

HELPING YOUR STUDENT THROUGH DIFFICULT TIMES

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OVERVIEW

- Crisis Basics
- Intervening After a Crisis
- Recognizing signs that may indicate the need for additional intervention
- How COVID may further complicate mental health challenges
- Self-care for the Caregiver

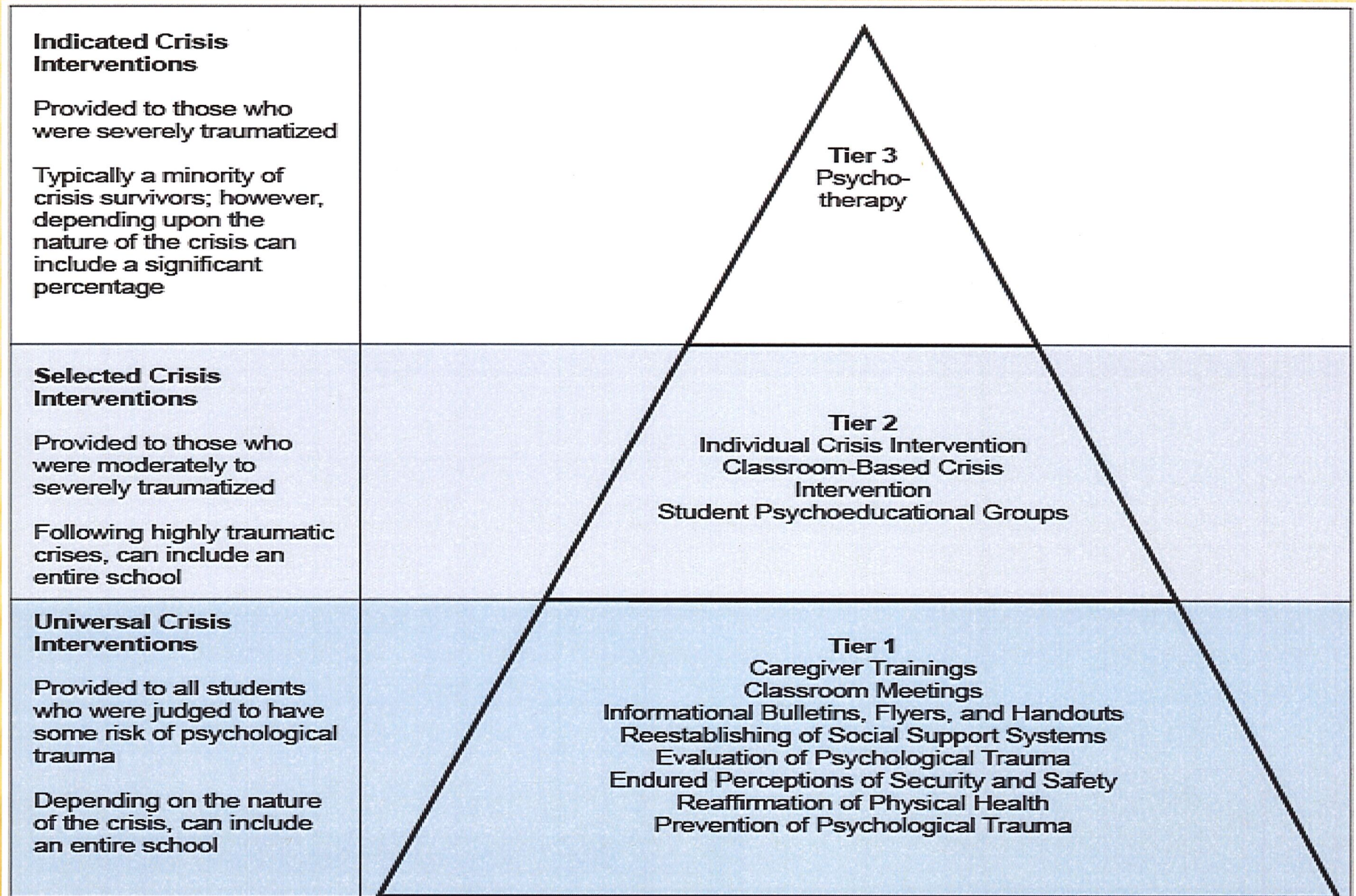


CRISIS RESPONSE BASICS

- Not all individuals will be equally affected by crisis
- Goal of crisis postvention is to allow people/students to employ their coping skills
- Most people can return to baseline/normal functioning without intervention
- Whether or not someone needs more assistance depends upon their proximity to the crisis
- Normalize reactions
- Validate and affirm feelings and responses
- Consider practical assistance
- Offer comfort and empathy through listening skills
- Encourage problem-solving of concerns
- Offer information and education
- Connect to resources in the community



