we talked about how social factors can encourage bullying and harassment. Today we'll talk about how environmental factors can also play a part.

Read the definition on the screen aloud. Select each card on the screen and read the descriptions aloud.

Teacher Tip: Consider alternative Ways to teach vocabulary to make the content more accessible (i.e., videos, pictures)

SEL-Based Classroom Curriculum

Sample Lesson Plan

Environmental Factors that Contribute to Bullying Grade 8

Activity (14 min.)



Before we talk about what environmental factors encourage bullying at our school, let's talk about where bullying happens here. Have students write their responses to the question on the screen.

Call on students at random to discuss their ideas. Write the three places that most students discuss on the board. Select the Possible Answers button to show example answers. It sounds like these three physical spaces are possible hot spots for bullying and harassment at our school.

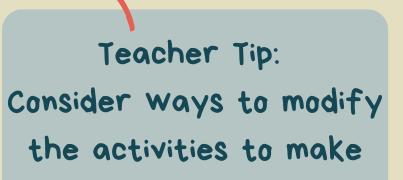


Now let's look at the national data. The National Center for Education Statistics asked students who have been bullied where they've experienced bullying. Have students vote on where they think each percentage on the screen belongs. As they do, drag the percentage to that area of the school on the screen.

Hallways: 43% Classrooms: 42% Cafeteria: 27% Outside school: 22% Restrooms: 12% Buses: 8%

Totals may add up to more than 100% because students have reported being bullied

Students have the opportunity to reflect and relate to the content being taught.



in more than one location. Select the Check button to check the answers. Select the Reset button to reset the interactive and have students try again.

Do these results surprise you? Why or why not? Call on students at random to discuss.

Tech. From Technology and the Managine Managine States that a factor that a state of the states of Give students time to think about the questions on the screen. Then call on students at random to share their responses.

them more engaging (i.e., group discussions, parking lot activity)

Wrap-Up (4 min.)

an, Mara						
and the local division of	And I Real Property lies	and the state	all states and	and the second	Contraction of	-
100						
			-		-	-
-						
	in alan in M	ar alah kanyang ang ak Dari pang pangang ang	lar a fallet kan panara sunana, kan sa alt 19 mili persekan menjerakan sera	lar selati kan paner mana kan sayay and 18 19 mili menimerang kan di serangan kan	ne else han paket solet har bryty estamole 18 19 sid e scientig fisier is en sen technig de	ne alan kan panén nanén lan kapapan kanalan dapat 18. Di mili menjembanginan kan terta dang ini rat mi

Have students write their responses to the questions on the screen. Call on volunteers to share their responses. Select the Factors button to review the social and environmental factors that can contribute to bullying.

Remind students to save their written work.



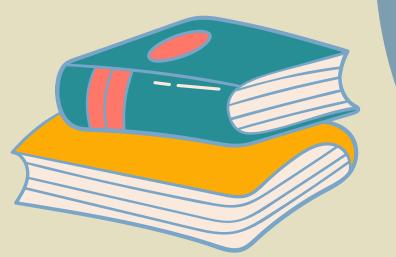
Conclude the lesson by encouraging students to take action on what they learned.

Select the Sneak Peek button to introduce the next lesson's topic.

Students begin each lesson with a review of the previous one, followed by an individual or group activity to foster engagement.



Check out the original lesson plan and interactive parts here!



		Positive Self-T for students	
	Situation	Negative Self-talk	Positive Self-talk
Example	Bad grade on a test	I am a failure	I will do better next time
1	00		
	Asking for help		





Gratitude Journal Three Good Things

pick 3 different statements each day this week to complete:

ONE GOOD THING THAT HAPPENED TO ME TODAY...

SOMETHING GOOD THAT I SAW SOMEONE DO ...

TODAY I HAD FUN WHEN ...

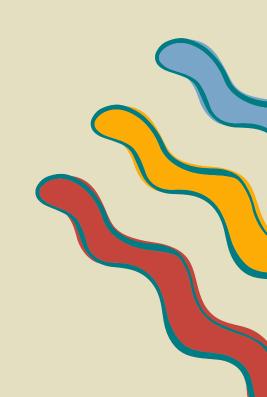
SOMETHING I ACCOMPLISHED TODAY ...

SOMETHING FUNNY THAT HAPPENED TODAY ...

SOMEONE I WAS THANKFUL FOR TODAY ...

SOMETHING I WAS THANKFUL FOR TODAY ...

TODAY I SMILED WHEN ...



(Therapist Aid LLC., 2018)



SOMETHING ABOUT TODAY I WANT TO REMEMBER

TODAY WAS SPECIAL BECAUSE ...

TODAY I WAS PROUD OF MYSELF BECAUSE ...

PEOPLE THAT ARE IMPORTANT TO ME ARE ...

SOMETHING INTERESTING THAT HAPPENED TODAY

MY FAVORITE PART OF TODAY ...

SOMETHING I WAS HAPPY ABOUT TODAY ...

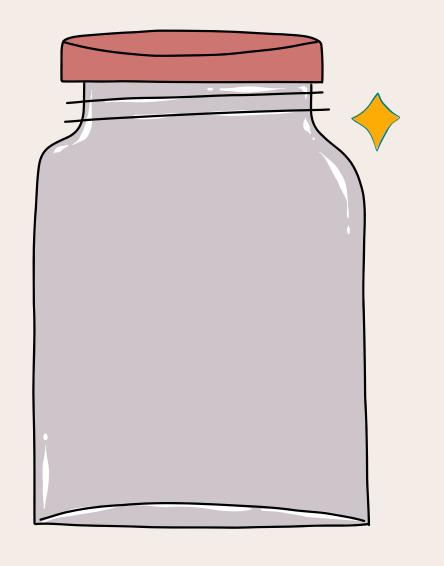
SOMETHING I DID WELL TODAY ...

write your statements in a weekly journal

58

Gratitude Jar class assignment

In class: use a real jar OR draw an empty jar on the board or a poster. Have each student write 1-3 things they are grateful for on post-it notes or pieces of paper. Ask if any are willing to share and write them down on the classroom jar. Practice this weekly or daily & share this with families.



