Entry Form

Deadline: All entries must be postmarked by Friday, February 26, 2010.

2010 ECCO Recognition Program

Celebrating **E**xcellence in **C**ommunity **C**ommunications and **O**utreach

Please include this form with one sample of each entry(s). Label each of your entries with the entry category, community name, and contact information.

Entry Procedures

Please see the Call for Entries for complete entry instructions. To access this form electronically, contact your Campaign technical assistance provider at 202–331–9816 or via e-mail.

Copy form and fill out entirely for EACH entry. Photocopy form as needed.

ECCO entries will not be returned; they will be added to the Campaign Resource Center to serve as examples of communications and social marketing for reference by other system of care communities.

Category: (For complete category descriptions, see the Call for Entries.)

- ❑ National Children's Mental Health Awareness Day
- ❑ Media Outreach
- ☒ Community Outreach: Parents and Caregivers
- ❑ Community Outreach: Children and Youth
- ❑ Professional Outreach
- ❑ Partnership Development
- ❑ Communications/Social Marketing Planning
- ❑ Internal Communications

Title of entry: (Please type or print clearly and keep to 10 words or less.)

MD-CARES: Children's Mental Health Matters!

Submitted by: (Note: The person submitting will be the point of contact.)

Name: Lauren Lasher

Title: MD-CARES Social Marketing and Communication Manager

Organization: Maryland Coalition of Families for Children's Mental Health

Address: 10632 Little Patuxent Parkway, Suite 119

City: Columbia State: MD Zip Code: 21044

Telephone: 410.730.8267 Fax: 410-730-8331

E-mail: llasher@mdcoalition.org

Please PRINT organization name exactly as it should appear on the recognition plaque:

Maryland Coalition of Families for Children's Mental Health and Mental Health Association of Maryland

Was the entry created with or by an external consultant? ❑Yes ☒No

Approximate budget for entry: Teacher Toolkits = $11,500 ($2,000 donated)
Brochures = $3,000

MORE ▶

1. Relevance to Category (30 words – 15 points)
Healthy in Body…and Mind brochure and Teacher Toolkits specifically target families and educators. Often overlooked as caregivers, teachers play a vital role in the lives of all children.

2. Planning (90 words – 10 points)
Social marketing strategies are interwoven throughout MD-CARES strategic planning, with particular relevance in the sustaining/expanding plan component. Developed in partnership between Coalition of Families for Children's Mental Health and Mental Health Association of Maryland (MHAMD), both tools have successfully reached targeted audiences of caregivers. The brochure has clear language about what a parent needs to know about children's mental health. Teacher Toolkits have fact sheets for both parents and teachers. Raising children's mental health awareness among caregivers enhances each child's inherent potential for success and promotes general mental health awareness.

3. Cultural and Linguistic Competence (70 words – 10 points)
Materials depicting individuals (see brochure) present a cross-section of children of varying ages, races, and ethnicities. MHAMD has a strong partnership with statewide family and consumer organizations. Such partnerships have provided historic expertise in developing materials that are family/consumer friendly and reflective of the diversity of material recipients. As part of continuous quality improvement, teachers were surveyed about the toolkit. They identified the need for Spanish version (completed for 2010).

4. Youth, Family, and Partner Involvement (70 words – 10 points)
The Maryland Coalition of Families for Children's Mental Health (statewide family network) spearheads our Campaign through their Social Marketing Manager funded by MD-CARES. In addition to family members, the Coalition employs young adults, and partners with Youth M.O.V.E. In 2009, the Coalition also partnered with MHAMD. Both tools were prepared jointly by the Coalition and MHAMD. The *Healthy in Body...and Mind* brochure was written specifically for families by families.

5. Message (50 words – 10 points)
Campaign message of "Children's Mental Health Matters!" is led by our statewide family organization in partnership with our statewide mental health advocacy organization. Developed from the perspective of families, the message is appropriate for any audience (legislators, policy makers, funders, etc.) and clearly represents parent voice - "my child matters"!

6. Execution/Presentation (70 words – 15 points) –
Considering limited education budgets, the kits were designed as 19 one-page black and white, double-sided page fact sheets, making it easy to photocopy. For each of the 19 issues, there is a fact sheet for educators and a corresponding one for family members. The fact sheets are also available for free download, allowing for another

user-friendly method of dissemination. The brochures are easy to read; made for families by families.

7. Creativity (70 words – 15 points)
See above. Additionally, time/expense for design of folders and fact sheets was donated. Brochure highlights mental health as important part of developing, just like physical health. Brochure "normalizes" mental health as another health care need. Stigma is reduced with statement "everyone has mental health" and the emphasis that some children have mental health needs, just like some have physical health needs. Bright graphics include "hand flowers" from 2007 Campaign poster.

8. Effectiveness and Evaluation (90 words – 25 points)
The initial 25,000 printing of *Healthy in Body...and Mind* were distributed during May; a 50,000 reprint has been ordered. All distributed brochures were tracked in numbers and, where possible, documented where they were displayed (office waiting room, community fair booth). More than 14,000 brochures, requested most frequently in batches of 100, were requested by over 150 schools, health departments, health providers, community outreach programs. 10,000+ brochures were given to visitors at local radio station booth at a large fair. Teacher kits (800) were requested by public and private schools statewide.

- Licensed mental health professional; and
- Community mental health clinic.

The Mental Hygiene Administration's Maryland Crisis Hot Line is available 24/7 to those with immediate need. Call **1-800-422-0009**.

It's important not to become discouraged or give up trying to find the right services. Sometimes it can take a bit of time to find the right therapist or the right medication or mix of medications. Every child is different—but every child deserves a steadying hand to guide them back to full mental health when they have problems.

PAYING FOR CARE

In Maryland, most health insurance plans cover some mental health treatment. Call your insurance provider before beginning treatment to find out which clinicians accept your insurance and what services are covered.

Depending upon the family income, children may qualify for Medical Assistance which includes mental health treatment.

One in five children may experience a mental, emotional or behavioral health problem before age 18. These problems affect children of all demographic groups, regardless of education, income, race or culture.

You Are Not Alone.

If you are looking for support or answers to your questions, please contact us! The Mental Health Association of Maryland and the Maryland Coalition of Families for Children's Mental Health are your statewide voice for children's mental health.

Maryland Coalition of Families for Children's Mental Health

10632 Little Patuxent Pkwy., Suite 119
Columbia, MD 21044
410-730-8267
www.mdcoalition.org

The Maryland Coalition of Families is dedicated to building a family-driven network of information and support while improving services in all systems of care for children, youth and their families.

The Coalition can provide information, referral and linkage to other resources, and one-to-one support and advocacy to assist your family in accessing appropriate services for your child with mental health needs.

mhamd
MENTAL HEALTH ASSOCIATION OF MARYLAND

711 W. 40th Street, #460
Baltimore, MD 21211
410-235-1180
www.mhamd.org

The Mental Health Association of Maryland (MHAMD) is a statewide education and advocacy organization concerned with all aspects of mental health and illness. MHAMD has reached more than 36 million Marylanders through our children's mental health media outreach campaign and Kids on the Block school programs over the past 12 years. Our comprehensive advocacy agenda seeks to ensure that children with mental health problems have access to needed care and the same opportunities as their peers to reach their full potential as adults.

This brochure is a publication of the Children's Mental Health Matters! Campaign, which seeks to raise awareness of children's mental health needs and enhance outreach efforts to families and communities. The Campaign is cosponsored by the Maryland Coalition of Families for Children's Mental Health and the Mental Health Association of Maryland, and carried out through generous support and resources provided by the Maryland Departmental of Health and Mental Hygiene/Mental Hygiene Administration, the Maryland Mental Health Transformation Office, and the federal Caring For Every Child's Mental Health Campaign.

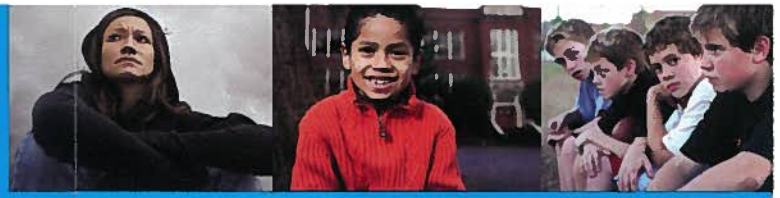
STATE OF MARYLAND
DHMH
Maryland Mental Health Transformation Office

CARING FOR EVERY CHILD'S MENTAL HEALTH
Systems of Care

Healthy in Body... and Mind

Tips to keep your child mentally healthy

What You Need to Know About Your Child's Mental Health



Your Child's Mental Health

Like your child's physical health, mental health is an important part of growing up and developing. Mental Health is how we think, feel and act. It affects how a child:

- Feels about himself/herself.
- Relates to other children and adults.
- Handles change, stress and other life situations.

It's easier to know your child needs help when you're dealing with a fever or a broken bone, but mental health problems can be harder to identify. If you think there's more going on than the natural phases of growth and development, ask yourself these questions:

- Is my child's behavior normal for his or her age?
- Is the behavior severe enough to get in the way of daily activities?
- Does the problem occur frequently?
- Does the behavior last for long periods of time?

Mental health issues include depression and anxiety, conduct, eating and attention deficit/hyperactivity disorders, as well as relationship difficulties and grief.

IS MY CHILD IN TROUBLE?

It seems sometimes like the "Terrible Twos" never end for some children. Other children seem to understand appropriate behavior, but just can't exhibit it. The tricky part of parenting is knowing the kinds of behaviors and moods that are usual for the stage of development your child is in—and when your child has gone beyond the norm and needs help.

You should consult with a health professional if you see these kinds of circumstances with your child:

- Feelings of sadness and hopelessness without good reason, and the feelings don't go away.
- Extreme fearfulness—unexplained fears or more fears than most children.
- Anger that persists or occurs most of the time; overreactions.
- Anxiety or expression of more or greater worries than most other young people.
- Deterioration of school performance.
- Loss of interest in previously enjoyed activities.
- Avoidance of friends and families.
- Discussions of suicide.
- Hears voices that cannot be explained.
- Changes in sleeping and eating habits.
- Poor concentration or difficulty sitting still or listening.
- Needs to perform the same routines repeatedly.

WHERE CAN I GET HELP?

Counseling for your child or your child and family often is a good place to start, and sometimes medication can be helpful. You can begin the process of finding what works best for your child with your pediatrician, who may be able to help you or can direct you to those who can. Others who can provide assistance include:

- School administrators, pupil personnel worker or school nurse;
- Religious leader;

Children's Mental Health Matters!

Facts for Families
504 Plans

Definition
A 504 Plan is a legal document that provides accommodations to *regular education* students with special needs in major life activities. The 504 Plan falls under the Rehabilitation Act of 1973, and is a regulation of the United States Department of Health and Human Services, Office for Civil Rights. Some examples of major life activities addressed are: caring for oneself, walking, seeing, hearing, and *learning.* A 504 Plan is **not** an Individualized Education Program (IEP) for Special Education Students. Families may request a 504 Plan for children who, with reasonable accommodation, can be successful in a regular education program. For each case, staff and family at the meeting will need to make a decision about how often to review the 504 Plan and when follow-up meetings should be made.

Examples of What Might Be Included:
- Adjustment to test taking (more time, questions given orally)
- Seating near the blackboard or near the teacher
- A child may be excused from class to get medications
- A child with Diabetes may be allowed to eat in class

Who is Responsible for a 504 Plan?
- The student (if appropriate)
- Parent or Legal Guardian
- Teacher
- Administrator
- School 504 Coordinator may be a staff person on the Student Support and/or Child study Teams)

Others who may be included, as appropriate:
- School Counselor, Social Worker and/or Psychologist
- Physician, Psychiatrist, or other health professional
- Mental Health Clinician
- Speech/Language Pathologists
- Occupational Therapist/Physical Therapist

Resources/Links
Bridges4Kids. Special Education: Section 504. Frequently Asked Questions and Resources. http://www.bridges4kids.org/Section504.html

Learning Disability Association of Maryland www.ldamaryland.org 1-888-265-6459

Learning Disabilities Online: LD In-Depth: Developing 504 Classroom Accommodation Plans: A Collaborative Systematic Parent-Student-Teacher Approach. http://ldonline.org/ld_indepth/teaching_techniques/504_plans.html

Maryland Coalition of Families for Children's Mental Health — a grassroots coalition of family and advocacy organizations dedicated to: Improving services for children with mental health needs and their families and building a network of information and support for families across Maryland. www.mdcoalition.org, 410-730-8267, Toll Free 1-888-607-3637

The Maryland State Bar Association. School Law in Maryland: Educational Rights of Children with Special Needs. http://www.msba.org/departments/commpubl/publications/brochures/educationrights.htm

The Parental Advocate site is dedicated to helping parents and concerned family members to understand the Special Education system, the laws governing services for Special Education and IEPs for their children, and how to obtain the services a child requires.
http://www.theparentaladvocate.com/
What is a 504 plan?
http://www.theparentaladvocate.com/what-is-a-504-plan.htm
Sample 504 plan: http://www.theparentaladvocate.com/sample-504-plan.htm

The Parent's Place of Maryland, Inc.
www.ppmd.org 410-768-9100

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

The Children's Mental Health Matters! Awareness Campaign is a collaboration of The MD Coalition of Families for Children's Mental Health (MD Coalition), the Mental Health Association of MD (MHAMD), the MD Mental Hygiene Administration and the MD Mental Health Transformation Office to raise public awareness of the importance of children's mental health. For more information please call the MD Coalition at 410-730-8267, MHAMD at 410-235-1178 or visit www.childrensmentalhealthmatters.org.

Children's Mental Health Matters!

Facts for Families

Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents

Definition

Attention-deficit/hyperactivity disorder (ADHD) is characterized by *developmentally inappropriate* levels of:

- Inattention (trouble focusing, getting distracted, trouble paying attention, making careless mistakes, losing things, trouble following through on things, poor organization, doesn't seem to be listening)
- Impulsivity (acting without thinking, interrupting, intruding, talking excessively, difficulty waiting for turns)
- Hyperactivity (trouble sitting still, fidgeting, feeling restless, difficulty engaging in quiet activities)

ADHD is a neurobiological disorder that affects three to seven percent of school-age children. Until relatively recently, it was believed that children outgrew ADHD in adolescence as hyperactivity often lessens during the teen years. However, it is now known that ADHD nearly always persists from childhood through adolescence and that many symptoms continue into adulthood. In fact, current research reflects rates of roughly two to four percent among adults.

There are three types of ADHD:

- ADHD Combined Type (Classic ADHD) - trouble with inattention, hyperactivity and impulsivity
- ADHD Predominately Inattentive Type - trouble with attention, sluggish; most common type, often picked up later than the other types
- ADHD Predominately Hyperactive Impulsive Type - trouble with impulsivity and hyperactivity; occurs more often in younger children

Why do we care?

Although individuals with this disorder can be very successful in life, without proper identification and treatment, ADHD may have serious consequences, including school failure, family stress and disruption, depression, problems with relationships, substance abuse, delinquency, risk for accidental injuries and job failure. Additionally, at least two thirds of individuals with ADHD have another co-existing condition, such as learning problems, anxiety or behavior problems. Early identification and treatment are extremely important.