LEVELS OF SCHOOL CRISIS INTERVENTIONS



UNIVERSAL/TIER 1 INTERVENTIONS

1. Reestablishing support systems

Social Support Defined: “. . . an individual’s perception that he or she is loved or cared for, esteemed, and valued by people in his or her social network, which enhances personal functioning, assists in coping adequately with stressors, and may buffer him or her from adverse outcomes.”

- One of the most powerful crisis interventions
- Empirical evidence that this reduces the risk for traumatic stress

2. Informational bulletins, flyers and handouts

3. Caregiver training

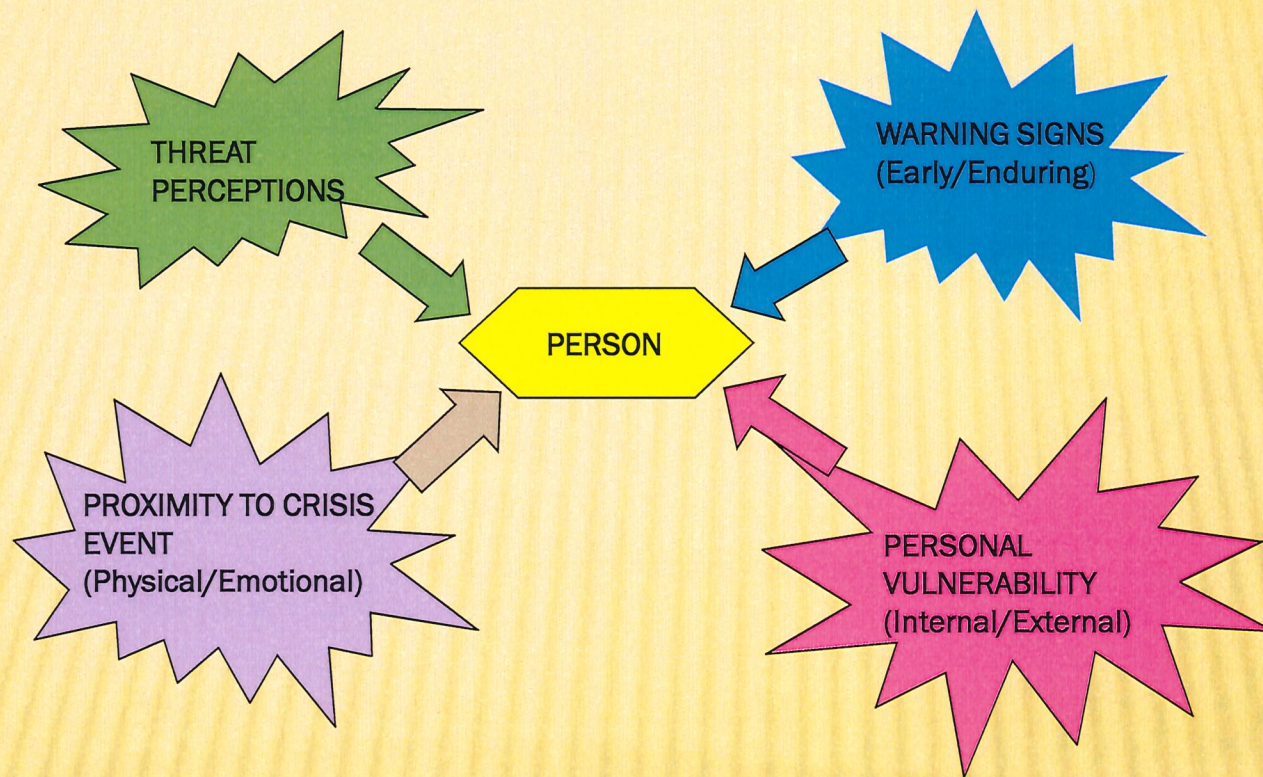
Tips for Talking about Suicide

Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.