SOMETHING I LOOK FORWARD TO ..

I APPRECIATE (PERSON), BECAUSE ...

MY FRIEND (NAME) MAKES ME HAPPY BECAUSE ...









EVERY DAY, I LOOK FORWARD TO ...

SOMETHING I LIKE ABOUT MYSELF ...

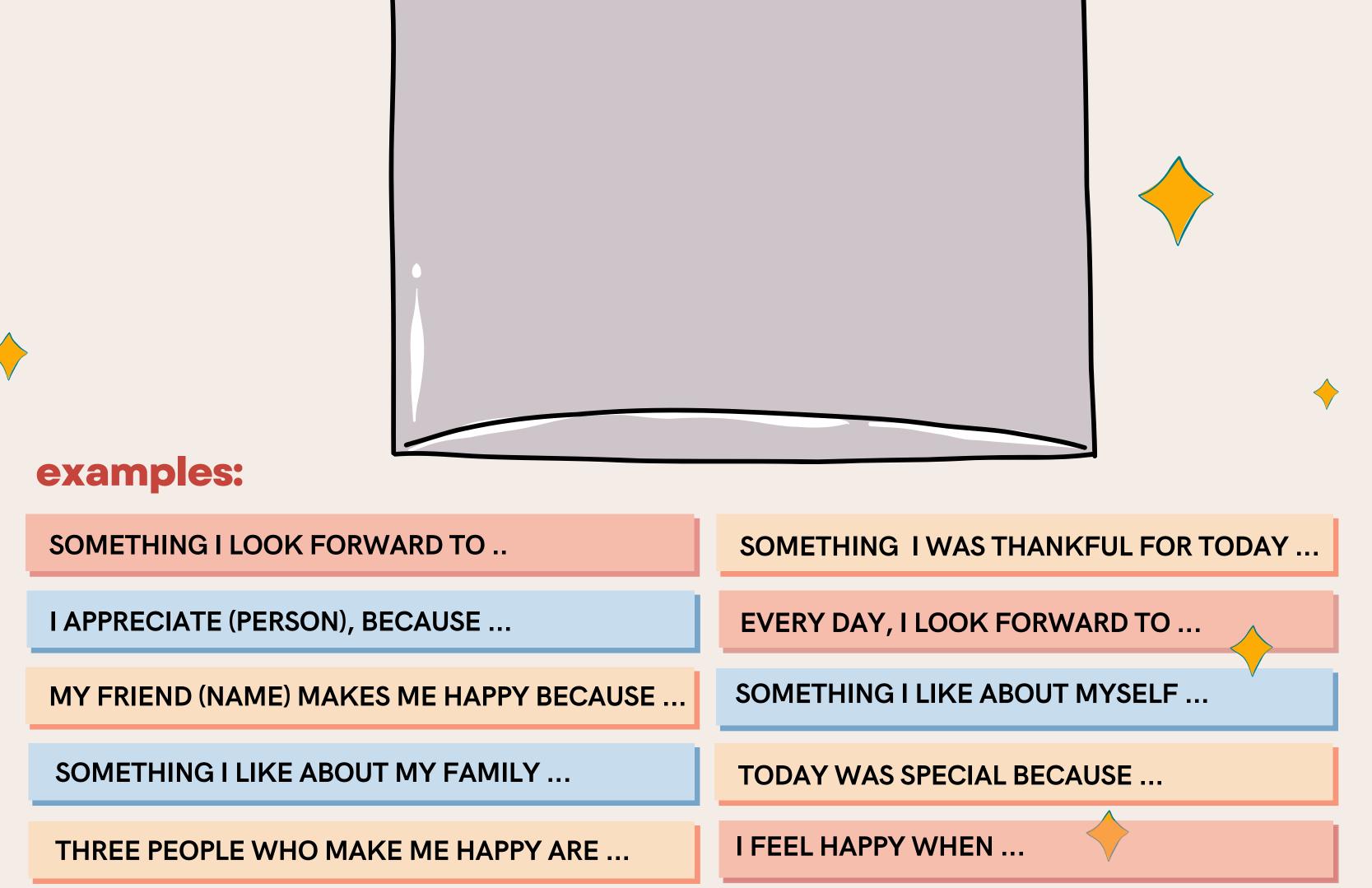
TODAY WAS SPECIAL BECAUSE ...

MY FAVORITE PART OF TODAY ...



individual assignment

In your gratitude jar, write or draw different things you are grateful for



(Therapist Aid LLC., 2018)