What can we do about it?

Take your child or adolescent for an evaluation if ADHD is suspected. There are several types of professionals who can diagnose ADHD, including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians.

Once diagnosed, ADHD in children often requires a " multimodal" comprehensive approach to treatment which includes:

- Parent and child education about diagnosis and treatment
- Behavior management techniques
- Medication
- School programming and supports

Specific strategies to use at home include:

- Setting up a daily school/home note system with your child's teachers
- Being consistent
- Having set rules and consequences
- Using praise and rewards frequently
- Setting up a reward system at home
- Identifying a homework buddy or tutor to help with homework
- Learning as much as you can about ADHD so you can be a strong advocate .
  - Taking a course on ADHD taught by a parent with a child with ADHD can be very helpful. To find one near you, go to http://www.chadd.org/parent2parent/index.htm
- Identifying a mental health professional who can help you to set up a behavioral management program

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Facts for Families

Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents Continued

- Asking your therapist to improve social relationships by:
  - Systematic teaching of social skills in a social skills group
  - Teaching social problem solving
  - Teaching other behavioral skills often considered important by children, such as sports skills and board game rules
  - Decreasing undesirable and antisocial behaviors
  - Helping your child in developing a close friendship

Resources/Links

ADHD Parents Medication Guide: http://www.parentsmedguide.org/ParentGuide_English.pdf

ADHD: What Parents Need to Know
http://www.med.umich.edu/1libr/yourchild/adhd.htm

ADHD.com
A website providing parents and caregivers with information and tools regarding ADHD http://www.adhd.com/parents/parents.jsp

Center for Children and Families, University of Buffalo
Free downloadable forms and resources for clinicians, caregivers and educators working with children ADHD
http://ccf.buffalo.edu/resources_downloads.php

Directory of PTIs and CPRCs
The USDE funded Technical Assistance Alliance for Parent Centers (the Alliance) coordinates Parent Training Centers (PTIs) and Community Parent Resource Centers (CPRCs) which serve families of children and young adults with all disabilities from birth to age 22 in each state. http://www.taalliance.org/centers/index.htm

Identifying and Treating Attention-Deficit/Hyperactivity Disorder: A Resource for School and Home This (USDE) resource guide is designed for families and educators and provides information on the identification of AD/HD and educational services for children with AD/HD.
http://www.ed.gov/teachers/needs/speced/adhd/adhd-resource-pt1.pdf

National Resource Center on AD/HD
A Program of CHADD, funded through a cooperative agreement with the Centers for Disease Control and Prevention.
http://www.help4adhd.org/index.cfm

What Is ADHD?: http://www.kidshealth.org/parent/emotions/behavior/adhd.html
Medline Plus - Attention Deficit Hyperactivity Disorder: http://www.nlm.nih.gov/medlineplus/attentiondeficithyperactivitydisorder.html

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Strategies to Deal with Aggressive Children

Definition

Aggressive behavior is reactionary and impulsive behavior that often results in breaking household rules or the law; aggressive behavior is violent and unpredictable.

Why Do We Care?

- Children may go through a brief period of aggressive behavior if they are worried, tired, or stressed. If the behavior continues for more than a few weeks, parents should talk to the pediatrician. If it becomes a daily pattern for more than three to six months, it could be a serious problem.
- When children lose their sense of connection to others, they may feel tense, frightened, or isolated. These are the times when they may unintentionally lash out at other children, even children to whom they are close.

What Do We Do About It?

- Parents can control the aggressive child in various ways. They should intervene quickly but calmly to interrupt the aggression and prevent their child from hurting another child. Younger children may need a time-out to calm down and before rejoining a group. Simple rules about appropriate behavior are easier for a child to understand than lengthy explanations. Parents can affirm feelings while stressing that all feelings cannot be acted upon.
- Parents can reach older children with eye contact, a stern voice, and appropriate physical contact, such as placing a hand gently on the shoulder. Older children can be told that they need to learn a better way to handle conflicts. Parents can suggest that, for instance, the child ask an adult to intervene before lashing out at a classmate. Any disciplinary measures should be explained as a simple consequence to the child's aggression.
- When parents arrive after conflict occurs, it may be useful to listen to the child's explanation. Having a parent listen can encourage the child to develop trust in the parent.
- Parents should not expect the aggressive child to be reasonable when he or she is upset. The child may need time to calm down. Sometimes the child may feel trapped and may need adult support. Parents should encourage the aggressive child to come to them when they are upset, hopefully before violence occurs.

(Copied from Health of Children, Aggressive Behavior: Provide definitions, prevention strategies, and parent concerns. http://www.healthofchildren.com/A/Aggressive-Behavior.html)

Resources/Links

Aggressive Behavior
Provides definitions, prevention strategies, and parent concerns: http://www.healthofchildren.com/A/Aggressive-Behavior.html

American Academy of Adolescent and Child Psychiatry - Understanding Violent Behavior in Children:
http://www.aacap.org/cs/root/facts_for_families/understanding_violent_behavior_in_children_and_adolescents

Hand in Hand helps parents acquire the skills they need to build and rebuild close connections with their children. http://www.handinhandparenting.org/

Magellan Health Services, Aggression and Cooperation: Helping Young Children Develop Constructive Strategies
http://www.magellanassist.com/mem/library/default.asp?url=%2E%5Cwpo%5Cwpo%5F00000100%5Cwpo%5F00000101%2Ehtml&title=Aggression+and+Cooperation%3A+Helping+Young+Children+Develop+Constructive+Strategies

Retrieved from:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Anxiety Disorders in Children and Adolescents

Definition

Children and adolescents with **anxiety disorders** have extreme feelings of panic, fear, or discomfort in everyday situations. Anxiety is a normal reaction to stress. However, when the anxiety becomes excessive, irrational and/or overbearing, and an individual has difficulty functioning, it has become a disabling disorder. Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality and life events.

Affecting people of all ages, anxiety disorders are the most common type of mental health disorder in children, affecting nearly 13 percent of young people[1] and 40 million American adults. Overall, nearly one quarter of the population will experience an anxiety disorder over the course of their lifetimes[2].

There are several common types of anxiety disorders that could affect children and adolescents:

- Panic Disorders
  - Characterized by unpredictable panic attacks. Common symptoms are: heart palpitations, shortness of breath, dizziness and anxiety. These symptoms are often confused with those of a heart attack.
- Specific Phobias
  - Intense fear reaction to a specific object or situation (such as spiders, dogs or heights) which often leads to avoidance behavior. The level of fear is usually inappropriate to the situation and is recognized by the sufferer as being irrational.
- Social Phobia
  - Extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule and may lead to avoidance behavior.
- Separation Anxiety Disorder
  - Intense anxiety associated with being away from caregivers, results in youth clinging to parents or refusing to do daily activities such as going to school.
- Obsessive-Compulsive Disorder (OCD)
  - Individuals are plagued by persistent, recurring thoughts (obsessions) and engage in compulsive ritualistic behaviors in order to reduce the anxiety associated with these obsessions (e.g. constant hand washing).
- Post-Traumatic Stress Disorder (PTSD)
  - PTSD can follow an exposure to a traumatic event such as natural disasters, sexual or physical assaults, or the death of a loved one. Three main symptoms are: reliving of the traumatic event, avoidance behaviors and emotional numbing, and physiological arousal such as difficulty sleeping, irritability or poor concentration.
- Generalized Anxiety Disorder (GAD)
  - Experiencing six months or more of persistent, irrational and extreme worry, causing insomnia, headaches and irritability.

Why do we care?

Although children and adolescents with anxiety are capable of leading healthy successful lives, left undiagnosed, youth with anxiety disorders can fail in school, increase family stress and disruption, and have problems making or keeping friends. To avoid these harmful consequences, early identification and treatment are essential.

What can we do about it?

- **Take your child to a mental health care professional if an anxiety disorder is suspected.**
  - Consult with teachers first so that specific school-related academic and social issues can be addressed.

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Facts for Families

Anxiety Disorders in Children and Adolescents Continued

- **Once diagnosed, caregivers should consult with the health care expert on how best to provide for the child's needs, which may include:**
  - Ensuring the child receives their medication on schedule.
  - Practicing relaxation techniques at home as recommended by the clinician.
  - Learning about your child's anxiety disorder so that you can be their advocate.
  - Consulting with teachers and school psychologists so that the child's special needs can be meet in school.
- **Specific strategies that can be used at home include:**
  - Be predictable.
  - Provide support and comfort, remembering to encourage all of the child's efforts.
  - Never ridicule or criticize the child for becoming anxious. Although there may be no logical danger, these feelings are real to the child.
  - While avoiding coercion, it is important not to enable the child in avoiding their fears. This can be accomplished by breaking up large tasks into smaller, more manageable steps.
  - Avoid constantly reaffirming to your children that everything will be okay. It is important that they learn that they are capable of reassuring themselves and devise ways to do so.
  - Do not attempt to eliminate all anxious situations for your child. Children with anxiety disorders must learn that it is normal to experience some anxiety.
  - Create a mutual plan with the child to address their needs, letting the youth set the pace for their recovery.

[1]http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0007/default.asp#8
[2]http://www.freedomfromfear.org/aanx_factsheet.asp?id=10

Resources/Links

Anxiety Disorders Association of America assists those with anxiety disorders with finding a therapist, understanding their disorder and treatment recommendations, and offers inspirational stories and support groups. It has a special section devoted to children and adolescents. http://www.adaa.org/AboutADAA/introduction.asp

The Anxious Child – Handout for parents created by the American Academy of Child and Adolescent Psychiatry. http://www.aacap.org/publications/factsfam/anxious.htm

Bright Futures - Tips for Parenting the Anxious Child — Free handout for parents. http://www.brightfutures.org/mentalhealth/pdf/families/mc/tips.pdf

Freedom from Fear details strategies family members can use when a relative is diagnosed with an anxiety disorder. http://www.freedomfromfear.org/aanx_factsheet.asp?id=27

Massachusetts General Hospital School Psychiatry Program and MADI Resource Center provides a wealth of information on anxiety disorders, with specific information on symptoms, treatments, and interventions for families, educators and clinicians. http://www.massgeneral.org/conditions/condition.aspx?ID=33&type=Conditions

Psych Central offers anxiety screening quizzes, detailed information on the symptoms and treatment options available for anxiety disorders, and online resources such as websites, relevant book information and support groups. http://psychcentral.com/disorders/anxiety

Worry Wise Kids lists the red flags that can alert parents to each individual anxiety disorder and details the steps parents can take if they suspect their child suffers from an anxiety disorder and supplies parenting tips for helping anxious youth. http://www.worrywisekids.org

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families
Bullying and Bullying Prevention

Definition

Bullying may be physical or verbal. Teasing, ignoring or intentionally hurting another child are all types of bullying. Harassment and sexual harassment are also considered forms of bullying. Bullies may be large and aggressive, but they also could be small and cunning. Victims of bullying have poor self confidence and typically react to threats by avoiding the bully. Both bullies and their victims make up a fringe group within schools. Those children who bully want power over others. Both bullies and their victims feel insecure in school. Boys typically bully by using physical intimidation. Girls bully in a less obvious manner by using social intimidation to exclude others from peer interactions.

Why Do We Care?

When compared to their developmental peers, children who bully their peers are:

- more likely to engage in criminal activity as adults.
- less likely to do well in school.

Children who are bullied by their peers are:

- more likely to show signs of depression.
- less likely to be accepted by classmates.
- more likely to bring a weapon with them to school.

What Can We Do About It?

- Know your child's routines and pay attention to any changes to that routine. Does your child arrive home later than usual, take alternate routes to school (in order to avoid confrontation with a bully), or appear more overwhelmed or sad
- Maintain close contact with teachers to see if your child avoids certain classes or school settings. This may also help you to understand bullying.
- Empower your child by showing how much you value him/her. Spend time talking with him/her personal self-worth and the importance of sticking up for himself/herself.
- Help your child understand the difference between aggression and passive communication by showing different examples of each. Ask your school psychologist or social worker to explain the different forms of communication: aggressive (typical of bullying), passive (typical of bullying victims) and assertive (most effective means of communication).
- Discuss with your child the pitfalls of being a bully. Mention the possibility of retaliation and how it can have serious, life-threatening consequences (i.e., shootings, stabbings, etc.).
- Become familiar with the bullying prevention curriculum at your child's school. For example, in Maryland, state law requires that all public schools include a bullying prevention component within their curriculum. See Maryland State Department of Education website for more information: http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/bullying/

Resources/Links

AACAP Facts for Families - Bullying
http:www.aacap.org/publications/factsfam/80.htm.

Centre for Children and Families in the Justice System
Bullying, Information for Parents and Teachers:
http://www.lfcc.on.ca/bully.htm.

Stop Bullying Packet: http://www.kidscape.org.uk/assets/downloads/ksstopbullying.pdf.

Bullying Fact Sheet: http://www.childline.org.uk pdfs/info-bullying-parents.pdf.

The Children's Mental Health Matters! Awareness Campaign is a collaboration of The MD Coalition of Families for Children's Mental Health (MD Coalition), the Mental Health Association of MD (MHAMD), the MD Mental Hygiene Administration and the MD Mental Health Transformation Office to raise public awareness of the importance of children's mental health. For more information please call the MD Coalition at 410-730-8267, MHAMD at 410-235-1178 or visit www.childrensmentalhealthmatters.org.

Facts for Families
Bullying and Bullying Prevention Continued

Resources Continued

From the National Association of School Psychologists:

Bullying: Facts for parents and teachers by Cohen, A., & Canter, A. (2003). http://www.naspcenter.org/factsheets/bullying_fs.html.

Name calling and teasing: Strategies for parents and teachers, by Levy, B.M. (2004). http://www.naspcenter.org/pdf/name-calling%20template%209_04.pdf.

Bullies and victims: Information for parents by Sassu ,K.A., Elinoff, M.J., Bray, M.A., & Kehle, T.J. http://www.naspcenter.org/pdf/bullying%20template%209_04.pdf.

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Crisis Management in Children and Adolescents

Definition

A crisis event can happen at anytime. Crises such as a schoolyard shooting, student suicide or death of a teacher can emotionally debilitate teachers and classmates. If a family or friend has been seriously injured or killed or if a child's school or home has been damaged or a change in the environment has occurred, there is a greater chance that the child will experience difficulties coping. Whatever the circumstance, the emotional effects on children can be tremendous. These external factors have a direct effect on the child's mental and emotional feelings. This could result in the need for crisis management and intervention.

Why do we care?