Give accurate information about suicide.	By saying—
Suicide is a complicated behavior. It is not caused by a single event.	"The cause of [NAME]'s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness."
In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.	"There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts."
Talking about suicide in a calm, straightforward way does not put the idea into people's minds.	"Mental health problems are not something to be ashamed of. They are a type of health issue."
Address blaming and scapegoating.	By saying—
It is common to try to answer the question "why?" after a suicide death. Sometimes <u>this turns</u> into blaming others for the death.	"Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."
Do not focus on the method.	By saying—
Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.	"Let's talk about how [NAME]'s death has affected you and ways you can handle it."
The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.	"How can you deal with your loss and grief?"
Address anger.	By saying—
Accept expressions of anger at the deceased and explain that these feelings are normal.	"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behavior and still care deeply about that person."
Address feelings of responsibility.	By saying—
Help students understand that they are not responsible for the suicide of the deceased.	"This death is not your fault. We cannot always see the signs because a suicidal person may hide them."
Reassure those who feel responsible or think they could have done something to save the deceased.	"We cannot always predict someone else's behavior."
Promote help-seeking.	By saying—
Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.	"Seeking help is a sign of strength, not weakness." "We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?" "If you are concerned about yourself or a friend, talk with a trusted adult."

(<https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>)

Person Characteristics that Determine Crisis Impact



RISK FACTORS

- History of suicidal thinking or behavior
- Self-injury (“cutting”)
- Mental illness
- Feelings of being worthless, helpless, and hopeless
- Victim of abuse
- Family conflict and poor relationship with parents
- Family history of suicide
- Involvement in bullying (either being a bully or having been bullied)
- Conflict with friends and loss of important relationships
- Close friends who are or were suicidal or who died by suicide

WARNING SIGNS

- Direct verbal threats (“I am going to kill myself.”)
- Indirect verbal threats (“I wish I could fall asleep and never wake up,” or “You won't have me to worry about anymore.”)
- Sudden or dramatic change in mood (i.e., the youth who was very sad and who becomes very happy)
- Anxiety and agitation, reckless behavior, rage and uncontrolled anger, desire for revenge
- Increased alcohol or drug use
- Giving away of prized possessions
- Withdrawal from friends, family, and activities
- Refusal of help or belief that there is no help for them
- Expression of death or suicide themes in writings, in art, or via social media
- Disturbed sleep, decline in appearance and hygiene
- Decline in academic performance
- Increased or decreased appetite

PREVENTION OF SUICIDAL THINKING & BEHAVIOR

- 1. Promote mental health in your family.***
- 2. Maintain a positive relationship with your child.***
- 3. Promote positive problem-solving and coping skills.***
- 4. Support your child's connections with positive and healthy peer groups and with other adult caregivers.***
- 5. Ensure that the school psychologist at your child's school is aware of any suicide risk factors or warning signs.***
- 6. Conduct a basic risk assessment.***

(Brock & Reeves, 2017)

BASIC RISK ASSESSMENT

Begin with clear, nonjudgmental, age-appropriate questioning to find out whether your child has suicidal thoughts.

- “Have you ever wished you could go to sleep and not wake up again?”
- “Is dying something you've thought a lot about recently?”
- “Have things reached the point that you've thought of killing yourself?”
- “Sometimes when kids have had your experiences and are feeling as you do now, they have thoughts of killing themselves. Is suicide something you are thinking about?”

Questions to avoid include the following:

- “You're not thinking of killing yourself, are you?”
- “You aren't going to do something dumb, are you?”

BASIC RISK ASSESSMENT

If your child acknowledges having suicidal thoughts, try to get a sense of the seriousness of the situation by asking direct questions about how they plan to kill themselves. More specifically, you might ask your child the following:

- ✗ “Have you thought about how you would kill yourself [make yourself die from suicide]?”
- ✗ “Do you have, or can you get, whatever you would need to carry out the suicide plan?”
- ✗ “When are you planning to carry out your suicide plan?”