Spanish Gratitude Statements

GRATITUD

HOY FUE ESPECIAL PORQUE... APRECIO A (PERSONA) PORQUE... ALGO QUE LOGRÉ EL DÍA DE HOY... ALGO QUE ESTOY DESEANDO... ALGO POR LO QUE ME SIENTO AGRADECIDO... ALGO QUE ME GUSTA SOBRE MI FAMILIA... TRES PERSONAS QUE ME HACEN FELIZ SON... HOY ME SENTÍ CONTENTO CUANDO... ALGO PEQUEÑO QUE ME HACE SONREÍR... HOY ME DIVERTÍ CUANDO... ALGO QUE SIEMPRE QUIERO RECORDAR SOBRE EL DÍA DE HOY... **ESTOY ORGULLOSO DE (PERSONA) PORQUE...** ALGO QUE APRECIO SOBRE MI PASADO... MI AMIGO(A) (NOMBRE) ES IMPORTANTE PARA MÍ PORQUE ALGO BUENO QUE SUCEDIÓ EL DÍA DE HOY... HOY ME SENTÍ ORGULLOSO DE MÍ MISMO PORQUE... ALGO INTERESANTE QUE VI RECIENTEMENTE... ALGO ESPECIAL SOBRE MI FAMILIA... ALGO CHISTOSO QUE SUCEDIÓ EL DÍA DE HOY... ALGO QUE ME GUSTA SOBRE MÍ MISMO... **MI TRADICIÓN FAMILIAR FAVORITA...** MI PARTE FAVORITA DEL DÍA DE HOY... ALGO POR LO QUE ESTOY AGRADECIDO... TRES AMIGOS(AS) QUE APRECIO... UN RECUERDO ESPECIAL QUE TENGO DE MI FAMILIA... ALGO QUE ESPERO CON INTERÉS TODOS LOS DÍAS... HOY ME SENTÍ CONTENTO CUANDO... ESTA SEMANA HA SIDO BUENA PORQUE... ALGO QUE ME GUSTA SOBRE MÍ MISMO... ALGO QUE ME HIZO SONREÍR EL DÍA DE HOY...

(Therapist Aid LLC., 2018)



Calm Down Journal

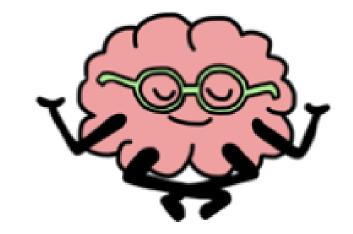
Date:				

I felt really _____

when _____

To calm down, I _____

The message my emotion was trying to tell me was



Student Assignment

Why I'm Grateful



I am grateful for my family because...



Something good that happened this week...



I am grateful for my friendship with... ______ because...





Something silly that I am grateful for...



Something else I am grateful for...

© 2015 Therapist Aid LLC

Provided by TherapistAid.com

Gratitude Exercises

Gratitude means appreciating the good things in life, no matter how big or small. Making the practice of gratitude a regular part of your day can build happiness, self-esteem, and provide other health benefits.

Gratitude Journal

Every evening, spend a few minutes writing down some good things about your day. This isn't limited to major events. You might be grateful for simple things, such as a good meal, talking to a friend, or overcoming an obstacle.

Q Give Thanks

Keep your eyes open throughout the day for reasons to say "thank you." Make a conscious effort to notice when people do good things, whether for you or others. Tell the person you recognize their good deed, and give a sincere "thank you."

🍫 Mindfulness Walk

Go for a walk and make a special effort to appreciate your surroundings. You can do this by focusing on each of your senses, one at a time. Spend a minute just listening, a minute looking at your surroundings, and so on. Try to notice the sights, sounds, smells, and sensations you would usually miss, such as a cool breeze on your skin, or the clouds in the sky.



Think about someone who you appreciate. This could be a person who has had a major impact on your life, or someone who you would like to thank. Write a letter that describes why you appreciate them, including specific examples and details. It's up to you if you'd like to share the letter or not.

Grateful Contemplation

Remove yourself from distractions such as phones or TV and spend 5-10 minutes mentally reviewing the good things from your day. The key to this technique is *consistency*. Think of it like brushing your teeth or exercise—it should be a normal part of daily self-care. This technique can be practiced as part of prayer, meditation, or on its own.

Gratitude Conversation

With another person, take turns listing 3 things you were grateful for throughout the day. Spend a moment discussing and contemplating each point, rather than hurrying through the list. Make this part of your routine by practicing before a meal, before bed, or at another regular time.

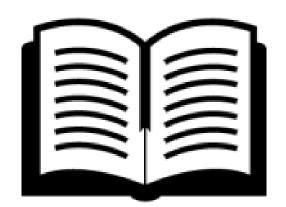
© 2021 Therapist Aid LLC

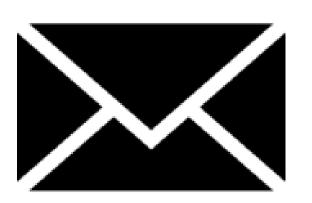
Provided by TherapistAid.com

Ejercicios de Gratitud

Diario de Gratitud

Cada noche, escribe cinco cosas buenas del dia. Las cosas no tienen que ser profundas; pueden ser tan sencillas como "un buen almuerzo," "hablar con un amigo," o "superar algo difícil."



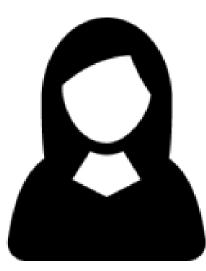


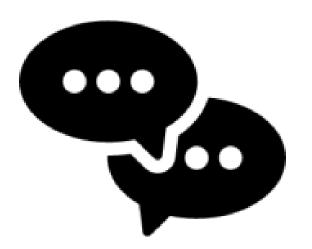
Escribe una Carta

Piensa en alguien quien ha tenido un gran impacto en tu vida, alguien a quien le agradeces, o alguien quien te gusta tener en tu vida. Escribe una carta con las razones para que le agradeces, y enviásela.

Visita a Alguien quien te Agradeces

Visita a la persona quien te agradeces. Puedes leer la carta o simplemente decirle porque le agradeces.



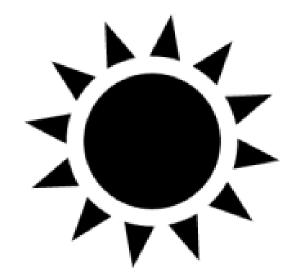


Diga "Gracias"

Durante el dia, date cuenta de razones para decir "gracias." Trata de reconocer las cosas normales que alguien hace que no notas normalmente, como un compañero quien trabaja bien, o un amigo que te apoya.