When compared to their developmental peers, children in crisis:

- Have lower levels of academic performance
- Are more likely exhibit changes in behavior
- Are more likely to feel more anxious or worried than usual or more than other kids in their age group
- Are more likely to have anger or conduct problems
- Are more likely to isolate themselves from friends or family, or have a sudden, new group of friends
- Might have the inability to concentrate or daydreams a lot
- Are more likely to hurt other people, destroy property, or harm themselves
- May resort to drugs and/or alcohol to ameliorate the pain
- Are at risk for suicide

Age appropriate reactions and related symptoms associated with crisis:

- Childhood
- Sadness and crying
- School avoidance
- Physical complaints (headache or stomach ache)
- Poor concentration
- Irritability
- Regressive behavior
- Aggressive behavior
- Anxious
- Confusion
- Withdrawal/social isolation
- Attention seeking behavior

Early Adolescence

- Withdrawal/isolation from peers
- Loss of interest in activities
- Rebelliousness
- Generalized anxiety
- School difficulty, including fighting
- Fear of personal harm
- Poor school performance
- Depression
- Concentration difficulties

Adolescence

- Anxiety and feelings of guilt
- Poor concentration and distractibility
- Psychosomatic symptoms (e.g., headaches)
- Antisocial behavior
- Agitation or decrease in energy level
- Poor school performance
- Peer problems
- Withdrawal
- Loss of interest in activities once enjoyed

When is help needed?

Help from a physician, mental health professional and/or clergy will be needed if the child or adolescent:

- Threatens or attempts suicide
- Has reactions that are so intense that they interfere with daily functioning over a prolonged period of time
- Re-experiences the trauma through flashbacks, hallucinations or, constant reenactment through play with other children
- Exhibits aggressive violent or intensely irrational behavior

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Facts for Families

Crisis Management in Children and Adolescents Continued

- Excessively uses alcohol and/or drugs

What can we do about it?

Parents play a critical role in helping children cope with crises.

- **Be available.** Make yourself available to your child in their time of need without interruption.
- **Cancel other activities**. If you had other scheduled tasks or duties during the time of your child's crisis, postpone them to address the child's immediate needs.
- **Use of open communication.** It is important that you talk with your child openly and honestly. Use of support and positive reinforcement so your children know they can ask any question on any topic freely and without fear of consequences.
- **In explaining why you are concerned, be honest and straightforward.** If you have serious concerns about your child's behavior or emotional state, be honest with them and use examples to help them understand why you are concerned.
- **Listen.** Do not interrupt, do not argue, just listen. Let your child express the problem from their perspective, ask them how they want to solve it together, give then a chance to find solutions alone or together with you.
- **Ask teachers and school clinicians about available crisis intervention resources in the community.** Familiarize yourself with services within the community that offer crisis intervention services after traditional hours. You will need to keep in touch with your child's teacher to monitor his/her academic performance.
- **Encourage talking.** Children feel better when they talk about their feelings. Children will talk at their own pace. You need to be able to feel comfortable talking to them, as they are ready.
- **Hold family meetings.** Keep the meetings lively, but controlled, so children learn that conflicts can be settled creatively and without violence or fear.
- **Provide reassurance.** Your child needs constant reassurance that things will get better and that things will improve in the long-term. Reassure your child that you will continue to be there for and that you will see him/her through this crisis.
- **Monitor your child.** You will need to monitor the adjustment of your child and spend additional individualized time with your child.
- **Set routines.** Try to keep usual routines (e.g., meal times, activities and bedtimes) as close to normal as possible. This allows a child to feel more secure and in control.
- **Special needs.** Allow your child to be more dependent on you for a period of time (e.g., keeping light on at night, sleeping with parents, offering more hugs).
- **Lessen media coverage.** Turn off media coverage regarding incidents because it can often be exaggerated or show the most severe scenes/pictures which can trigger stress-related symptoms/reliving the event.
- **Accept feelings.** Your acceptance of your child's feelings will make a difference in how your child recovers from the trauma.

Resources/Links

National Association of School Psychologists
Depression in adolescents: When it really hurts to be a teenager. Helping Children at Home and School II: Handouts for Families and Educators by Cash, R. (2004). http://www.nasponline.org/resources/intonline/depression.pdf

National Center for PTSD
PTSD in children and adolescents by Hamblen, J. (2002). http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html

National Alliance on Mental Illness
Family guide: What families should know about adolescent depression and treatment options. http://www.nami.org/Content/ContentGroups/CAAC/Family_Guide_final.pdf

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families
Cultural Competence

Definition
A culturally competent clinician is knowledgeable in understanding, approaching and treating the problems of culturally diverse groups. They have an awareness of the assumptions and values they hold that influence their work with clients and are able to provide effective services that are respectful of their client's race, ethnicity, social class, religion or faith, and sexual orientation.

Why Do We Care?
The cultural differences that exist between patient and therapist are often numerous (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status, age, educational level, religion and language). Clinicians who are culturally competent are able to provide more effective services by providing accurate diagnoses and identifying appropriate treatment approaches. Research indicates that when clinicians are culturally competent their clients are less likely to drop out of treatment and are more satisfied with the services that are provided.

What Can We Do About It?
When seeking mental health services for your children or yourself, consider:

- Does the professional have experience working with someone of your race, ethnicity, religion and/or sexual orientation?
- Is the professional sensitive to your cultural differences and does he/she demonstrate an awareness of your cultural norms?
- Does the professional have an appreciation for learning more about your culture?
- Does the professional respect your beliefs and values?
- Has your culture been taken into account in the development of the plans and goals for treatment?
- Do you and your children feel accepted and valued by the professional?

Resources/Links
The CMHS Mental Health Services Locator website provides comprehensive information about mental health services and resources. You can find treatment facilities and support services, as well as consumer, family, and advocacy organizations. http://www.mentalhealth.samhsa.gov/databases/

Mental Health: Culture, Race, and Ethnicity
A Supplement to Mental Health: A Report of the Surgeon General. Documents the disparities in access, quality and availability of mental health services for ethnic minorities and proposes recommendations for improvement. http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf

National Standards for Culturally and Linguistically Appropriate Services in Health Care: A Final Report, published by The Office of Minority Health of the U.S. Department of Health and Human Services. Outlines standards that should be implemented in organizations to ensure culturally and linguistically appropriate services for ethnic minorities, which can aid in the elimination of disparities in health care. http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf

The New Freedom Commission on Mental Health Subcommittee on Cultural Competence — report addressing disparities in health care, the role of culture in service delivery, and making several policy recommendations for improving the health care system. http://www.mentalhealthcommission.gov/subcommittee/CulturalCompetence_013103.doc

What is Cultural Competency? U.S. Department of Health and Human Services—The Office of Minority Health. http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11

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Children's Mental Health Matters!

Facts for Families
Oppositional and Defiant Children

Definition
All children are oppositional from time to time, especially if they are tired, upset, or stressed. They may argue and talk back to teachers, parents, and other adults. Oppositional behavior is a normal part of development for toddlers and early adolescents. However, oppositional behavior becomes a serious concern when it is so frequent that it stands out when compared with other children of the same age.

Students with Oppositional Defiant Disorder (ODD) show a pattern of negative, hostile and defiant behavior that lasts at least six months and impairs their ability to interact with caregivers, teachers and classmates. During this time period, the child or adolescent may often lose their temper, actively defy adults, and appear spiteful. Other symptoms may include frequent temper tantrums, blaming others for his or her mistakes or misbehavior, and being easily annoyed by others.

Why do we care?
Five to 15 percent of school-age children have ODD. When compared to their peers, children with ODD are more likely to have difficulties with academic performance and may engage in risky behaviors, including criminal activities and substance use. Without intervention, children with ODD are more likely to develop other problems including a conduct disorder, which involves a range of behaviors that include destruction of property, aggression towards people and animals, lying, stealing and serious violation of rules.

What can we do about it?
- **Take your child or adolescent for an evaluation if ODD is suspected.** There are several types of professionals who can diagnose ODD, including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, psychiatrists and pediatricians.
- **Specific strategies to use at home include:**
  - Setting up a daily school-home note system with your child's teacher(s)
  - Being consistent
  - Having set rules and consequences
  - Using praise and rewards frequently
  - Setting up a reward system at home
  - Identifying a homework buddy or tutor to help with homework
  - Identifying a mental health professional who can help you to set up a behavioral management program
  - Asking your therapist to improve social relationships by:
    - systematic teaching of social skills in a social skills group
    - teaching social problem solving
    - teaching other behavioral skills often considered important by children, such as sports skills and board game rules
    - decreasing undesirable and antisocial behaviors
    - helping your child in developing a close friendship

Resources/Links
AACAP Oppositional Defiant Disorder: http://www.aacap.org/publications/factsfam/72.htm.
Conduct Disorder: http://www.aacap.org/publications/factsfam/conduct.htm.
Violent Behavior: http://www.aacap.org/publications/factsfam/behavior.htm.

Mental Health America is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives.
www.mentalhealthamerica.net
Fact Sheet on Conduct Disorder: http://www.mentalhealthamerica.net/go/conduct-disorder

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Facts for Families

Oppositional and Defiant Children Continued

Oppositional Defiant Disorder and Conduct Disorder in Children and Adolescents: Diagnoses and Treatment by Dr. Jim Chandler.
http://jamesdauntchandler.tripod.com/ODD_CD/oddcdpamphlet.pdf

The Mayo Clinic discusses everything from the definition of ODD to lifestyle and home remedies to help change behaviors association with the disorder.
http://www.mayoclinic.com/health/oppositional-defiant-disorder/DS00630

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Depression in Children and Adolescents

Definition

Children with symptoms of depression show behaviors that cause problems in getting along with others and difficulties in school. The symptoms may include being irritable or grouchy, losing interest in daily activities, losing interest in friends, complaints about feeling ill (especially stomach and head aches), and doing poorly in school.

Why do we care?

When compared to their developmental peers children who display symptoms of depression:

- Have lower levels of academic performance.
- Are more likely to attempt suicide.
- Are more likely to have unprotected sex.
- Are more likely to abuse substances.

What can we do about it?

- **Actively observe your child's behavior around the house.** Consider how and where your children spend their time – in their room alone, outside with peers, in front of the television.
- **Think about the factors at home that may contribute to the child's symptoms of depression.** Write these down on a piece of paper and bring them with you when meeting with school staff.
- **Learn how to identify "cries for help" from children and adolescents with depression.** Know when your child needs immediate attention from you or a specialist.
- **Ask teachers and school clinicians about available resources in the community.** Attempt to enroll your child in a recreational league or youth organization that utilizes their strengths and talents.
- **Seek a specialist's opinion of psychiatric treatments for depression.** Visit the library to read more about the different types of medicine prescribed for depression.

Resources/Links

AACAP Facts for Families
The Depressed Child: http://www.aacap.org/publications/factsfam/depressd.htm
Children and Grief: http://www.aacap.org/publications/factsfam/grief.htm
Teen Suicide: http://www.aacap.org/publications/factsfam/suicide.htm
Psychotherapies for Children and Adolescents: http://www.aacap.org/publications/factsfam/86.htm
Psychiatric Medications for Children and Adolescents: How Medications are Used: http://www.aacap.org/publications/factsfam/psychmed.htm
Psychiatric Medications for Children and Adolescents Types of Medications: http://www.aacap.org/publications/factsfam/29.htm
Psychiatric Medications for Children and Adolescents: Questions to Ask: http://www.aacap.org/publications/factsfam/medquest.htm

National Alliance on Mental Illness
Family guide: What families should know about adolescent depression and treatment options. http://www.nami.org/Content/ContentGroups/CAAC/Family_Guide_final.pdf

National Association of School Psychologists
Depression in Children and Adolescents: Information for Families and Educators. http://www.nasponline.org/resources/handouts/social%20template.pdf
Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I: Tips for Parents and Schools http://www.nasponline.org/resources/crisis_safety/suicidept1_general.aspx
When it hurts to be a teenager. Principal Leadership Magazine, Cash, R. (2004). 4(2). http://www.nasponline.org/resources/principals/nassp_depression.aspx

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Children's Mental Health Matters!

Facts for Families
Eating Disorders in Children and Adolescents

Definition

An *Eating Disorder* is a psychological condition that manifests itself in unhealthy eating habits. There are four diagnoses which are characterized by specific behaviors exhibited by the individual. Two primary behaviors are *Binging*, the consumption of a large amount of food in a short period of time, and *Purging* or self-induced vomiting. Misuse of laxative, diet pills, or water pills are also considered purging.

Bulimia Nervosa is the most common of the four diagnoses. It is characterized by a preoccupation with food and weight, binging and a compensation for binging by purging, excessive exercise or fasting. This pattern is accompanied by shame and secrecy.

Anorexia Nervosa is characterized by a refusal to maintain a normal weight for one's height, body type, age, and activity level; intense fear of becoming "fat" or gaining weight (extreme concern over one's weight); body image misperception; and loss of menstrual periods in females.

Binge Eating Disorder is characterized by binging, feelings of shame and self-hatred associated with binging, but no compensatory behavior such as purging.

Eating Disorders Not Otherwise Specified covers all maladaptive eating behaviors that do not fit into the above diagnoses. Examples include: restricting food intake, meeting some but not all of the requirements for the above diagnoses, chewing food and spitting it out, or binging and purging irregularly.

Why do we care?

- Of the currently more than 10 million Americans afflicted with eating disorders, 90 percent are children and adolescents.
- The average age of eating disorders onset has dropped from 13-17 to 9-12.
- The number of males with eating disorders has doubled during the past decade.

Children with an eating disorder may:

- Exhibit low-self esteem and a poor body image.
- Be prone to mood swings, perfectionism and depression.
- Suffer from many physical problems such as:
  - Excessive weight loss
  - Irregularity or absence of menstruation in females
  - Hair loss
  - Severe digestive system problems
  - Damaged vital organs
  - Tooth and gum problems
  - Swollen salivary glands due to induced vomiting
  - General malnutrition
  - Dehydration
  - Thinning of the bones resulting in osteoporosis or osteopenia
- Struggle in their relationships with their family and friends.
- Perform poorly in their academic performance.
- Jeopardize their overall health, including both physical and psychological health, with their unhealthy eating habits.
- Achieve less than desired performance in their academic school work.
- Suffer from other psychiatric disorders such as depression, anxiety, obsessive compulsive disorder, and alcohol and drug dependencies.

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Facts for Families

Eating Disorders in Children and Adolescents Continued

What can we do about it?

- **Build children's self-esteem based on their positive traits.** Be as supportive and encouraging as you can in raising children. Also, always try to highlight the positive points of their personalities and praise them for their good behaviors.
- **Serve as a healthy role model for your children.** Do not diet. The key to developing a healthy life style is to practice moderation both in eating and exercising.
- **Construct a healthy relationship with food.** Make meal time a fun time by gathering all family members together and enjoying a variety of healthy foods. Never turn meal time into a power struggle between you and your child by rewarding or punishing him/her for his/her behavior with food.
- **Teach your children to respect differences in body structure and feel good about their appearances.** Parents should avoid labeling their children regarding their weight, and they should steer clear of commenting about other people's weight and appearance as an indictor of their character and personality. Not all people should resemble the thin models and movie stars that are portrayed in the media, so parents need to teach children that everyone is born with a unique body shape which is mostly influenced by heredity.
- **Watch for warning signs.** If you notice a change in your child's dietary behavior such as anxiety around mealtime, avoidance of social situations involving food, food rituals, visiting the bathroom soon after meals, rapid fluctuation in weight, overeating or hoarding, it is a good idea to seek the advice of a therapist or doctor.
- **Take care of yourself.** A battle with an eating disorder can be long and difficult, especially for parents. Do not blame yourself. If you begin to feel overwhelmed, it is wise to seek professional help. Remember, you cannot help your child without being healthy yourself.