(Brock & Reeves, 2017)

PREVENTION OF SUICIDAL THINKING & BEHAVIOR (CON'T)

7. Take appropriate action to keep your child safe.

When danger appears to be immediate, call 911. If your child's answers suggest that the risk of a suicidal behavior is immediate—your child has the means of carrying out the threatened suicide in their possession and refuses to give it up—then call 911 right away. *Do NOT leave your child alone, even for a moment, until their safety is made certain.*

8. Secure ongoing supports for yourself and your family.

Parents who are healthy and connected to their children will be most successful in protecting them from suicide.

(Brock & Reeves, 2017)

MEMORIAL CONSIDERATIONS

- Guiding principle: Schools should strive to treat all deaths in the same way.
- The focus should be on how the student lived.
- If there were underlying mental health problems, emphasizing the connection between suicide and those problems can be an opportunity to educate.
- It is best to coordinate memorialization (family, friends, school).
- Make sure to be sensitive to the cultural needs of the students and the family.
- Memorials should be monitored.

(<https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>)

WHAT MAKES CRISES DURING COVID-19 MORE CHALLENGING?

- A typical crisis has a clear beginning and ending.
- There is usually a clear population of victims, survivors, and their family and friends.
- We usually know who is likely to have acute stress and potential traumatic stress symptoms.
 - + Natural Disasters
 - + Man made disasters
 - + Terrorism, bombing, shootings, kidnapping
- In a pandemic:
 - We can't predict the future.
 - We are all vulnerable.
 - We are all experiencing loss and/or grief.
 - Maslow's Hierarchy...loss of safety, and we can't promise safety



This Photo by Unknown Author is licensed under CC BY-SA 4.0

INCREASED VULNERABILITY

In this crisis, everyone is potentially a first responder AND a victim

FIRST RESPONDERS

DOCTORS/NURSES

PD/FD

GROCERY STORE WORKERS

TRUCK DRIVERS/DELIVERY PEOPLE

CRISIS TEAM MEMBERS

SCHOOL PSYCHOLOGISTS

TEACHERS

PARENTS

STUDENTS

VICTIMS

DOCTORS/NURSES

PD/FD

GROCERY STORE WORKERS

TRUCK DRIVERS/DELIVERY PEOPLE

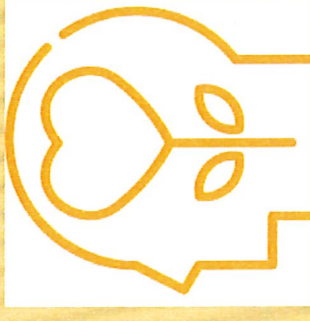
CRISIS TEAM MEMBERS

SCHOOL PSYCHOLOGISTS

TEACHERS

PARENTS

STUDENTS



The indefinite, uncertain nature of this crisis can overwhelm individuals' coping resources, exacerbating pre-existing conditions such as, addiction, depression, anxiety, PTSD, etc. exponentially.



"self-care is not selfish"