Toma un Paseo de Gratitud

Toma un paseo y date cuenta de los alrededores. Puedes darte cuenta del olor de las flores, de un edificio lindo, o de una brisa calmante. Toma unos minutos para enfocarte en cada una de tus sentidos para sentirte cosas nuevas.



Provided by TherapistAid.com © 2014

Self-Esteem Journal

	Something I did well today	
MON.	Today I had fun when	
1	I felt proud when	
	Today I accomplished	
TUE.	I had a positive experience with	
_	Something I did for someone	
	I felt good about myself when	
VED.	I was proud of someone else	
	Today was interesting because	
	I felt proud when	
THUR	A positive thing I witnessed	
L	Today I accomplished	
	Something I did well today	
FRI.	I had a positive experience with (a person, place, or thing)	
	I was proud of someone when	
	Today I had fun when	
SAT.	Something I did for someone	
	I felt good about myself when	
	A positive thing I witnessed	
SUN.	Today was interesting because	
	I felt proud when	

© 2014 Therapist Aid LLC

Provided by TherapistAid.com

For Both Teachers & Students

Self-Care Assessment

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). Transforming the pain: A workbook on vicarious traumatization. Norton.

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

- 3 = I do this well (e.g., frequently)
- 2 = I do this OK (e.g., occasionally)
- 1 = I barely or rarely do this
- 0 = I never do this
- ? = This never occurred to me

Physical Self-Care

Eat regularly (e.g. breakfast, lunch, and dinner)
Eat healthily

_____/

- ____ Exercise
- _____ Get regular medical care for prevention
- ____ Get medical care when needed
- ____ Take time off when sick
- ____ Get massages
- _____ Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
- _____ Take time to be sexual with myself, with a partner
- ____ Get enough sleep
- _____ Wear clothes I like
- ____ Take vacations
- ____ Other:

Psychological Self-Care

- ____ Take day trips or mini-vacations
- _____ Make time away from telephones, email, and the Internet
- _____ Make time for self-reflection
- _____ Notice my inner experience listen to my thoughts, beliefs, attitudes, feelings
- _____ Have my own personal psychotherapy
- _____ Write in a journal
- ____ Read literature that is unrelated to work
- _____ Do something at which I am not expert or in charge
- _____ Attend to minimizing stress in my life
- _____ Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre
- ____ Be curious

___ Say no to extra responsibilities sometimes Other:

Emotional Self-Care

- _____ Spend time with others whose company I enjoy
- _____ Stay in contact with important people in my life
- ____ Give myself affirmations, praise myself
- ____ Love myself
- _____ Re-read favorite books, re-view favorite movies
- _____ Identify comforting activities, objects, people, places and seek them out
- ____ Allow myself to cry
- ____ Find things that make me laugh
- ____ Express my outrage in social action, letters, donations, marches, protests Other:

Spiritual Self-Care

- ____ Make time for reflection
- _____ Spend time in nature
- ____ Find a spiritual connection or community
- ____ Be open to inspiration
- ____ Cherish my optimism and hope
- _____ Be aware of non-material aspects of life
- _____ Try at times not to be in charge or the expert
- ____ Be open to not knowing
- _____ Identify what is meaningful to me and notice its place in my life
- ____ Meditate
- _____ Pray
- _____ Sing
- ____ Have experiences of awe
- ____ Contribute to causes in which I believe
- _____ Read inspirational literature or listen to inspirational talks, music
- _____ Other:

Relationship Self-Care

- ____ Schedule regular dates with my partner or spouse
- ____ Schedule regular activities with my children
- ____ Make time to see friends
- ____ Call, check on, or see my relatives
- ____ Spend time with my companion animals
- _____ Stay in contact with faraway friends
- _____ Make time to reply to personal emails and letters; send holiday cards
- _____ Allow others to do things for me
- ____ Enlarge my social circle
- ____ Ask for help when I need it
- _____ Share a fear, hope, or secret with someone I trust
- _____ Other:

Workplace or Professional Self-Care

- ____ Take a break during the workday (e.g., lunch)
- _____ Take time to chat with co-workers
- ____ Make quiet time to complete tasks
- ____ Identify projects or tasks that are exciting and rewarding
- _____ Set limits with clients and colleagues
- _____ Balance my caseload so that no one day or part of a day is "too much"
- ____ Arrange work space so it is comfortable and comforting
- ____ Get regular supervision or consultation
- _____ Negotiate for my needs (benefits, pay raise)
- ____ Have a peer support group
- (If relevant) Develop a non-trauma area of professional interest

Overall Balance

- _____ Strive for balance within my work-life and work day
- _____ Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

(Retrieved 8/6/2010 from

http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml and adapted by Lisa D. Butler, Ph.D.)

Self Reflect:

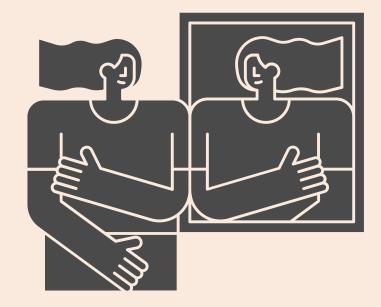
What do I do that I will continue doing?

What do I never or rarely do that I can do more of?

What has never occurred to me before?

What section has the highest average rating?

What section has the lowest average rating?



Spanish Self-Care Assessment

Evaluación de autocuidado

Las actividades de **autocuidado** (o cuidado de uno mismo) son aquellas que realizamos para mantener la buena salud y mejorar el bienestar. Muchas de estas actividades pueden ser cosas que usted ya realiza como parte de su rutina normal.

En esta evaluación, considerará qué tan frecuentemente o qué tan bien realiza distintas actividades de autocuidado. El objetivo de esta evaluación es ayudarle a conocer sus necesidades de autocuidado al detectar los patrones e identificar las áreas de su vida que necesitan más atención.