Resources/Links

Academy for Eating Disorders
About eating disorders/diagnoses and more specifically, eating disorder diagnoses - http://www.aedweb.org/ http://www.aedweb.org/eating_disorders/diagnoses.cfm

American Academy of Child & Adolescent Psychiatry
Facts for families with teenagers with eating disorders - http://www.aacap.org/publications/factsfam/eating.htm

American Psychiatric Association
Let's Talk Facts about Eating Disorders - http://www.healthyminds.org/multimedia/eatingdisorders.pdf
Common Questions about Eating Disorders http://healthyminds.org/expertopinion9.cfm

Dying to be Thin investigates the causes, complexities, and treatments for the eating disorders anorexia nervosa and bulimia nervosa. PBS also provides a teacher's guide to the film and activities to do in the classroom. This film is accessible at: http://www.pbs.org/wgbh/nova/thin/

Facts About Eating Disorders and the Search for Solutions - http://www.nimh.nih.gov/publicat/eatingdisorders.cfm

The Empowered Parents website — useful resource for statistics, articles and treatment/coping strategies for parents of children with eating disorders; includes a site for kids and letters from other parents who have questions about eating disorders. http://www.empoweredparents.com/

KidsHealth for Parents
http://www.kidshealth.org/parent/nutrition_fit/nutrition/eating_disorders.html

National Association of Anorexia Nervosa and Associated Disorders
http://www.anad.org

National Eating Disorders Association
Ten Things Parents Can Do to Prevent Eating Disorders
http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41171

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Family Involvement in School-Based Mental Health

Definition

Families who are well informed and supported are able to be stronger advocates for their children with mental health needs. Families who understand their own child's specific needs can assist school staff in developing the best strategies for classroom success. With family advocacy groups providing support, families can give one another coping skills and the benefit of their own experiences. Educators and school mental health providers who understand that families generally are the ones most knowledgeable about their own children will be more likely to find a returned respect and spirit of collaboration.

Why Do We Care?

- Informed families are in a better position to help their children
- Positive family and staff interaction help to achieve overall positive school climate
- Children have more school success when families are involved in their education
- Schools with strong family involvement see greater student achievement
- School staff and families who work collaboratively for a student will be more likely to have student cooperation

What Can We Do About It?

- Join advocacy and support groups for families
- Educate yourself about mental health diagnoses in children and adolescents
- Join PTA and other school committees
- Work in a spirit of mutual respect and cooperation with school staff to ensure success for your child in school
- Learn more about PBIS (Positive Behavior Intervention and Support) programs or other positive school programs in your child's school
- Continue involvement into the middle and high school years
- Continue to advocate, in a positive frame of mind, even when things do not go the way you would hope

Resources/Links

Maryland Coalition of Families for Children's Mental Health — a grassroots coalition of family and advocacy organizations dedicated to:
Improving services for children with mental health needs and their families and building a network of information and support for families across Maryland.
www.mdcoalition.org, 410-730-8267, Toll Free 1-888-607-3637

Mental Health Association of Maryland — Since 1915, the Mental Health Association of Maryland (MHAMD) has been a leader in progressive programs resulting in more effective treatment, improved outcomes for individuals, increased research and greater public understanding of the needs of children and adults living with mental illness.
http://www.mhamd.org/ 410-235-1178, Toll Free 1-800-572-MHAM (6426)

NAMI Maryland – an advocacy organization for family and friends of people with serious mental illness, and people who have a mental illness.
http://md.nami.org/ 410-863-0470, Toll Free Helpline 1-800-467-0075

Learning Disabilities Association of Maryland – promotes awareness and provides support to maximize the quality of life for individuals and families affected by learning and other disabilities.
www.ldamd.org

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Facts for Families

Family Involvement in School-Based Mental Health Continued

CHADD/Children and Adults with Attention-Deficit/ Hyperactive Disorder Maryland Chapters — is the nation's leading non-profit organization serving individuals with AD/HD and their families. Local chapters are in Baltimore City and Anne Arundel, Baltimore, Harford, Howard, and Montgomery Counties. http://www.chadd-mc.org/

American Academy of Child and Adolescent Psychiatry Facts for Families provides concise and up-to-date information on issues that affect children, teenagers and their families. http://aacap.org/cs/root/facts_for_families/facts_for_families

National Mental Health Information Center, SAMHSA Health Information Network— provides information on a multitude of topics. http://www.mentalhealth.samhsa.gov/

Reference

Partnering with families in expanded school mental health programs. Lowie, J. A., Lever, N. A., Ambrose, M. G., Tager, S. B., & Hill, S. (2003). In M. D. Weist, S. W. Evans, N.

Handbook of School Mental Health: Advancing Practice and Research. A. Lever (Eds.) pp. 135-147. Kluwer Academic/Plenum Publishers: New York, NY.

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Gay, Lesbian, Bisexual and Transgender Youth

Definitions

GLBT/LGBT is a collective term to refer to Lesbian, Gay, Bisexual and Transgender people.

A **lesbian** is a female who is exclusively emotionally, sexually, romantically and/or aesthetically attracted to other females.

The term **gay** is used to refer to same-sex sexual orientation (both male and female).

The term **bisexual** is the human sexual orientation that refers to the aesthetic, romantic or sexual desire for people of either gender or of either sex.

Transgender is an overarching term applied to a variety of individuals, behaviors and groups involving tendencies that diverge from the normative gender role (women or men) commonly, but not always, assigned at birth, as well as the role traditionally held by society.

The process of "**coming out**" describes the voluntary public announcement of one's (often homosexual or bisexual) sexual orientation, sexual attractions, or gender identity.

- "**Being out**" is when an individual does not try to hide these characteristics.
- "**Being outed**" occurs when these characteristics are made public against one's wishes or against one's consent.

If an individual is said to be "**questioning**," it most often means that they are going through a phase of exploration and possible transition regarding his/her sexual orientation. Another definition is that the "**questioning**" period is the initial phase prior to "coming out."

Homophobia is the fear of, aversion to, or discrimination against homosexuality or homosexuals. It can also mean hatred or disapproval of homosexual people, their lifestyles, sexual behaviors or cultures, and is generally used to assert bigotry.

Why do we care?

GLBT students:

- Are far more likely to skip classes and drop out of school.
- Are at a higher risk for substance abuse.
- Are subjected to harassment, violent threats, physical/sexual assault, slurs, insults, and jokes (the average high school student hears 25 anti-gay slurs daily).
- Are more prone to depression and loneliness.
- Attempt suicide 2 to 3 times more frequently than their heterosexual peers.

What can you do about it?

- **Get your questions answered.** There are many books, articles and internet resources on the topic of GLBT youth. In addition, support groups are available for parents and family members of GLBT youth, and can offer support and education.
- **If homosexuality is a difficult topic,** consider therapy. Many parents blame themselves or feel ashamed. Support groups are available to share experiences with other parents of GLBT youth.
- **Be sensitive to language and jokes**. Don't allow discriminatory behavior to occur in your child's presence.
- **Ask your child about their experiences in school**. Ensure that they are in a safe place. Schools can be a big source of difficulty for GLBT youth. Identify faculty and staff that are allies and can provide a positive atmosphere for your child while s/he is at school.
- **Get involved in the GLBT community.** Support organizations that take a stand against discrimination. Help your child feel proud of who they are, attend meetings and celebrations with them to show your support.

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Facts for Families

Gay, Lesbian, Bisexual and Transgender Youth Continued

Resources/Links

Resource for parents whose child has recently come out: http://www.bidstrup.com/parents.htm
The author of this site is willing to speak directly with parents regarding GLBT issues.

PFLAG has dedicated itself to provide support, education and advocacy for GLBT individuals and those close to them.
www.pflag.org

Brochure for parents of GLBT Youth includes commonly asked questions, addresses concerns that many parents have, stories from other parents, as well as positive religious outlooks on homosexuality:
www.outproud.org/brochure_for_parents.html

This site has useful information including common myths, and statistics regarding GBLT individuals.
www.gayfamilysupport.com

http://members.tripod.com/~twood/guide.html is a resource guide for different strategies to keep schools safe for GLBT students.

http://www.lambda.org/youth.htm is a website designed specifically for GLBT youth. It includes information about how to handle bullying and discrimination as well as safe places and activities for GLBT youth.

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families
Grief and Bereavement in Children

Definition

Grief is the normal process when there is a death or a loss, such as a divorce. Grief may produce physical, mental, social or emotional reactions. Physical reactions can include changes in appetite, physical problems such as headaches or stomachaches, sleeping problems and illness. Mental reactions can include anger, guilt, sadness, worry and despair. Social reactions can include withdrawal from normal activities and the need to be near others or to be apart from others. Grief processes also depend on the situation surrounding the death or loss, the relationship with the person who died and the person's attachment to that person.

Bereavement is the period after a loss during which grief is experienced. The time of bereavement depends on several factors including a person's attachment to the person or thing that was lost and the amount of time spent anticipating the loss.

Why Do We Care?

The way in which children are communicated with and managed at the time of a loss will affect how they are able to grieve at the time and how they manage loss in the future. Students are often confronted with both natural death and death through unnatural means such as murder or suicide. The media constantly brings this issue to life for children, and they need an outlet to deal with the grief of unsettling images and thoughts.

Children who grieve may display many symptoms that impact their functioning including:

Young children

- Bedwetting
- Thumb sucking
- Clinging to adults
- Exaggerated fears
- Excessive crying
- Temper tantrums

Older children

- Physical symptoms (headaches, stomachaches, sleeping and eating problems)
- Mood swings
- Feelings of helplessness and hopelessness
- Increase in risk-taking and self-destructive behaviors
- Anger, aggression, fighting, oppositional behavior
- Withdrawal from adults and/or peers
- Depression, sadness
- Lack of concentration and attention

What Can We Do About It?

- **Provide a structured environment that is predictable and consistent.** Limit choices; introduce small, manageable choices over time.
- **Contain "acting out" behavior.** Insist that children express their wants, needs, and feelings with words, not by acting out. This is also true for teens, who have a tendency to act out in anger rather than expressing how they feel directly.
- **Encourage children to let you know when they are worried** or having a difficult time. Crying can be very cathartic.
- **Let your child know that she/he is safe.** Often when children are exposed to trauma they worry about their own safety and the safety of their family members. It is a good idea to keep them from seeing too many pictures of the event.
- **Encourage children to ask questions about loss and death**. Children often have many questions about death and may need to ask them again and again. Be patient and answer these questions as openly and honestly as possible. Talk to your child about death in a way she/he can understand.
- **Give the child affection and nurturing**. Attempt to connect with them.
- **Help your child maintain a routine**. It is helpful for your child to continue with daily activities. Ensuring that she/he is sleeping enough and eating healthily helps to maintain a clear head.
- **Be patient with regressive behaviors** such as thumb sucking and bed wetting.

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Facts for Families

Grief and Bereavement in Children Continued

- **Put together a memory book.** This is a good exercise to help your child experience his/her emotions in a positive way.
- **Be aware of your own need to grieve.** Parents have often experienced the same loss as their children, and should allow themselves to experience grief and get support.

Resources/Links

American Academy of Child and Adolescent Physciatry (AACAP): http://www.aacap.org
Children and Grief: http://www.aacap.org/publications/factsfam/grief.htm
Children's Sleep Problems: http://www.aacap.org/publications/factsfam/sleep.htm
Helping Children after a Disaster: http://www.aacap.org/publications/factsfam/disaster.htm

The Dougy Center for Grieving Children and Families
http://www.dougy.org/

Beyond Indigo
www.beyondindigo.com is a great resource for all individuals going through any type of grieving, specifically:
A list of storybooks for younger children about death and loss — http://www.beyondindigo.com/articles/article.php/artID/200570
A list of books that help adults understand what grief is like for children and how to help kids cope — http://www.beyondindigo.com/articles/article.php/artID/200569
Discusses grieving in the context of the adolescent — http://www.beyondindigo.com/articles/article.php/artID/200277
A list of onsite links discussing the grieving child pertaining to terrorism, the loss of a parent/other family member, and general information — http://www.beyondindigo.com/channels/topic.php/topic/24

Illustrates how children grieve and their level of understanding per age group — http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=1662

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Medication Management in Children and Adolescents

Definition

Psychiatric medications are any medications used to treat a mental health disorder (for example, ADHD, Depression). Medications under the prescription of a treating medical professional and when taken as prescribed, along with other non-medication interventions, can be important elements in the successful treatment of psychiatric disorders. Medications can help to control symptoms, make other kinds of treatment more effective, and most importantly, may help to reduce the barriers to learning and enhance school and life success.

Some facts to know

- **Medications do not *cure* psychiatric disorders** Medications may not cure psychiatric disorders, but in many cases, along with other non-medication interventions (therapy, parent and teacher support), they can help a child or adolescent function despite continuing mental distress and difficulty coping effectively.
- **Length of treatment depends on the individual and the disorder** – Some children may only need to take medication for a set time period and then never need it again, while others may have to take medication for longer periods of time.
- **Medications may not produce the same effect in everyone** – Some children may respond better to one medication than another, often due to factors such as age, sex, body size, body chemistry, physical illnesses, diets and other treatments. Some may need larger doses versus smaller doses. Some may have side effects, while others may have no side effects. Some may experience minimal symptom relief as opposed to having complete symptom relief.
- **Good reports from families and teachers** Families and teachers often report that a combination of medication and therapy have allowed their child to participate in school much like other children, along with improved functioning at home.
- **Only used when benefits outweigh the risks** Medications should be used only when the anticipated benefits outweigh the risks.
- **It is not unusual for children/adolescents to require changes in dosages** and/or medications over time. It is important to regularly monitor the impact of medications.

Why do we care?

- Although many children and adolescents with mental health disorders can be very successful in life by utilizing non-medication interventions only (individual, group, or family therapy, parent and teacher support), medications may also be a factor that may help in the treatment of a mental health disorder or it may help to make these other forms of treatments more effective.
- Without proper identification and treatment, mental health disorders in childhood may have serious consequences, such as school failure, family conflicts, problems with relationships, problems developing social skills, substance abuse, delinquency and even risk for accidental injuries and death.
- As with any intervention, a case-by-case decision-making process is necessary depending on your child's diagnosis and individual needs. The decision to medicate should be made solely by the child's parents or caregivers, and a medical professional experienced in diagnosing and treating childhood disorders.

What can we do about it?

If you are wondering if medication can help your child or adolescent, talk to a medical professional about medication management.

What happens next: The medical professional will be able to educate you on possible medications for your child, other treatments available, the risks and potential side effects (short-term and long-term), what the research shows regarding specific medications,

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Facts for Families

Medication Management in Children and Adolescents Continued

how and when to take medication, and answer any other questions you may have. If you decide that you would like your child to try medication, then the medical professional will need to know your child's medical history, other medications being taken and life plans. Your child will then begin by taking a trial of the medication while being monitored closely by you and your medical professional.