THE OXYGEN MASK

PRINCIPLE

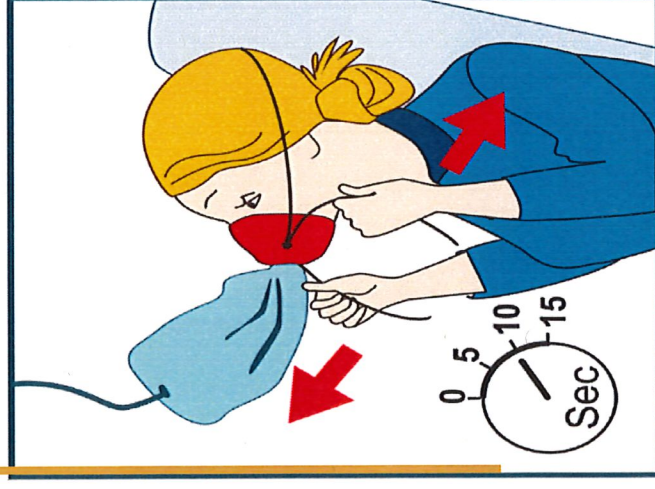
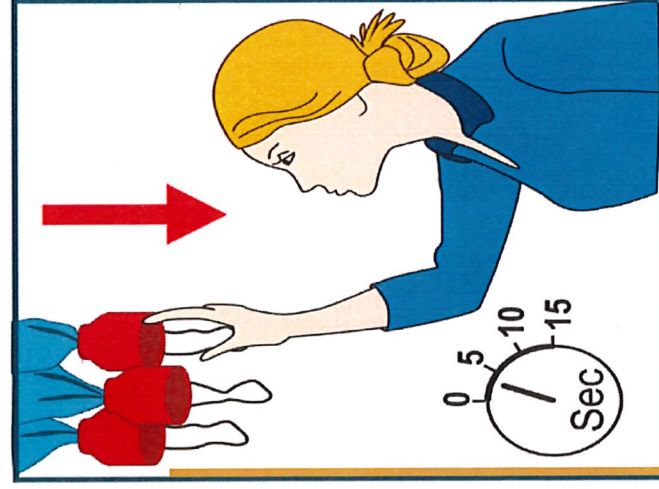
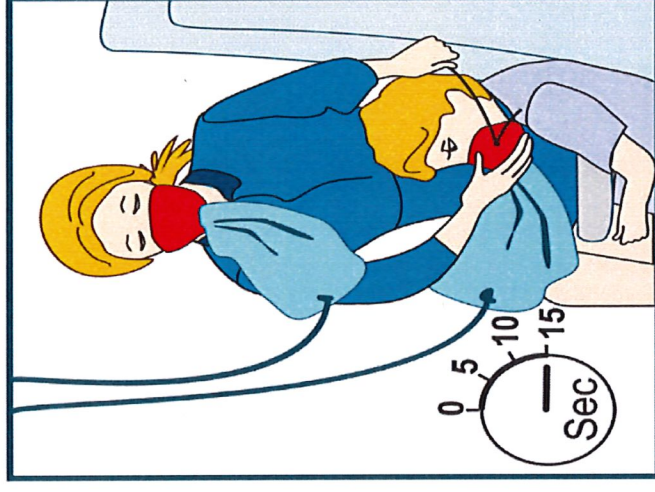
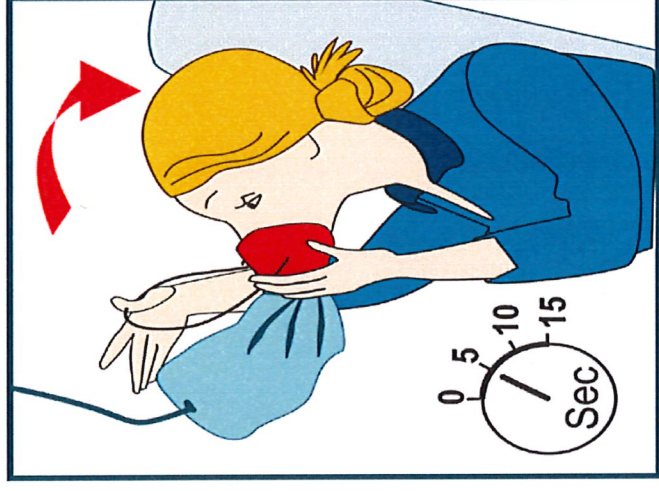
YOU MUST TAKE

CARE OF YOURSELF

BEFORE YOU CAN DO

ANYTHING FOR

ANYONE ELSE.



Caring for the Caregivers – MONITOR:

Physical Symptoms:

- Chronic fatigue and exhaustion
- Difficulty focusing or attending
- Confusion or jumpiness
- Headaches, stomachaches, tense muscles
- Trouble sleeping and/or eating

Emotional Symptoms:

- Excessive worry or anxiety
- Flat affect or hopelessness
- Extreme anger or depression
- Compassion fatigue
- Disturbing dreams
- Inability to make everyday decisions

Social Symptoms:

- Difficulty with relationships
- Withdrawal, isolation
- Irritability, anger
- Needing to “rescue” others, control, responding to every crisis
- Excessive use of alcohol and other substances