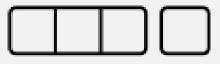
No hay respuestas correctas o incorrectas en esta evaluación. Tal vez haya actividades en las que usted no esté interesado y otras actividades que no estén incluidas. Esta lista no es exhaustiva, pero sirve como punto de partida para pensar en sus necesidades de autocuidado.

1	Esto lo hago mal	Casi no hago esto o no lo hago para nada
2	Esto lo hago regular	Esto lo hago a veces
3	Esto lo hago bien	Esto lo hago frecuentemente
*	Me gustaría mejorar en esto	Me gustaría hacer esto con una mayor frecuencia

123 ★	Autocuidado físico
	Comer alimentos saludables
	Cuidar de mi higiene personal
$\square \square \square$	Hacer ejercicio
	Usar ropa que me hace sentir bien consigo mismo
	Comer con regularidad
	Participar en actividades divertidas (p. ej. caminar, nadar, bailar, practicar deportes)
	Dormir lo suficiente
	Acudir a mis consultas médicas de prevención (p. ej. limpiezas dentales)
	Descansar cuando estoy enfermo
	Autocuidado físico en general

Evaluación de autocuidado

1 2 3 \star Autocuidado psicológico / emocional



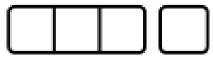
Tomar tiempo libre del trabajo, la escuela u otras obligaciones



Practicar pasatiempos



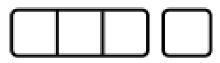
Alejarse de las distracciones (p. ej. teléfono, email)



Aprender cosas nuevas que no se relacionen con el trabajo o la escuela



Expresar mis sentimientos de una manera sana (p. ej. platicando, creando una obra de arte, escribiendo en un diario)



Reconocer mis propias fortalezas y mis logros



Irme de vacaciones o en excursiones



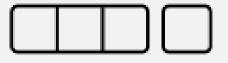
Hacer algo reconfortante (p. ej. ver mi película favorita, tomar un baño largo)