- **Some helpful questions to ask the medical professional:**
  - What is the name of the medication, and what is it supposed to do?
  - How and when will my child take it, and when does he/she stop taking it?
  - What foods, drinks or other medications should my child avoid while taking the prescribed medications?
  - Should it be taken with food or on an empty stomach?
  - What are the side effects and what should I do if they occur?
  - Is there any written information available about the medication?
  - Does it cost anything?
  - If you decide that the school nurse should be aware that your child is on medication, be sure that she/he knows the procedures for taking this medication as well as the side effects and what to do if they should occur.
- **After your child begins medication management:**
  - Monitor your child to make sure he/she is actually taking the proper medication dosage on the correct schedule.
  - Keep in touch with the medical professional who prescribed the medication to your child. Discuss with him/her the favorable results as well as any negative side effects.
  - Active monitoring by all caretakers (parents, teachers and others who are in charge of this child) is highly recommended. However, it is up to you and your child whether to notify others about your child taking medication. It is often helpful if others are aware so as to report favorable results, any side effects and to also monitor the administration of the medication.

Resources/Links

American Academy of Child and Adolescent Psychiatry
Discusses psychiatric medication for children and adolescents, how medications are used, types of medications, and questions to ask when becoming educated on medication management. http://www.aacap.org/publications/factsfam/psychmed.htm and http://www.aacap.org/publications/factsfam/29.htm and http://www.aacap.org/publications/factsfam/medquest.htm

The Center for Health and Health Care in Schools – Psychotropic Drugs and Children: Use, Trends, and Implications for Schools — Discusses the use of psychotropic medications specific to the school population. http://www.healthinschools.org/Health-in-Schools/Health-Services/School-Health-Services/School-Health-Issues/ADD/Psychotropic-Drugs-and-Children.aspx

Children and Adults with Attention-Deficit/Hyperactive Disorder (CHADD) – This website offers information detailed information regarding AD/HD. http://www.chadd.org/

National Institute of Mental Health (NIMH)
Your Child and Medication – This article tells parents what they need to know about their child's medications. http://findarticles.com/p/articles/mi_m0651/is_2000_Feb_3/ai_70363309

NIMH – Link to a webpage/printable booklet to help consumers and families understand how and why medications can be used in treating mental health problems. Offers a children's medication chart that lists brand and generic names of medications under each of the main childhood disorders. http://www.nimh.nih.gov/health/publications/medications/complete-index.shtml

U.S. National Library of Medicine and the National Institute of Health (Medline Plus) – Offers an alphabetical list of drugs, supplements and herbal information. Provides an explanation of why this medication is prescribed, how this medicine should be used, precautions, side effects, storage conditions for the medicine, brand names and other important information. http://www.nlm.nih.gov/medlineplus/druginformation.html

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www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families
Psychological Assessment

What is Psychological Assessment?
Psychological assessment includes a clinical interview, checklists, formal psychological testing and interpretation of that testing by a qualified examiner that may be a school psychologist, social worker, counselor or other mental health clinician. Psychological testing uses standardized techniques to measure a child's or adolescent's functioning in a variety of domains. Methods used in psychological assessment:

- Caregiver/parent and student interview
- Checklists, surveys, and/or rating scales filled out by parent(s)/guardian(s), staff, and the child or adolescent.
- Behavioral observations during testing
- Standardized tests
- Subjective measures (e.g., projective techniques)

Projective techniques
Allow respondents to project their subjective or true opinions and beliefs onto other people or objects. The respondent's real feelings are then inferred from what he/she says about others. Projective techniques are normally used during individual or small group interviews. They incorporate a number of different research methods such as the Word Association Test, Sentence Completion Test and Thematic Apperception Test (TAT). Projective techniques often require the expertise of a trained psychologist to help devise the tests and interpret them correctly.

Who conducts psychological assessments?

- Licensed psychologists and neurophysiologists
- School psychologists
- Licensed mental health clinicians such as licensed clinical professional counselors or licensed social workers
- Other qualified examiners that may include school social workers and counselors.

Who can make a referral?

- Your child's teacher, therapist or doctor
- Your school's IEP team (see IEP resource guide for more information)

Why would my child be referred for an assessment?
There are many reasons your child could be referred for an assessment. You should get a full explanation from the person who is referring your child about what they are concerned about, and what decisions will be made with the testing. Some examples of possible reasons for referring for an assessment include:

- To determine areas of special need
- To determine level of developmental or cognitive functioning
- To determine patterns of strengths and weaknesses that can help in educating the child
- To determine academic placement or program eligibility
- To track progress or deterioration over time
- To identify baseline data that could be used in developing an educational, behavioral, and/or treatment plan in order to ameliorate a problem area.

Common domains assessed:

- Cognitive/intellectual (IQ or intelligence tests
- Adaptive living skills (how much your child can do for him/herself)
- Academic achievement (how much your child has learned in academic subjects such as reading, writing, and math)
- Attention, memory and learning
- Social/emotional and personality functioning
- Learning style modalities - This type of assessment is used to determine how a child best learns. For example it might indicate that a child learns best by reading listening, and/or writing information.
- Specialized assessments (ex., autism, neuropsychological evaluations)

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Facts for Families
Psychological Assessment Continued

Neuropsychological evaluations
Are comprehensive assessments of cognitive and behavioral functions using a set of standardized tests and procedures. Various mental functions are systematically tested, including, but not limited to intelligence, problem solving and conceptualization, planning and organization, attention, memory, learning, language, academic skills, perceptual and motor abilities, emotions, behavior, and personality. A neuropsychological evaluation can only be done by a psychologist who has had specialized training and experience in the field.

What are my rights if my child has a psychological assessment?
You have the right to:
- have the purpose of the testing explained to you
- to have the procedures that will be used explained to you.
- to refuse to have your child evaluated.
- to see the reports of results that come out of the assessment.
- to have the results and recommendations thoroughly explained to you.
- to refuse to share the results.

YOUR INPUT IS CRUCIAL
In order for the assessment to be complete, you should be a partner in providing information about your child or adolescent.

Resources/Links
Maryland Online IEP Demonstration Site
http://olms.cte.jhu.edu/olms/output/page.php?id=1344

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www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Families

Self-Injurious Behavior in Children and Adolescents

Definition

Children who exhibit self-injurious behavior perform deliberate and repetitive acts of injuring their own body as a way to cope with overwhelming feelings and thoughts. Some forms of self-injurious behavior include cutting, carving, scratching, burning, branding, biting, bruising, hitting, and picking and pulling skin and hair. Self-injury is a serious illness that is often accompanied by other mental health problems like depression, obsessive-compulsive disorder or anorexia nervosa.

Why do we care?

- Children who participate in self-injurious behavior have difficulty talking about their feelings.
- Children who participate in self-injurious behavior are more likely to engage in risky behavior, such as substance or alcohol abuse.
- Children who participate in self-injurious behavior usually have additional mental health problems, such as depression or post-traumatic stress disorder.

What can we do about it?

- **Acknowledge that the behavior exists.** Talk openly and non-judgmentally about the behavior to help reduce the shame and secrecy that often surrounds self-injury.
- **Be aware that most teenagers engaging in self-injurious behavior are not attempting suicide.**
- **Be cautious of punishing a child that engages in self-injurious behavior.** Punishing may increase the child's troubled emotions.
- **Be aware that the child's behavior is only a symptom of a more serious underlying problem.**
- **Seek professional assistance to treat the child.** Make certain he/she has experience in working with self-injurious behaviors and related disorders.

Resources/Links

American Academy of Child and Adolescent Psychiatry. Facts for Families No. 73. http://www.aacap.org/publications/factsfam/73.htm

Mental Health America
The country's leading nonprofit dedicated to helping ALL people live mentally healthier lives.
www.mentalhealthamerica.net
Fact Sheet on Self-Injury
http://www.mentalhealthamerica.net/go/information/get-info/self-injury

S.A.F.E Alternatives (Self-Abuse Finally Ends): http://www.selfinjury.com

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Children's Mental Health Matters!

Facts for Families

Substance Abuse in Children and Adolescents

In 2005, the National Institute on Drug Abuse found that approximately 21 percent of all 8th graders, 38 percent of all 10th graders and 50 percent of all 12th graders have tried an illegal drug. Drug use may be higher among kids who have dropped out of school. Younger students are also at risk; surveys have shown that 30 percent of 4th through 6th graders feel pressured by their peers to drink beer, 31 percent to try marijuana, and 34 percent to smoke cigarettes. Alcohol use often begins by age 13, and studies show that 80 percent of high school seniors have used alcohol. The younger kids start using drugs and alcohol, the more likely they are to develop serious problems with abuse and addiction later on. Fortunately, there are excellent resources for parents who want to prevent their kids from using drugs, and for those who believe their children are abusing drugs and alcohol and need help.

Why do we care?

Drugs and alcohol contribute to a host of problems for our children, including:

- Poor academic performance
- Memory and learning problems
- Truancy and absenteeism
- Problems with family and peer relationships and a lack of empathy for others
- A tendency to engage in other risky activities and to feel invulnerable
- An increased risk for moving on to more dangerous drugs, and developing dependency or addiction

While all children are at risk of using drugs and alcohol, the following risk factors significantly increase the chance that a child will develop a serious alcohol or drug problem:

- Having a family history of substance abuse, dependency or addiction
- Depression or low self-esteem
- Social isolation; inability to fit into the mainstream

What can we do about it?

Research has documented that family involvement and classroom-based prevention programs are the most effective means of addressing substance abuse among youth.

- **Watch for signs of substance abuse**:
  - Moodiness or irritability
  - Argumentative, disruptive, rule-breaking behavior
  - Sudden mood or personality changes
  - Low self esteem or depression
  - Poor judgment; irresponsible behavior
  - Social withdrawal; pulling away from family
  - Change in former activities or friends; general lack of interest
- **Make your home a positive place to be**. If your child perceives home as a safe, positive, welcoming place, she or he will be less likely to try to escape physically and emotionally to do drugs with friends.
- **Spend time with your children**. Show them how much you love them and are concerned about their safety and well being.
- **Educate your children about drugs and alcohol**. Try to give them information that is appropriate for their age and level of development. Younger children can be told that drugs and alcohol can hurt their bodies, while older children can benefit from information about specific drugs and their effects.
- **Think about the structure and discipline you provide**. Make sure that it is appropriate to your child's age and development, and that you consistently reinforce the behavior you expect.
- **Let your child know—directly and firmly—that you disapprove of drug and alcohol use**. Remember that you are your child's most important role model. Do not smoke, drink to excess, or use drugs yourself.

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Facts for Families

Substance Abuse in Children and Adolescents Continued

- **Try to listen** carefully to your children, and stress the importance of open, honest communication. Kids whose parents talk to them regularly about the dangers of drugs are much less likely to use drugs than kids whose parents don't have these conversations.
- **Help your child recognize his or her own feelings**, by sharing your feelings (e.g. I feel lonely), and by commenting on how your child appears to be feeling. Remember that children who can express their feelings are more likely to receive support from others, and are less likely to turn to drugs or alcohol to try to get rid of bad feelings.
- **Take care of yourself.** It is difficult to help your child if you are becoming overwhelmed. Keeping yourself healthy will also allow you to present as a healthy role model for your child.
- **Be aware of your child's friends**, as kids are most likely to use drugs and alcohol with friends (at parties, in cars, etc.).
- **Encourage your child's positive interests**. Such activities as sports, exercise, art, community service and part-time employment provide positive alternatives to using drugs, and help your child feel good about him or herself.
- **Remember that parental monitoring and supervision are critical** for drug abuse prevention. Try to be an active, consistent presence in your child's life, and let him/her know that you will do whatever it takes to ensure his/her safety and well being. Checking in with your child's teachers, coaches and other adults in their life is a good idea.
- **If you suspect that your child is using drugs**, you should voice your suspicions openly-avoiding direct accusations - when he or she is sober or straight and you're calm. This will show that your child's well-being is crucial to you and that you still love him or her, but are most concerned with what he/she is doing to him/herself. **Seeking counseling from a certified mental health professional with experience in youth and substance abuse and treatment is critical.** Meeting with school counselors and/or your family doctor can lead to the right intervention and support for your child and family.

Resources/Links

American Council for Drug Education
This is an excellent website for parents who want suggestions for talking with their kids about drugs and alcohol, and information about signs and symptoms of specific drugs: http://www.acde.org/parent/Default.htm

The AntiDrug.com, a website of the National Youth Anti-Drug Media Campaign, provides parents and caregivers with information on proven prevention strategies and information about what to do if you suspect that your adolescent is using drugs or alcohol: http://www.theantidrug.com/ei/

Building Blocks for a Healthy Future
A website developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) geared toward younger children (ages 3 to 6). With find basic information about helping your children make good choices and develop a healthy lifestyle: http://www.bblocks.samhsa.gov/family/default.aspx

Check Yourself - includes detailed descriptions of drugs, alcohol myths vs. truths, and personal stories. http://checkyourself.com

Children Now and the Kaiser Family Foundation's website devoted to helping parents talk with their children about difficult subjects. For a particularly helpful list of strategies, see "How to talk with your kids about drugs and alcohol": http://www.talkingwithkids.org/drugs.html

National Council on Alcohol and Drug Dependence is particularly focused on alcohol use and abuse. For a list of specific signs that your child may be in trouble with alcohol: http://www.ncadd.org/facts/parent2.html

National Institute on Drug Abuse: Provides links to facts on specific drugs for parents and teachers as well as age appropriate curriculum regarding drug education. http://www.nida.nih.gov/parent-teacher.html

Safe and Drug Free Schools. Offers tips for parents on how to talk to their child about drug use and abuse, and how to prevent drug use. It also provides information about specific drugs and their effects. http://www.yic.gov/drugfree/index.html

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Children's Mental Health Matters!

Facts for Families
Suicide in Children and Adolescents

Definition
Suicide is the act of taking one's own life. Suicide is the third leading cause of death among youth ages 15-24 and it accounts for 12.3% of all deaths among 15-24 year olds. Approximately 11 parents/caregivers lose a child (between the ages of 15-24) to suicide every day and for every completed suicide by a youth, it is estimated that 100 to 200 attempts are made. In Maryland in 2005, there were 86 families who lost a child between the ages of 10-25 to suicide. However, building strong family relationships, having the knowledge of the risks and warning signs of suicide/ depression, and having access to prevention and intervention resources will often decrease the likelihood of suicide.

Why do we care?
Warning signs may include:
- Depressed mood
- Frequent episodes of running away or being incarcerated
- Family loss or instability, significant problems with parent
- Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- Withdrawal from friends and family
- Difficulties in dealing with sexual orientation
- No longer interested in or enjoying activities that once were pleasurable
- Unplanned pregnancy
- Impulsive, aggressive behavior, frequent expressions of rage
- Alcohol and/or drug abuse
- Engaging in high risk behaviors (e.g., fire-setting, involvement in cults/gangs, cruelty to animals)
- Social isolation and poor self-esteem
- Witnessing or being exposed to family violence or abuse
- Having a relative who committed or attempted suicide
- Being preoccupied with themes and acts of violence in TV shows, movies, music, magazines, comics, books, video games, and internet sites
- Giving away meaningful belongings

IMPORTANT: Some children may exhibit many warning signs yet appear to be coping with their situation and others may show no signs and yet still feel suicidal. The only way to know for sure is to ask your child and to consult a mental health professional.