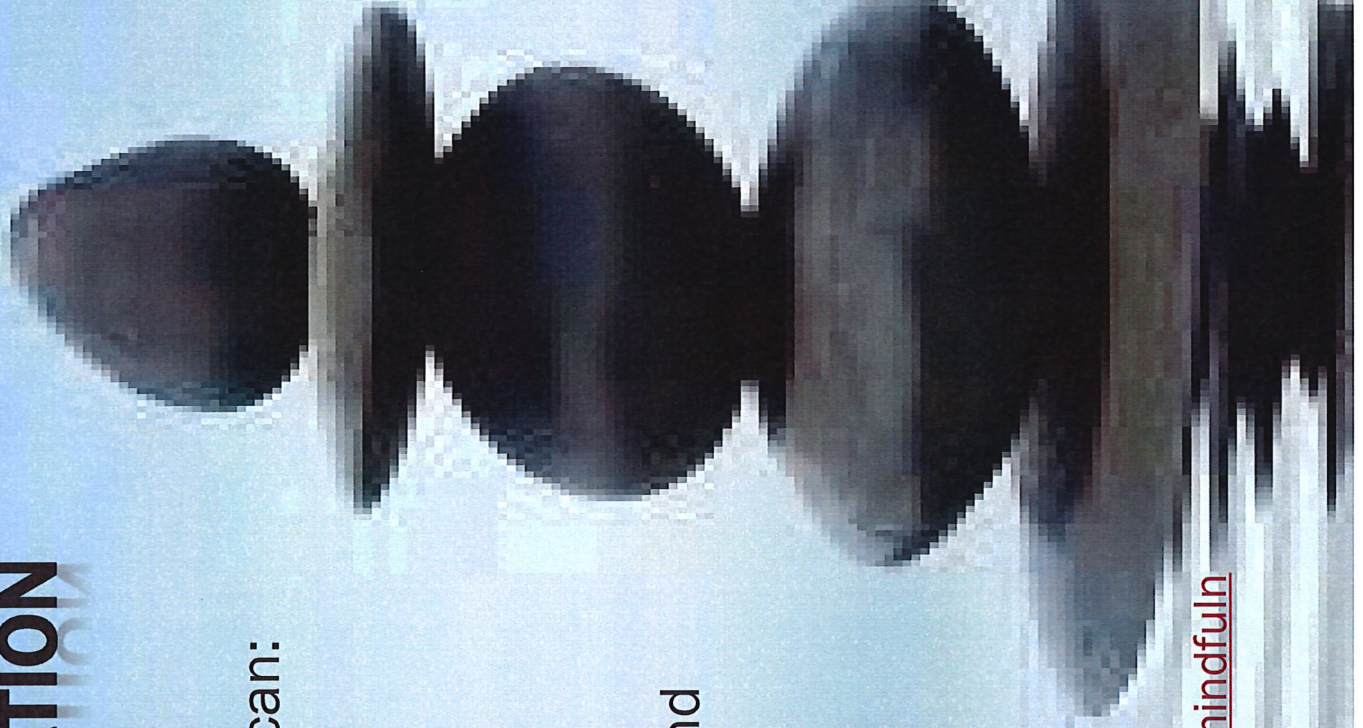
MINDFULNESS MEDITATION

CRISIS RELEVANT BENEFITS

Research has found mindfulness can:

- Strengthen the immune system
- Reduce stress
- Reduce depression
- Lessen effects of PTSD
- Increase compassion for self and others
- Build resilience
- Improve parenting skills
- Helps us to tune into the silver linings

<https://greatergood.berkeley.edu/topic/mindfulness/definition#why-practice-mindfulness>