Encontrar motivos para reírme

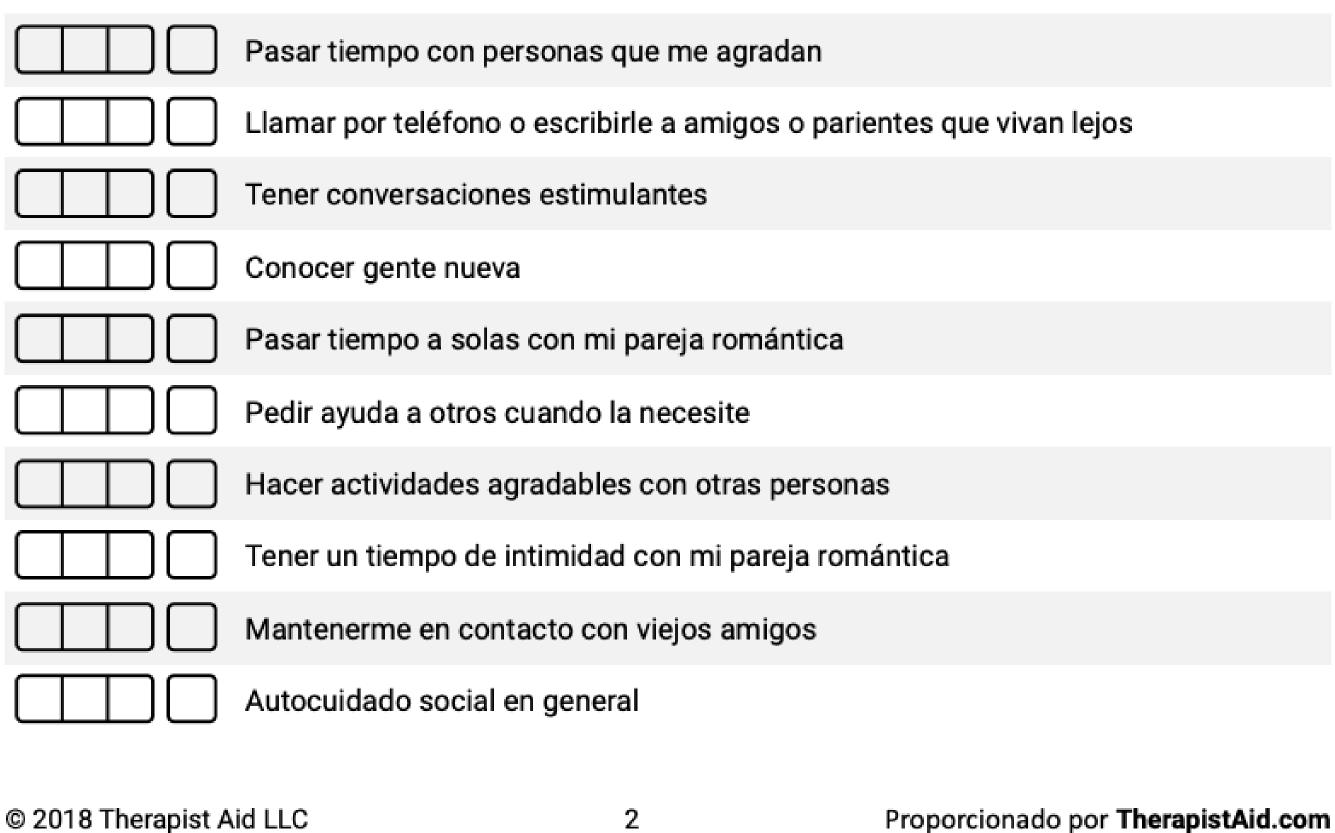


Hablar sobre mis problemas



Autocuidado psicológico / emocional en general

| 2 3 ★ Autocuidado social

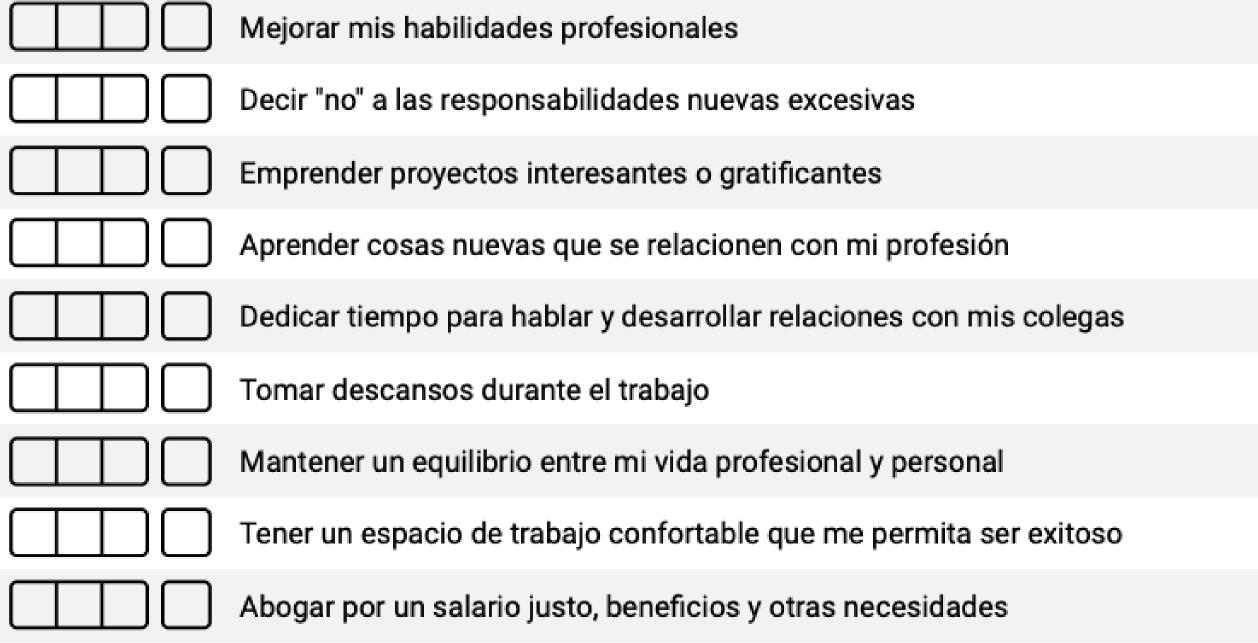


Evaluación de autocuidado

1	2	3	\star	Autocuidado	espiritual
---	---	---	---------	-------------	------------

Pasar tiempo en la naturaleza
Meditar
Rezar
Reconocer las cosas que dan significado a mi vida
Actuar de acuerdo con mis valores y mi moral
Dedicar tiempo para pensar y reflexionar
Participar en una causa que sea importante para mí
Apreciar las obras de arte (p. ej. música, cine, literatura)
Autocuidado espiritual en general

Autocuidado profesional 123 \star



Autocuidado profesional en general

© 2018 Therapist Aid LLC

3

Proporcionado por TherapistAid.com

Spanish Self-Reflection Autorreflexión

¿Qué hago que seguiré haciendo?

¿Qué nunca o rara vez hago que puedo hacer más?

¿Qué te gustaría mejorar?

¿Qué nunca se me ha ocurrido antes?

¿Qué sección tiene la calificación más alta?

¿Qué sección tiene la calificación más baja?



Teacher Compassion Satisfaction & Fatigue Scale

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

Compassion Satisfaction and Fatigue (ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

I=Nev	ver 2=Rarely	3=Sometimes	4=Often	5=Very Often
١.	l am happy.			
2.	I am preoccupied with more	than one person I [help	·].	
3.	I get satisfaction from being :		-	
4. I feel connected to others.				
5.	I jump or am startled by une	xpected sounds.		
6.	I feel invigorated after worki	ng with those I [help].		
7.	I find it difficult to separate r		life as a [helper]	1.
8.	I am not as productive at we a person I [help].			
9.	I think that I might have been	n affected by the trauma	tic stress of tho	se l [help].
10.	I feel trapped by my job as a			

- is included by my job as a [neiper].

- 10. I feel trapped by my job as a [helper].
 11. Because of my [helping], I have felt "on edge" about various things.
 12. I like my work as a [helper].
 13. I feel depressed because of the traumatic experiences of the people I [help].
 14. I feel as though I am experiencing the trauma of someone I have [helped].
 15. I have beliefs that sustain me.
 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
 17. I am the person I always wanted to be.
 18. My work makes me feel satisfied.
 19. I feel worn out because of my work as a [helper].
 20. I have happy thoughts and feelings about those I [help] and how I could help them.
 21. I feel overwhelmed because my case [work] load seems endless.
 22. I believe I can make a difference through my work.
 23. I avoid certain activities or situations because they remind me of frightening experience of the people I [help]. 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- 24. I am proud of what I can do to [help].
 25. As a result of my [helping], I have intrusive, frightening thoughts.
 26. I feel "bogged down" by the system.
 27. I have thoughts that I am a "success" as a [helper].
 28. I can't recall important parts of my work with trauma victims.
 29. I am a very caring person.
 30. I am happy that I chose to do this work.

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). /www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

- I. Be certain you respond to all items.
- Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

To find your score on Compassion Satisfaction, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

The sum of my Compassion Satisfaction questions was	So My Score Equals	My Level of Compassion Satisfaction
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

The sum of my Burnout questions	So My Score Equals	My Level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on Secondary Traumatic Stress, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). /www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

YOUR SCORES ON THE PROQUL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your workrelated, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, due to your work as a soldier or civilian working in military medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as providing care to casualties or for those in a military medical rehabilitation facility, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). /www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

a .e.s.