What can you do about it?
- **Ask your child directly if he/she is considering suicide.** Ask whether he/she has made a specific plan and has done anything to carry it out. Explain the reasons for your concerns. Listen openly to your child, tell your child that you care deeply and that no matter how overwhelming his or her problems seem, help is available.
- **Immediately get your child professional help** from a doctor, community health center, counselor, psychologist, social worker, youth worker, or minister. You can also call 1-800-SUICIDE or look in your local phone book for suicide hotlines and crisis centers. In Maryland, call 1-800-422-0009.
- **If your child is in immediate danger, call 911 or take your child to the emergency room.** If your child has a detailed plan or appears acutely suicidal and will not talk, he or she could be in immediate danger and it is important to get help right away. Do not leave your child alone and seek help immediately.
- **Learn the warning signs, risks and other factors associated with suicide** especially if your child has made suicidal attempts or threats in the past.

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Facts for Families

Suicide in Children and Adolescents Continued

- **Offer support to your child.** Make sure your child knows that you are there for him/her, encourage him/her to seek you out in times of need, and if you are not there at the time when your child feels depressed or suicidal, have another support person to go to for help.
- **Secure any firearms or dangerous weapons away from the child and preferably remove them from the house.**

Resources/Links

American Acadamy of Child and Adolescent Psychiatry Suicide Prevention and Youth: Saving Lives http://www.aacap.org/galleries/LegislativeAction/SuicideH.PDF

National Association of School Psychologists: Preventing Suicide: Information for Families and Caregivers. http://www.nasponline.org/publications/cq/cq354suicide.aspx

Youth Suicide Prevention Program: Information for Parents http://www.yspp.org/publicAwareness/parents/parentAwareness.htm

American Foundation for Suicide Prevention: http://www.afsp.org

Suicide Information & Education Center (SIEC): http://www.suicideinfo.ca/

Suicide reference library: http://www.suicidereferencelibrary.com/

Yellow Ribbon Suicide Prevention Program for Parents: http://www.yellowribbon.org/Msg-to-Parents.htm

National Youth Violence Prevention Resource Center: http://www.safeyouth.org/scripts/faq/respdepress.asp

Suicide Awareness\Voices of Education (SA\VE): http://www.save.org/

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Children's Mental Health Matters!

Facts for Families

Trauma in Children and Adolescents

Definition

Trauma is caused by a sudden and unforeseen event that causes extreme fear and possible harm to a child. It is also referred to as emotional harm and it is the relatively normal reaction that occurs in response to an extreme event. A student's age, level of development, and availability of support will factor into how well he/she deals with the trauma. Trauma-causing events can include but are not limited to:

- Violence (e.g. school shootings, witness/victim of abuse)
- War
- Terrorism
- Natural disaster (e.g., fire, hurricane, earthquake, flood)
- Accidents
- Medical procedures
- Serious threats (e.g. bomb threats)

With psychiatric trauma, emotional and distressful memories are stored in the brain and can lead to other emotional and social problems. Trauma does not typically appear during the traumatic event, but rather once it is over. The trauma can appear within days, weeks, months or years.

Why do we care?

As many as 67 percent of trauma survivors experience lasting psychosocial impairment. Trauma can affect a child's brain and delay certain abilities which can make it harder for the child to concentrate and study. A traumatic event can also hinder a child's emotional maturity, causing a child to close the world out, not allowing emotional growth. The child may also experience many negative emotions in which he/she may feel extreme betrayal and lack of faith in his/her life and the world. Trauma can have serious effects on a student's well-being physically, emotionally and academically.

Some children will experience difficulty coping with the traumatic events and may develop Post Traumatic Stress Disorder (PTSD), Child Traumatic Stress (CTS), depression or overwhelming, prolonged grief.

PTSD is an anxiety disorder that occurs following exposure to an extreme stressor (i.e., when a person sees or is a part of a highly traumatic event). The event will usually be a life-threatening or extremely distressing situation that causes a person to feel intense fear, horror or a sense of helplessness. The risk of developing PTSD is related to the seriousness of the event, the child's proximity to the event, whether or not the event was repeated and the child's relationship to those affected.

CTS is a psychological response that some children have as a result of a traumatic event. These responses remain once the event has passed and negatively affect the daily life of the child. One out of four children will experience a traumatic event before the age of 16 and some of these children will develop CTS. If left untreated, CTS can lead to long term difficulties in school, relationships, and jobs.

Signs & Symptoms

People respond in different ways to extreme trauma. Some people may:

- Relive the event
- Avoid reminders and experience frequent flashbacks
- Have ongoing fears related to the disaster (involving loss or separation from parents)
- Have sleep disturbances or nightmares
- Look as if he/she is on guard, uneasy or jumpy
- Seem disconnected or have relationship problems
- Have psychiatric problems such as depression, suicidal thoughts, dissociation (losing conscious awareness of the "here and now"), or anxiety
- Engage in aggressive and/or self-destructive behavior (i.e., alcohol or drug abuse, high-risk sexual behaviors)
- Have physical complaints (i.e., stress-related conditions, eating disorders, headaches)
- Have lower grade point averages

The Children's Mental Health Matters! Awareness Campaign is a collaboration of The MD Coalition of Families for Children's Mental Health (MD Coalition), the Mental Health Association of MD (MHAMD), the MD Mental Hygiene Administration and the MD Mental Health Transformation Office to raise public awareness of the importance of children's mental health. For more information please call the MD Coalition at 410-730-8267, MHAMD at 410-235-1178 or visit www.childrensmentalhealthmatters.org.

Facts for Families

Trauma in Children and Adolescents Continued

- Receive more negative remarks from faculty
- Have more absences from school/refusal to go to school
- Experience concentration difficulties or irritability

What can we do about it?

Early intervention is critical. If you are noticing any of the above symptoms after your child is exposed to a stressful event, you should consult a medical professional to help in the recovery process. Family is the first line of action for a child's recovery. Some things you can do to help your child:

- Explain the trauma to the best of your ability.
- Answer your child's questions. Be as honest as possible. Use simple words. Avoid generalizing or stereotyping. Be prepared to repeat answers and conversations.
- Allow the child to express his emotions and listen without passing judgment or offering opinions. Give the child time to talk about his/her emotions. Make sure that this conversation is prompted by the child and s/he is not being forced to talk about the incident.
- Make sure the child knows that it is okay to be experiencing particular emotions after a traumatic event occurs.
- Provide support and attention.
- Ensure the child that the occurrence of the event was not his/her fault.
- Do not put the child down if he/she demonstrates regressive behaviors (i.e., returning to acting as he/she did at a younger age by doing things like thumb sucking or wetting the bed).
- Let the child be sad or allow him/her to cry. Do not expect him/her to be tough or brave.
- Allow the child to feel some sort of control (i.e., allow him/her to choose his/her own meal, how to dress).
- Make sure to take care of yourself so you can take care of your child. Children are very aware of their parents' emotions.
- Be alert to changes in the child's behavior. However keep in mind that, depending on the child's age, he will express different behavioral changes. See symptoms above.

Resources/Links

American Academy of Child & Adolescent Psychiatry
Helping Children after a disaster - Information for parents about trauma, PTSD, and what behavioral changes to look out for. http://www.aacap.org/publications/factsfam/disaster.htm

Post-traumatic Stress Disorder (PTSD) - Defines PTSD, and gives symptoms of PTSD. http://www.aacap.org/publications/factsfam/ptsd70.htm

Talking to Children about Terrorism and War -Tips on how to talk to children after a traumatic event occurs, not limited to terrorism/war. http://www.aacap.org/publications/factsfam/87.htm

National Center for PTSD/ PTSD in Children and Adolescents
Offers a fact sheet for PTSD in children and adolescents including diagnosis of PTSD, causes, risk factors, symptoms and treatment. http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html

The National Child Traumatic Stress Network
Understanding Child Traumatic Stress Brochure - Defines Child Traumatic Stress, symptoms, PTSD, responses to stress and traumatic stress recovery. http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Understanding_Child_Traumatic_Stress_Brochure_9-29-05.pdf

National Institute of Mental Health
Helping Children and Adolescents Cope with Violence and Disasters - Defines trauma, describes how children react to trauma and how to help them, including tips for parents and caregivers. Also defines PTSD and its treatments. http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-what-parents-can-do.shtml

PBS
America Responds - Links to lesson plans to teach lessons about the important lessons to be learned from tragedy. http://www.pbs.org/americaresponds/educators.html

When Children Experience Trauma: A Guide for Parents and Families - Information about how to help children deal with trauma. http://actagainstviolence.apa.org/materials/publications/act/trauma.pdf

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators
504 Plans

Definition

A 504 Plan is a legal document that provides accommodations to *regular education* students with special needs in major life activities. The 504 Plan falls under the Rehabilitation Act of 1973, and is a regulation of the United States Department of Health and Human Services, Office for Civil Rights. Some examples of major life activities addressed are: caring for oneself, walking, seeing, hearing, and *learning.* A 504 Plan is **not** an Individualized Education Program (IEP) for Special Education. Educators may request a meeting for a 504 Plan for children who, with reasonable accommodation, can be successful in a regular education program. For each case, staff and family at the meeting will need to make a decision about how often to review the 504 Plan and when follow-up meetings should be made.

Examples of What Might Be Included:

- Adjustment to test taking (more time, questions given orally)
- Seating near the blackboard or near the teacher
- A child may be excused from class to get medications
- A child with Diabetes may be allowed to eat in class

Who is Responsible for a 504 Plan?

- The student (if appropriate)
- Parent or Legal Guardian
- Teacher
- Administrator
- School 504 Coordinator (may be a staff person on the Student Support and/or Child study Teams)

Others who may be included, as appropriate:

- School Counselor, Social Worker and/or Psychologist
- Physician, Psychiatrist, or other health professional
- Mental Health Clinician
- Speech/Language Pathologists
- Occupational Therapist/Physical Therapist

Resources/Links:

The Maryland Bar Association. School Law in Maryland: Educational Rights of Children with Special Needs. http://www.msba.org/departments/commpubl/publivations/brochures/educationrights.htm

Sevier County Special Education, Sevier County, Tennessee. "IEP's vs. 504 Plans" http://www.slc.sevier.org/iepv504.htm

Bridges4Kids. Special Education: Section 504. Frequently Asked Questions and Resources. http://www.bridges4kids.org/Section504.html

Learning Disabilities Online: LD In-Depth: Developing 504 Classroom Accommodation Plans: A Collaborative Systematic Parent-Student-Teacher Approach. http://ldonline.orgreachingteacjniques/504_plans.html

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators
Attention-Deficit/Hyperactivity Disorder (ADHD) In Children and Adolescents

Definition

Attention-deficit/hyperactivity disorder (ADHD) is characterized by developmentally inappropriate levels of:

- Inattention (trouble focusing, getting distracted, trouble sustaining attention, making careless mistakes, losing things, trouble following through on things, poor organization, doesn't seem to be listening)
- Impulsivity (acting without thinking, interrupting, intruding, talking excessively, difficulty waiting for turns)
- Hyperactivity (trouble sitting still, fidgeting, feeling restless, difficulty engaging in quiet activities)

ADHD is a neurobiological disorder that affects three to seven percent of school-age children. Until relatively recently, it was believed that children outgrew ADHD in adolescence as hyperactivity often diminishes during the teen years. However, it is now known that ADHD nearly always persists from childhood through adolescence and that many symptoms continue into adulthood. In fact, current research reflects rates of roughly two to four percent among adults.

There are three types of ADHD:

- ADHD Combined Type (Classic ADHD) - trouble with inattention, hyperactivity and impulsivity
- ADHD Predominately Inattentive Type - trouble with attention, sluggish; Most common type, often picked up later than the other types
- ADHD Predominately Hyperactivity Impulsive Type - trouble with impulsivity and hyperactivity; occurs more often in younger children

Why do we care?

Given the high prevalence of ADHD, most classrooms will have at least one child or adolescent with ADHD. Although individuals with this disorder can be very successful in life, without proper identification and treatment, ADHD may have serious consequences, including school failure, family stress and disruption, depression, problems with relationships, substance abuse, delinquency, risk for accidental injuries and job failure. Additionally, at least two thirds of individuals with ADHD have another co-existing condition, such as learning problems, anxiety or behavior problems. Early identification and treatment are extremely important. Teachers are often the first to notice the symptoms of ADHD.

What can we do about it?

When a teacher suspects ADHD, it is important to first speak with the child's parents or caregivers. It is important to work in partnership with parents and mental health experts to develop an intervention plan as quickly as possible when these warning signs occur, because a quick response has been found to increase the probability of successful outcomes. Effective ways of engaging parents include:

- Encouraging them to share their view about their child
- Asking them to express their concerns about their child's academic and behavioral performance
- Asking questions to determine that you have full information
- Discussing with parents the best ways (e.g. phone calls, notes) to communicate with them on a regular basis

There are several types of professionals who can diagnose ADHD including, school psychologists, clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians.

Once diagnosed, ADHD in children often requires a "multimodal" comprehensive approach to treatment which includes:

- Parent and child education about diagnosis and treatment
- Behavior management techniques
- Medication
- School programming and supports

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Facts for Educators

Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents Continued

Specific classroom strategies include:

- Setting up a school-home note system
- Being consistent
- Using praise and rewards frequently
  - Use at least five times as many praises as negative comments
- Ignoring mild inappropriate behaviors that are not reinforced by peer attention
- Using commands/reprimands to cue positive comments for children who are behaving appropriately — that is, find children who can be praised each time a reprimand or command is given to a child who is misbehaving
- Allowing frequent movement breaks
- Using multimodal teaching tools
- Using active tasks for learning
- Unsung appropriate commands and reprimands
  - Use clear, specific commands
  - Give private reprimands at the child's desk as much as possible
  - Reprimands should be brief, clear, neutral in tone, and as immediate as possible
- Identifying a peer buddy to help with organizational tasks
- Giving the student a separate, quiet place to take tests
- Allowing inattentive students extra time on tests
- Breaking large tasks down into smaller tasks
- Mixing high-interest and low-interest tasks/topics

Resources/Links

Center for Children and Families, University of Buffalo: Free downloadable forms and resources for clinicians, caregivers, and educators working with children ADHD http://ccf.buffalo.edu/resources_downloads.php

National Resource Center on AD/HD
A Program of CHADD, funded through a cooperative agreement with the Centers for Disease Control and Prevention. http://www.help4adhd.org/index.cfm

Teaching Children With Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices: A guide developed by the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, for educators working with students with ADHD http://www.ed.gov/teachers/needs/speced/adhd/adhd-resource-pt2.pdf

U.S. Department of Education resource guide is designed for families and educators; provides information on the identification of AD/HD and educational services for children with AD/HD.
Identifying and Treating Attention-Deficit/Hyperactivity Disorder
A Resource for School and Home http://www.ed.gov/teachers/needs/speced/adhd/adhd-resource-pt1.pdf

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Strategies to Deal with Aggressive Children

Definition

Every teacher has at least one child who is aggressive. Sometimes, the aggression takes the form of instigating fights. Sometimes the child simply provokes others to fight or antagonizes and threatens other children. These aggressive children, often referred to as "bullies," usually have few true friends, poor social skills, and little self confidence.