WHAT GOOD IS GRATITUDE? REASONS WHY IT'S BETTER TO LIVE GRATEFULLY

CHARITY

**GRATEFUL PEOPLE
ON AVERAGE GIVE 20%
MORE \$**



COMMUNITY



GRATEFUL
PEOPLE WILL HAVE A STRONGER
BOND WITH THE
LOCAL COMMUNITY



WORK

**HAPPY
PEOPLE'S
INCOME IS ROUGHLY
7%
HIGHER**



WIDITH



13% FEWER FIGHTS
20% MORE LIKELY
TO GET A GRADE



**GRATEFUL TEENS ARE
LESS LIKELY
TO START
SMOKING**



PSYCHOLOGICAL

**GRATITUDE IS RELATED TO AGE:
FOR EVERY 10 YEARS, GRATITUDE INCREASES
BY 5%**



HEALTH



**GRATEFUL PEOPLE WILL:
HAVE 10% FEWER STRESS
RELATED ILLNESSES
BE MORE PHYSICALLY FIT
HAVE BLOOD PRESSURE
THAT IS LOWER BY 12%**



FRIENDS

**MORE SATISFYING RELATIONSHIPS
WITH OTHERS. AND WILL BE BETTER LIKED**



WHERE?

THE MOST GRATEFUL COUNTRIES ARE: S. AFRICA, UAE, PHILIPPINES & INDIA



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**OVERALL
POSITIVE
EMOTIONS CAN ADD
UP TO 7 YEARS
TO YOUR LIFE**



GRATITUDE RESEARCH OUTCOMES

https://greatergood.berkeley.edu/topic/gratitude/definition#why_practice

- ✓ Gratitude brings us happiness, optimism, joy, pleasure, enthusiasm, and other positive emotions.
- ✓ Gratitude reduces anxiety and depression.
- ✓ Gratitude is good for our bodies, including strengthening immunity, reducing perceptions of aches and pains.
- ✓ Grateful people sleep better.
- ✓ Gratitude makes us more resilient.
- ✓ Gratitude strengthens relationships.
- ✓ Gratitude promotes forgiveness.
- ✓ Grateful people are more prosocial.
- ✓ Gratitude is good for kids and good for schools.

WAYS TO PRACTICE GRATITUDE

https://greatergood.berkeley.edu/article/item/ten_ways_to_become_more_grateful1

- ✓ Three Good Things: Tune into the positive in your life.
- ✓ Write a gratitude Letter: Deliver it in person.
- ✓ Mental Subtraction of Positive Events: appreciate what you have by imagining your life without it.
- ✓ Give It Up: Taking a break from something to appreciate it more.
- ✓ Keep a gratitude journal.
- ✓ Thinking hard about our own mortality makes us more grateful for life; and praying increases gratitude.
- ✓ Create a grateful school climate by fostering gratitude among staff and getting buy-in from leaders.

MINDFULNESS RESOURCES FOR ADULTS

- ✓ **Science of the Greater Good:** sponsors groundbreaking scientific discoveries—and turns them into stories, tips, and tools for a happier life and more compassionate society. Since 2001, the GGSC has been at the fore of a new scientific movement to explore the roots of happy and compassionate individuals, strong social bonds, and altruistic behavior—the science of a meaningful life. It also offers free articles and a newsletter to spread information about emotional health and overall wellbeing. <http://greatergood.berkeley.edu/>
- ✓ **Smiling Mind:** Smiling Mind is now considered to be one of the world's leaders in the free pre-emptive mental health space and Australia's go-to expert for youth- and adult-based mindfulness programs. <https://www.smilingmind.com.au>
- ✓ **UCLA Health Website:** free guided meditations that offer mindfulness meditation to both English and Spanish speakers. Examples include loving kindness meditations, body scans, and Spanish meditations for eating with more mindfulness. <http://marc.ucla.edu/mindful-meditations>
- ✓ **Inner Health Studio:** free relaxation scripts to work on coping skills related to stress management, anxiety, panic attacks, anger, pain relief, and insomnia. The website also has relaxing imagery available for download. <http://www.innerhealthstudio.com/relaxation-scripts.html>
- ✓ **Calm:** a mindfulness meditation company. Calm offers quiet music, relaxing sounds, and peaceful imagery to relax its users. Calm also has an app that can be downloaded on mobile devices. <https://www.calm.com/>
- ✓ **Yoga with Adriene:** Our mission is to reach as many people as possible with high-quality free yoga videos. We welcome all levels, all bodies, all genders, all souls! Browse our library of free yoga videos to find a practice that suits your mood or start a journey toward healing. <https://www.youtube.com/user/yogawithadriene>