Adolescent mental health. World Health Organization. Retrieved September 26, 2022, from https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Alegria, M., Vallas, M., & Pumariega, A. J. (2010). Racial and ethnic disparities in pediatric mental health. *Child and adolescent psychiatric clinics of North America, 19*(4), 759–774. https://doi.org/10.1016/j.chc.2010.07.001

American School Counselor Association. (2022). *School counselor roles & ratios*. School Counselor Roles & Ratios - American School Counselor Association (ASCA). Retrieved September 2022, from https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios

Anonymous. (n.d.). Individual Counseling Progress Chart. Retrieved October 2022, from http://theinspiredcounselor.blogspot.com/2013/02/individual-counseling-progress-chart.html

Bertolino, B., & O'Hanlon, W. H. (2002). Collaborative, competency-based counseling and therapy. Prentice Hall.

Bertuccio, R. F., Frank, J. L., & Hall, C. M. (2022). Patterns of warning signs among adolescents who contemplate suicide: A latent profile analysis. *School psychology review, 51*(3), 315-328.

Bohnenkamp, J. H., Stephan, S. H., & Bobo, N. (2015). Supporting student mental health: The role of the school nurse in coordinated school mental health care. *Psychology in the Schools, 52*(7), 714–727.

Borntrager, C., & Lyon, A. R. (2015). Monitoring Client Progress and Feedback in School-Based Mental Health. *Cognitive and behavioral practice, 22*(1), 74-86. https://doi.org/10.1016/j.cbpra.2014.03.007

Centers for Disease Control and Prevention. (2021). *About mental health*. U.S. Department of Health and Human Services. https://www.cdc.gov/mentalhealth/learn/index.htm

Centers for Disease Control and Prevention. (2021). *Adverse childhood experiences*. U.S. Department of Health and Human Services. https://www.cdc.gov/violenceprevention/aces/index.html

Centers for Disease Control and Prevention. (2022). *Mental health: Poor mental health is a growing problem for adolescents*. U.S. Department of Health and Human Services. https://www.cdc.gov/healthyyouth/mental-health/index.htm

Collaborative for Academic, Social, and Emotional Learning (CASEL). (2022). *Program Guide*. https://pg.casel.org/

Council on School Health. (2008). Role of the School Nurse in Providing School Health Services. American Academy of Pediatrics. Retrieved September 2022, from https://pediatrics.aappublications.org/content/121/5/1052

Dewey, J., PhD. (2022). Compassion fatigue. Salem Press Encyclopedia.

Dexter, D.D., & Hughes C. (n.d.). Progress monitoring within a response-to-intervention model. RTI Action Network. Retrieved from http://www.rtinetwork.org/learn/research/progress-monitoring-within-a-rti-model

Dimitropoulos, G., Cullen, E., Cullen, O., Pawluk, C., McLuckie, A., Patten, S., Bulloch, A., Wilcox, G., & Arnold, P. D. (2021). "teachers often see the red flags first": Perceptions of school staff regarding their roles in supporting students with mental health concerns. School Mental Health: A Multidisciplinary Research and Practice Journal.

Dowdy, E., Furlong, M., Raines, T. C., Bovery, B., Kauffman, B., Kamphaus, R. W., Dever, B. V., Price, M., & Murdock, J. (2015). Enhancing school-based mental health services with a preventive and promotive approach to universal screening for complete mental health. *Journal of Educational & Psychological Consultation*, 25(2-3), 178–197.

Dowdy, E., Ritchey, K., & Kamphaus, R. W. (2010). School-Based Screening: A Population-Based Approach to Inform and Monitor Children's Mental Health Needs. *School mental health, 2*(4), 166–176. https://doi.org/10.1007/s12310-010-9036-3

Ekornes, S. (2015). Teacher perspectives on their role and the challenges of inter-professional collaboration in mental health promotion. School Mental Health: A Multidisciplinary Research and Practice Journal, 7(3), 193–211.



Ferlazzo, L. (2021). *Response: A teacher-counselor partnership is 'essential' for student success*. Education Week. Retrieved September 2022, from https://www.edweek.org/teaching-learning/opinion-response-a-teacher-counselor-partnership-is-essential-for-student-success/2014/05

Fertman, C. I., Delgado, M. M., & Tarasevich, S. L. (2014). Promoting Child and Adolescent Mental Health. Jones & Bartlett Publishers.

Fitzgerald, M. M., Shipman, K., Pauletic, M., Ellesworth, K., & Dymnicki, A. (2022). Promoting educator social emotional competence, well-being, and student-educator relationships: A pilot study. Mental Health & Prevention, 26, 200234.

HeartMath Institute. (2022). Smart Brain Wise Heart. https://sbwh-cdc.heartmathelearning.org/

Heller, S. S., Larrieu, J. A., D'Imperio, R., & Boris, N. W. (1999). Research on resilience to child maltreatment: Empirical considerations. *Child Abuse & Neglect, 23*(4), 321–338.

Humphrey, N., & Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. *Emotional and Behavioural Difficulties, 21*(1), 22-42. https://doi.org/10.1080/13632752.2015.1120051

Kaiser Foundation Health Plan. (2021, July 12). *Mental health*. Thriving Schools | A partnership for healthy students, staff & teachers. Retrieved September 2022, from https://thrivingschools.kaiserpermanente.org/mental-health/#:~:text=An%20estimated%2070%20%E2%80%93%2080%20percent,develop%20skills%20to%20 communicate%20better.

Lazarus, P. J., Suldo, S. M., & Doll, B. (2021). Fostering the emotional well-being of our youth: A schoolbased approach. *Oxford University Press.*

Loftus-Rattan, S. M., Wrightington, M., Furey, J., & Case, J. (2021). Multi-tiered system of supports: An ecological approach to school psychology service delivery. *Teaching of Psychology*, 1-9. https://doi.org/10.1177/00986283211024262

Masten, A. S. (2001). Ordinary Magic. American Psychologist, 56(3), 227.