What causes children to be aggressive?

The aggressor will rarely have self-confidence and gains it through aggressive behavior. Aggressors are attention seekers and they enjoy the attention they gain from being aggressive. Power brings attention and the aggressor has learned this. Due to the child's weaker self-image and the fact that he or she doesn't fit in, they try aggressive behavior and soon become leaders, even though they usually know that they are behaving inappropriately.

What Do We Do About It?

- Never ignore inappropriate aggressions and do not get drawn into a power struggle with the aggressor.
- Be firm but gentle in your approach. Remember, the aggressor can handle the tough side of you but he/she will succumb to gentleness and it's really what he wants - the right kind of attention.
- Deal one to one with the aggressor and devise a plan for him/her to take control of his/her behavior. See behavior contracts in below resources included.
- Successful teachers know that when they establish a one to one relationship with the aggressor, success soon follows. Remember, the aggressor can usually tell if you genuinely like him/her. Be genuine, this child merely needs attention.
- Provide opportunities for this child to act appropriately and get some badly needed attention. Give him/her responsibilities and provide praise.
- Catch the aggressor behaving well and provide immediate, positive feedback. In time, you will see that the aggressive behaviors will start to diminish.
- Provide him/her with activities that bring forth leadership in a positive way. Always let him/her know that you care, trust and respect him. Remind him/her that it's the inappropriate behaviors that you don't like.
- Provide as many methods as you can for this child to take ownership for his/her inappropriate behavior. Probe him/her with how an issue should have been handled and how will it be handled next time.

Never forget that ALL children need to know you care about them and that they can contribute in a positive way. It took the child a long time to become a master of aggressive behavior. Be consistent, patient and understand that change will take time.

(Copied from: http://specialed.about.com/cs/behaviordisorders/a/aggression.htm)

Resources/Links

Behavior Contracts - http://specialed.about.com/cs/behaviordisorders/a/behaviorcontrac.htm

Magellan Health Services, Aggression and Cooperation: Helping Young Children Develop Constructive Strategies http://www.magellanassist.com/mem/library/default.asp?url=%2E%5Cwpo%5Cwpo%5F00000100%5Cwpo%5F00000101%2Ehtml&title=Aggression+and+Cooperation%3A+Helping+Young+Children+Develop+Constructive+Strategies

American Academy of Adolescent and Child Psychiatry, Understanding Violent Behavior in Children: http://www.aacap.org/cs/root/facts_for_families/understanding_violent_behavior_in_children_and_adolescents

Aggressive Behavior
Provides definitions, prevention strategies, and parent concerns: http://www.healthofchildren.com/A/Aggressive-Behavior.html

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

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Children's Mental Health Matters!

Facts for Educators

Anxiety Disorders in Children and Adolescents

Definition

Children and adolescents with **anxiety disorders** have extreme feelings of panic, fear, or discomfort in everyday situations. Anxiety is a normal reaction to stress. However, when the anxiety becomes excessive, irrational and/or overbearing, and an individual has difficulty functioning, it has become a disabling disorder. Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality and life events.

Affecting people of all ages, anxiety disorders are the most common type of mental health disorder in children, affecting nearly 13 percent of young people[1] and 40 million American adults. Overall, nearly one quarter of the population will experience an anxiety disorder over the course of their lifetimes[2].

There are several common types of anxiety disorders that could affect children and adolescents:

- Panic Disorders
  - Characterized by unpredictable panic attacks. Common symptoms are: heart palpitations, shortness of breath, dizziness and anxiety. These symptoms are often confused with those of a heart attack.
- Specific Phobias
  - Intense fear reaction to a specific object or situation (such as spiders, dogs or heights) which often leads to avoidance behavior. The level of fear is usually inappropriate to the situation and is recognized by the sufferer as being irrational.
- Social Phobia
  - Extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule and may lead to avoidance behavior.
- Separation Anxiety Disorder
  - Intense anxiety associated with being away from caregivers, results in youth clinging to parents or refusing to do daily activities such as going to school.
- Obsessive-Compulsive Disorder (OCD)
  - Individuals are plagued by persistent, recurring thoughts (obsessions) and engage in compulsive ritualistic behaviors in order to reduce the anxiety associated with these obsessions (e.g. constant hand washing).
- Post-Traumatic Stress Disorder (PTSD)
  - PTSD can follow an exposure to a traumatic event such as natural disasters, sexual or physical assaults, or the death of a loved one. Three main symptoms are: reliving of the traumatic event, avoidance behaviors and emotional numbing, and physiological arousal such as difficulty sleeping, irritability or poor concentration.
- Generalized Anxiety Disorder (GAD)
  - Experiencing six months or more of persistent, irrational and extreme worry, causing insomnia, headaches and irritability.

Why do we care?

Given that the prevalence of anxiety disorders is over one in ten youths, **most classrooms will have at least one child or adolescent with an anxiety disorder.** In order to better serve the needs of the students, teachers need to have a familiarity with these disorders, their symptoms and the effective strategies that can be used to assist in treatment. Because anxiety disorders often cause serious consequences such as school failure, absenteeism, classroom disruption, the inability to complete basic tasks, family stress and impaired social relationships, the understanding, compassion and support of educators is essential to better accommodate students with these disorders.

What can we do about it?

When a teacher suspects an anxiety disorder, it is important to first speak with the child's parents or caregivers. It is important to work in partnership with parents and mental health experts to develop an as

Facts for Educators

Anxiety Disorders in Children and Adolescents Continued

intervention plan as quickly as possible when these warning signs occur, because a quick response has been found to increase the probability of successful outcomes. Effective ways of engaging parents include:

- Encouraging them to share their view about their child
- Asking them to express their concerns about their child's academic and behavioral performance
- Asking questions to determine that you have full information
- Discussing with parents the best ways (e.g. phone calls, notes) to communicate with them on a regular basis

- **Become familiar with the common symptoms of anxiety disorders in children and adolescents, making the appropriate referral when the disorders are suspected.**
  - Inform parents of any academic or social problems a child may experience, especially if the child appears anxious, has problems completing tasks, or is isolated by his or her peers.
- **Once diagnosed, specific classroom interventions include:**
  - Because transitions and separation are frequently difficult for children with anxiety disorders, accommodate student's late arrival and provide extra time for changing activities and locations.
  - Recognize that often it is a youth's anxiety that causes him or her to disregard directions, rather than an intentional desire to be oppositional.
  - Develop a "safe" place where the youth can go to relieve anxiety during stressful times or provide calming activities.
  - Encourage the development of relaxation techniques that can work in the school setting. Often these can be adapted from those that are effective at home.
  - Work with a child regarding class participation and answering questions on the board, understanding that many anxious youth fear answering incorrectly.
  - Encourage small group interactions and provide assistance in increasing competency and developing peer relationships.
  - Reward the child's efforts.
  - Provide an organized, calming and supportive environment.
  - For maximum effectiveness, foster feedback from youth about these interventions.

[1]http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0007/default.asp#8
[2]http://www.freedomfromfear.org/aanx_factsheet.asp?id=10

Resources/Links

Anxiety Disorders Association of America assists those with anxiety disorders with finding a therapist, understanding their disorder and treatment recommendations, and offers inspirational stories and support groups. It has a special section devoted to children and adolescents. http://www.adaa.org/AboutADAA/introduction.asp

The Anxious Child – Handout for parents created by the American Academy of Child and Adolescent Psychiatry. http://www.aacap.org/publications/factsfam/anxious.htm

Bright Futures - Tips for Parenting the Anxious Child — Free handout for parents. http://www.brightfutures.org/mentalhealth/pdf/families/mc/tips.pdf

Freedom from Fear details strategies family members can use when a relative is diagnosed with an anxiety disorder. http://www.freedomfromfear.org/aanx_factsheet.asp?id=27

Massachusetts General Hospital School Psychiatry Program and MADI Resource Center provides a wealth of information on anxiety disorders, with specific information on symptoms, treatments, and interventions for families, educators and clinicians. http://www.massgeneral.org/conditions/condition.aspx?ID=33&type=Conditions

Psych Central offers anxiety screening quizzes, detailed information on the symptoms and treatment options available for anxiety disorders, and online resources such as websites, relevant book information and support groups. http://psychcentral.com/disorders/anxiety

Worry Wise Kids lists the red flags that can alert parents to each individual anxiety disorders details the steps parents can take if they suspect their child suffers from an anxiety disorder and supplies parenting tips for helping anxious youth. http://www.worrywisekids.org

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators
Bullying and Bullying Prevention

Definition

Bullying may be physical or verbal. Teasing, ignoring or intentionally hurting another child are all types of bullying. Harassment and sexual harassment are also considered forms of bullying. Bullies may be large and aggressive, but they also could be small and cunning. Victims of bullying have poor self confidence and typically react to threats by avoiding the bully. Both bullies and their victims make up a fringe group within schools. Those children who bully want power over others. Both bullies and their victims feel insecure in school. Boys typically bully by using physical intimidation. Girls bully in a less obvious manner by using social intimidation to exclude others from peer interactions

Why Do We Care?

When compared to their developmental peers, students who bully their peers are :

- more likely to react aggressively to conflict in the classroom.
- more likely to engage in disruptive behavior.
- more likely to display signs of depression.
- less likely to gain acceptance by classmates.
- more likely to bring a weapon with them to school.

What Can We Do About It?

- Model pro-social behavior that asserts the self-worth of each individual student. Explain to students the balance between appearing too passive and acting too aggressive towards others.
- Actively observe student behavior in the classroom. Do certain people always sit on the fringes of the classroom? What students almost never participate in class discussion?
- Speak with parents to see if additional stressors at home contribute to the bullying dynamic. Is the child the victim of abuse or neglect? If you think this could be a possibility, refer them to the school clinician or other outside mental health provider.
- Include discussions of conflict-resolution in your lesson plan. Find creative ways to engage all students in group work during class time.
- Ask school clinicians to present on consequences of bullying. Explain to students the negative cycle of bullying and how it can have fatal consequences.
- Become familiar with the bullying prevention curriculum in your school. In Maryland, state law requires that all public schools include a bullying prevention component within their curriculum. See Maryland State Department of Education website for more information: http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/bullying/

Resources/Links

AACAP Facts for Families
Bullying: http://www.aacap.org/publications/factsfam/80.htm.

Centre for Children and Families in the Justice System – Bullying, Information for Parents and Teachers: http://www.lfcc.on.ca/bully.htm.

Stop Bullying Packet: http://www.kidscape.org.uk/assets/downloads/ksstopbullying.pdf.

Bullying Fact Sheet: http://www.childline.org.uk/pdfs/info-bullying-parents.pdf.

Guide for Teachers and Administrators: http://www.police.govt.nz/service/yes/nobully/.

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Facts for Educators
Bullying and Bullying Prevention Continued

Resources Continued

From the National Association of School Psychologists:

Bullying: Facts for parents and teachers by Cohen, A., & Canter, A. (2003). http://www.naspcenter.org/factsheets/bullying_fs.html.

Name calling and teasing: Strategies for parents and teachers, by Levy, B.M. (2004). http://www.naspcenter.org/pdf/name-calling%20template%209_04.pdf.

Bullies and victims: Information for parents by Sassu ,K.A., Elinoff, M.J., Bray, M.A., & Kehle, T.J. http://www.naspcenter.org/pdf/bullying%20template%209_04.pdf.

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Managing Classroom Behavior

Teachers are increasingly being asked to teach students with serious behavioral and emotional problems, due to the current emphasis on inclusion. As a result, teachers need to implement strategies to effectively manage their classrooms.

Though the majority of children respond positively to approaches that emphasize positive, clearly-defined, school-wide expectations, a significant subgroup of students need more targeted interventions to prevent problem behavior patterns and to succeed in school. These children and adolescents typically need a modified classroom environment along with practice learning behavioral expectations that may differ from those they have learned outside the classroom.

What can you do about it?

There are specific things you can do in the classroom to prevent and manage problem behavior:

- Post four to five classroom rules that are simple, positively-framed (tell your kids what to do instead of what not to do), and easily seen. Include consequences for following or not following the rules.
- Be consistent in observing and following the rules.
- Make sure that your students understand what behavior is and is not acceptable.
- Try to move around the classroom often (teacher proximity helps), and try different seating arrangements to maximize positive interactions between groups of students.
- Use consistent routines for all classroom activities, from how to ask a question to what to do when requesting to use the restroom.

Carefully observe and measure what is really going on

- Rather than defining what a student is doing wrong (hitting, getting out of his seat, yelling), ask yourself what the function of the behavior may be (i.e. are they trying to get something, like attention, or avoid something, like school work that is too difficult, by acting out?).
- **Notice what is happening in your classroom both before and after a student misbehaves.** There are many tools available to keep track of these antecedents and consequences, but they all essentially chart a student's behavior based on what is happening in the immediate environment. If, for example, Billy mostly acts out in math, then perhaps the material is too challenging, or the time of day is difficult (could he be hungry?), or he has trouble with a specific student or teacher. What happens after Billy acts out? Is he rewarded for his negative behavior by receiving attention from you or his peers? Has he been able to avoid doing the work?

Develop a plan to address the underlying motivation

- Use your observations to develop a theory about why a student is misbehaving and address the underlying motivation. If Billy is acting out to get attention from peers, for example, then help him learn other ways of getting attention from peers, such as joining an activity or sharing something.
- Teach the student an alternate behavior and reinforce that behavior in a way that will give the student the same response (attention, feeling of competence, etc.).
- Help the student use the more appropriate behaviors by providing frequent feedback (verbal and non-verbal cues).
- Focus on the student's motivation and relate the material to his or her life.
- If the function of the behavior is to avoid doing work, try a different teaching technique, review directions, consider peer tutoring or help the student with specific aspects of the work.
- Praise students frequently for replacement (good) behaviors.

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Facts for Educators
Managing Classroom Behavior Continued

Resources/Links

Center for Effective Collaboration and Practice (2000). Addressing Student Problem Behavior. Fact sheet on Functional Behavioral Assessment. http://cecp.air.org/fba/default.asp

Observing and Measuring Behavior in the Classroom: Tools and Techniques. Helping Children at Home and School II: Handouts for Families and Educators. National Association of School Psychologists. McDougal, J. L. and Chafouleas, S. M. (2004).
For a quick review of the table of contents, go to: http://www.nasponline.org/publications/booksproducts/hchs2.aspx

Intervention Central offers free tools and resources to help school staff and parents to promote positive classroom behaviors and foster effective learning for all children and youth. www.interventioncentral.org

Minnesota Association for Children's Mental Health
Fact sheets on specific disorder areas provide excellent tips information about educational implications, instructional strategies and classroom modifications appropriate to each disorder. http://www.macmh.org/publications/fact_sheets/fact_sheets.php

National Association of School Psychologists
Helping the Student with ADHD in the Classroom: Information for Families and Educators. http://www.nasponline.org/resources/handouts/special%20needs%20template.pdf

Mental Health America
The country's leading nonprofit dedicated to helping ALL people live mentally healthier lives.
www.mentalhealthamerica.net
Fact sheet on ADHD: http://www.nmha.org/go/information/get-info/ad/hd/ad/hd-and-kids,
Fact sheet on promoting children's mental health: http://www1.nmha.org/children/children_mh_matters/promoting.cfm

Be Proactive in Managing Classroom Behavior. Intervention in School and Clinic, Babkie, A. M. (2006). 41(3), 184-187.