Maynard, B. R., Solis, M. R., Miller, V. L., & Brendel, K. E. (2017). Mindfulness-based interventions for improving cognition, academic achievement, behavior, and socioemotional functioning of primary and secondary school students. *Campbell systematic reviews*, *13*(1), 1-144. https://doi.org/10.4073/CSR.2017.5

McIntosh, K., & Goodman, S. (2016). Integrated multi-tiered systems of support: Blending RTI and PBIS. Guilford Publications.

Mental health by the numbers. NAMI. (n.d.). Retrieved September 26, 2022, from https://www.nami.org/mhstats

MentalHealth.gov. (2022, February 2). Mental health myths and facts. Retrieved September 26, 2022, from https://www.mentalhealth.gov/basics/mental-health-myths-facts

McLeod, S. A. (2022, April 04). *Maslow's hierarchy of needs*. Simply Psychology. www.simplypsychology.org/maslow.html

Michaels, C., Blake, L., Lynn, A., Greylord, T., & Benning, S. (2022). *Mental health and well-being ecological model*. Center for Leadership Education in Maternal & Child Public Health, University of Minnesota-Twin Cities. https://mch.umn.edu/resources/mhecomodel/

Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review, 73,* 384–391.

Muniz, J. (2020). Culturally Responsive Teaching: A Reflection Guide. New America, 1-20.

NASSP. (2017) *Mental health issues: Strategies for principals*. Retrieved September 2022, from https://www.nassp.org/publication/principal-leadership/volume-18-2017-2018/principal-leadershipnovember-2017/mental-health-issues-strategies-for-principals/

National Association of School Psychologists. (2021). *Who are school psychologists*. National Association of School Psychologists (NASP). Retrieved September 2022, from https://www.nasponline.org/about-school-psychologists



National Association of School Psychologists. (n.d.). Effective School-Community Partnerships to support School Mental Health. National Association of School Psychologists (NASP) Retrieved September 2022, from

https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Resources/Effective-School-Comm-Partnerships-to-support-SMH-Final.pdf

National Center on Safe Supportive Learning Environments. (n.d.). *Mental health screening tools for grades K-12*. https://safesupportivelearning.ed.gov/sites/default/files/10-MntlHlthScrnTlsGrK-12-508.pdf

Niroga Institute. (2022). Education Curriculum. https://www.niroga.org/education/curriculum/

Ormiston, H. E., Nygaard, M. A., & Apgar, S. (2022). A systematic review of secondary traumatic stress and compassion fatigue in teachers. *SCHOOL MENTAL HEALTH*.

Ortiz, A. A., Fránquiz, M. E., & Lara, G. P. (2020). Applying an intersectionality lens to education policy and practice for emergent bilinguals. *Bilingual Research Journal, 43*(4), 357-361.

Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19. JAMA Pediatrics, 175(11), 1142. https://doi.org/10.1001/jamapediatrics.2021.2482

Sabella, R. A. (2020). Solution-focused school counseling: The missing manual. Sabella & Associates, LLC. Retrieved from https://schoolcounselor.com/scaling/

Saluja, G., Iachan, R., Scheidt, P. C., Overpeck, M. D., Sun, W., & Giedd, J. N. (2004). Prevalence of and risk factors for depressive symptoms among young adolescents. *Archives of pediatrics & adolescent medicine*, 158(8), 760-765.

Schwartz, H. & Skoog-Hoffman, A. (2021) How to Choose an SEL Program for Your School. https://www.edutopia.org/article/how-choose-sel-program-your-school/

Second Step: Environmental Factors that Contribute to Bullying, Grade 8. (2012). Seattle, WA: Committee for Children.

Sherman, R., & Shapiro, I. (1969). Teacher-Counselor Communication. *The School Counselor*, *17*(1), 55–62. http://www.jstor.org/stable/23896922

SlideModel (2019). Presentation of emoji pain scales 0-10. Retrieved October 2022, from https://slidemodel.com/templates/pain-scale-powerpoint-template/presentation-of-emoji-pain-scales-0-10/

SolutionFocused Therapy Institute. (2022, April 21). *What is solution-focused therapy?* Retrieved November 2022, from https://solutionfocused.net/what-is-solution-focused-therapy/

Stewart, J. E., & Rice, S. (2022). In Challenging Times: Mindfulness for Students and Teachers. *TAHPERD Journal*, 90(1), 8–12.

U.S. Department of Education. (2021). Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs, Washington, DC. Retrieved September 2022, from https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mentalhealth.pdf

Valdez, C. R., Butler, A., Casas, J. M., Cort, N., Guidino, O., Isaac, P., ... & Chatman, A. (2017). Addressing the mental health needs of racial and ethnic minority youth: A guide for practitioners. APA Working Group for Addressing Racial and Ethnic Disparities in Youth Mental Health. American Psychological Association.

Werner, E. E. (1993). Risk, resilience, and recovery: Perspectives from the Kauai longitudinal study. Development and Psychopathology, 5(4), 503–515.

Wiley University Services. (2021). What do instructional assistants do? Special Education Guide. Retrieved September 2022, from https://www.specialeducationguide.com/teacher-certification/what-instructionalassistants-do/

Wilson, B. R. A. (2020). Wellness. Salem Press Encyclopedia of Health.

Wyman Center. (2022). TOP National. http://wymancenter.org/national-network/top/

Yasui, M., Pottick, K. J., & Chen, Y. (2017). Conceptualizing Culturally Infused Engagement and Its Measurement for Ethnic Minority and Immigrant Children and Families. *Clinical child and family psychology review, 20*(3), 250–332. https://doi.org/10.1007/s10567-017-0229-2