Classroom Behavior Management: A Dozen Common Mistakes and What to Do Instead. Preventing School Failure, Barbetta, P. M., Norona, K. L., and Bicard, D. F. (2005). 49(3), 11-19.

Classroom Factors Linked with Academic Gains Among Students with Emotional and Behavioral Problems. Gunter, P. L., Coutinho, M. J., and Cade, T. (2002). Preventing School Failure, 46(3), 126-132.
Evaluation of a Targeted Intervention Within a School-wide System of Behavior Support. Journal of Behavioral Education, Hawken. L. S., and Horner, R. H. (2003). 12 (3), 225-240.

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Crisis Management in Children and Adolescents

Definition

A crisis event can happen at anytime. Crises such as a schoolyard shooting, student suicide or death of a teacher can emotionally debilitate teachers and classmates. If a family or friend has been seriously injured or killed or if a child's school or home has been damaged or a change in the environment has occurred, there is a greater chance that the child will experience difficulties coping. Whatever the circumstance, the emotional effects on children can be tremendous. These external factors have a direct effect on the child's mental and emotional feelings. This could result in the need for crisis management and intervention.

Why do we care?

When compared to their developmental peers, children in crisis:

- Have lower levels of academic performance
- Are more likely exhibit changes in behavior
- Are more likely to feel more anxious or worried than usual or more than other kids in their age group
- Are more likely to have anger or conduct problems
- Are more likely to isolate themselves from friends or family, or have a sudden, new group of friends
- Might have the inability to concentrate or daydreams a lot
- Are more likely to hurt other people, destroy property, or harm themselves
- May resort to drugs and/or alcohol to ameliorate the pain
- Are at risk for suicide

Age appropriate reactions and related symptoms associated with crisis:

- Childhood
- Sadness and crying
- School avoidance
- Physical complaints (headache or stomach ache)
- Poor concentration
- Irritability
- Regressive behavior
- Aggressive behavior
- Anxious
- Confusion
- Withdrawal/social isolation
- Attention seeking behavior

Early Adolescence

- Withdrawal/isolation from peers
- Loss of interest in activities
- Rebelliousness
- Generalized anxiety
- School difficulty, including fighting
- Fear of personal harm
- Poor school performance
- Depression
- Concentration difficulties

Adolescence

- Anxiety and feelings of guilt
- Poor concentration and distractibility
- Psychosomatic symptoms (e.g., headaches)
- Antisocial behavior
- Agitation or decrease in energy level
- Poor school performance
- Peer problems
- Withdrawal
- Loss of interest in activities once enjoyed

When is help needed?

Help from a physician, mental health professional and/or clergy will be needed if the child or adolescent:

- Threatens or attempts suicide
- Has reactions that are so intense that they interfere with daily functioning over a prolonged period of time
- Re-experiences the trauma through flashbacks, hallucinations or, constant reenactment through play with other children
- Exhibits aggressive violent or intensely irrational behavior

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Facts for Educators

Crisis Management in Children and Adolescents Continued

- Excessively uses alcohol and/or drugs

What can we do about it?

- Become a more active observer of student behavior in and around the classroom.
- Consult with school personnel who are trained in crisis response and crisis intervention.
- Inform caregivers and school clinicians about your observations of the student.
- Education of students regarding likely responses to the crisis is essential.
- Give students an opportunity to discuss their feelings and reactions to the crisis.
- Create a feedback loop with caregivers and school clinicians to reassess student symptoms.
- Ask school clinicians to present on different treatment approaches for crisis intervention and management.
- When students are discussing their feelings, listen in a non-critical and non-judgmental manner, with empathy and support.
- Allow students to express themselves through other modes of communication, especially those students who are hesitant to verbalize their feelings.
- Develop classroom activities and assignments, and homework assignments that address students' feelings regarding crisis.
- Crisis intervention is ongoing. Further discussions may need to ensue and address residual feelings regarding the crisis.

Resources/Links

National Association of School Psychologists
Depression in adolescents: When it really hurts to be a teenager. Helping Children at Home and School II: Handouts for Families and Educators by Cash, R. (2004). http://www.nasponline.org/resources/intonline/depression.pdf

National Association of School Psychologists Communiqué
Depression: Helping students in the classroom. Vol. 35(3) by Huberty, T. (2006). http://www.nasponline.org/publications/cq/cq353depression.aspx

National Center for PTSD
PTSD in children and adolescents by Hamblen, J. (2002). http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html

National Alliance on Mental Illness
Family guide: What families should know about adolescent depression and treatment options. http://www.nami.org/Content/ContentGroups/CAAC/Family_Guide_final.pdf

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators
Cultural Competence

Definition
A culturally competent provider is knowledgeable in understanding approaching and treating the problems of culturally diverse groups. They have an awareness of the assumptions and values they hold that influence their work with students and are able to provide effective services that are respectful of the student's race, ethnicity, social class, religion or faith, and sexual orientation.

Why Do We Care?
In today's classroom, the cultural differences that exist between teachers and their students are numerous. Diversity may exist with regard to race, culture, religion language, sexual orientation and socioeconomic status. In addition, many students in the classroom are faced with stressors such as homelessness, unavailability of caretakers, abuse, teen parenting, trauma, and community violence, which can negatively impact their academic performance. Unfortunately, within schools, many students are also faced with discrimination from other students as well as school staff, due to a lack of understanding or empathy with regard to the variations in beliefs, practices, and values of different cultural groups. With ethnic minority children displaying higher rates of suspension/expulsion, special education placement and school dropout, it is evident that numerous disparities exist within the education system.

Culture has a significant impact on beliefs and attitudes about child development, identification of problems and judgment about the best way to intervene when problems do occur. Furthermore, each of us operates within an individual culture, which espouses specific beliefs that determine how we interact with others and interpret their actions. Cultural variations in expressions of behavior may contribute to misunderstandings and conflict, which can be decreased through enhancing multicultural awareness.

What Can We Do About It?
- Recognize the cultural diversity and uniqueness of students and learn as much as you can about your students cultural background.
- Recognize that socioeconomic and political factors have a significant impact on the psychosocial functioning of culturally and ethnically diverse groups.
- Recognize the diversity that exists within minority groups.
- Develop an awareness of your own cultural and ethnic background and acknowledge differences in the culture between you and your students.
- Identify your biases and prejudices and determine how they affect your expectations of students and your relationships with them and their families.
- Use instructional strategies and curriculum that are sensitive to cultural differences.
- Continuously request and accept feedback from students and their families.
- If you are present when bullying, harassment and/or discrimination takes place, work with colleagues, families, partnerships and students to stop the bullying, harassment and/or discrimination.
- Promote tolerance and understanding of cultural differences.

Resources/Links
North Central Regional Educational Laboratory Critical Issue: Educating Teachers for Diversity highlights the issues involved in preparing teachers to work with diverse populations, provides several recommendations, websites, and exemplary practices. http://www.ncrel.org/sdrs/areas/issues/educatrs/presrvce/pe300.htm

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Facts for Educators
Cultural Competence Continued

Culturally Responsive Teaching from The Education Alliance at Brown University: http://www.lab.brown.edu/tdl/tl-strategies/crt-principles-prt.shtml

How is Cultural Competence Integrated in Education? Provides information about cultural competence and highlights the importance of cultural competence in programs that serve children with or at risk of developing mental health problems. http://cecp.air.org/cultural/Q_integrated.htm

Mental Health: Culture, Race, and Ethnicity
A Supplement to Mental Health: A Report of the Surgeon General. Documents the disparities in access, quality and availability of mental health services for ethnic minorities and proposes recommendations for improvement. http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf

The Multicultural Education and Ethnic Groups website provides several internet resources about multicultural education and diversity at http://www.library.csustan.edu/lboyer/multicultural/main.htm

The Multicultural Pavilion has a multitude of resources about multicultural education including a multicultural quiz, trainings, workshops, curriculum, and links to other websites. Visit their website at http://www.edchange.org/multicultural/

The New Freedom Commission on Mental Health, Subcommittee on Cultural Competence — report addressing the disparities in health care, the role of culture in service delivery, and making several policy recommendations for improving the health care system. http://www.mentalhealthcommission.gov/subcommittee/CulturalCompetence_013103.doc

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Oppositional and Defiant Children

Definition

All children are oppositional from time to time, especially if they are tired, upset, or stressed. They may argue and talk back to teachers, parents, and other adults. Oppositional behavior is a normal part of development for toddlers and early adolescents. However, oppositional behavior becomes a serious concern when it is so frequent that it stands out when compared with other children of the same age. Students with Oppositional Defiant Disorder (ODD) show a pattern of negative, hostile and defiant behavior that lasts at least six months and impairs their ability to interact with caregivers, teachers and classmates. During this time period, the child or adolescent may often lose their temper, actively defy adults, and appear spiteful. Other symptoms may include frequent temper tantrums, blaming others for his or her mistakes or misbehavior, and being easily annoyed by others.

Why do we care?

Five to 15 percent of school-age children have ODD. When compared to their peers, children with ODD are more likely to have difficulties with academic performance and may engage in risky behaviors, including criminal activities and substance use. Without intervention, children with ODD are more likely to develop other problems including a conduct disorder, which involves a range of behaviors that include destruction of property, aggression towards people and animals, lying, stealing and serious violation of rules. **Teachers are often the first to notice signs of ODD.**

What can we do about it?

When a teacher suspects ODD, it is important to first speak with the child's parents or caregivers. It is important to work in partnership with parents and mental health experts to develop an intervention plan as quickly as possible when these warning signs occur, because a quick response has been found to increase the probability of successful outcomes.

Effective ways of engaging parents include:

- Encouraging them to share their view about their child
- Asking them to express their concerns about their child's academic and behavioral performance
- Asking questions to determine that you have full information
- Discussing with parents the best ways (e.g. phone calls, notes) to communicate with them on a regular basis

Refer the child or adolescent for an evaluation if ODD is suspected.

- There are several types of professionals who can diagnose ODD, including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, psychiatrists and pediatricians.

Specific classroom strategies include:

- Set up a school-home note system
- Be consistent
- Use praise and rewards frequently
- Use at least five times as many praises as negative comments
- Ignore mild inappropriate behaviors that are not reinforced by peer attention
- Use commands/reprimands to cue positive comments for children who are behaving appropriately — that is, find children who can be praised each time a reprimand or command is given to a child who is misbehaving
- Use appropriate commands and reprimands
- Use clear, specific commands
- Give private reprimands at the child's desk as much as possible
- Reprimands should be brief, clear, neutral in tone, and as immediate as possible
- Clarify the consequences of misbehavior. When a student misbehaves, remember to follow through with the appropriate consequences.

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Facts for Educators
Oppositional and Defiant Children Continued

- Remember to make eye contact when requesting something of the student. This conveys the seriousness of the demand and the sincerity of your relationship with the student.
- Do not ask too much of a student at one time. Keep your requests short and simple. Avoid issuing ambiguous commands such as, "*It would be nice if you stopped annoying the class.*" This statement does not tell the student what to do and embarrasses the student in front of classmates.
- Work with parents and school clinicians to create a reward system that is meaningful for the student and useful in the classroom.
- Provide feedback to caregivers and school clinicians by using daily report cards.

Resources/Links

Mental Health America is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. www.mentalhealthamerica.net
Fact Sheet on Conduct Disorder: http://www.mentalhealthamerica.net/go/conduct-disorder

American Academy of Child and Adolescent Psychiatry
Oppositional Defiant Disorder: http://www.aacap.org/publications/factsfam/72.htm.
Conduct Disorder: http://www.aacap.org/publications/factsfam/conduct.htm.
Violent Behavior: http://www.aacap.org/publications/factsfam/behavior.htm.

Oppositional Defiant Disorder and Conduct Disorder in Children and Adolescents: Diagnoses and Treatment by Dr. Jim Chandler: http://jamesdauntchandler.tripod.com/ODD_CD/oddcdpamphlet.pdf

The Mayo Clinic discusses everything from the definition of ODD to lifestyle and home remedies to help change behaviors association with the disorder.
http://www.mayoclinic.com/health/oppositional-defiant-disorder/DS00630

Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Depression in Children and Adolescents

Definition

Students with symptoms of depression exhibit many behaviors that cause significant impairment in social or academic functioning. These symptoms include irritability, diminished interest in daily activities, social withdrawal, physical complaints, and declining school performance. The diagnostic criteria for major depression reflect the developmental differences between adults and children who suffer from the disorder.

Why do we care?

When compared to their developmental peers, students with depression:

- Are less likely to participate in school activities.
- Are more likely to disrupt classroom activities.
- Often have at least one parent with depression.
- Are more likely commit suicide.
- Are more likely to skip class and miss time away from school.
- Are more likely to engage in risky behavior, such as substance abuse.

What can we do about it?

When a teacher sees any of these signs, it is important to first speak with the child's parents or caregivers. It is important to work in partnership with parents and mental health experts to develop an intervention plan as quickly as possible when these warning signs occur, because a quick response has been found to increase the probability of successful outcomes.

- **Effective ways of engaging parents include:**
  - Encouraging them to share their view about their child
  - Asking them to express their concerns about their child's academic and behavioral performance
  - Asking questions to determine that you have full information
  - Discussing with parents the best ways (e.g. phone calls, notes) to communicate with them on a regular basis
- **Classroom strategies include:**
  - Become a more active observer of student behavior in and around the classroom.
  - Consider different factors that may contribute to symptoms of depression. Look at each student on an individual, case-by-case basis.
  - Inform caregivers and school clinicians about your observations of the student.
  - Help other school staff members learn how to identify the symptoms of depression.
  - Teach school staff how to respond to "cries for help" from students with depression.
  - Create a feedback loop with caregivers and school clinicians to reassess student symptoms.
  - Ask school clinicians to present on different treatment approaches for childhood depression.

Resources/Links

AACAP Facts for Families
The Depressed Child: http://www.aacap.org/publications/factsfam/depressd.htm
Children and Grief: http://www.aacap.org/publications/factsfam/grief.htm
Teen Suicide: http://www.aacap.org/publications/factsfam/suicide.htm
Psychotherapies for Children and Adolescents: http://www.aacap.org/publications/factsfam/86.htm
Psychiatric Medications for Children and Adolescents
How Medications are Used: http://www.aacap.org/publications/factsfam/psychmed.htm

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Facts for Educators

Depression in Children and Adolescents

Psychiatric Medications for Children and Adolescents:: Types of Medications: http://www.aacap.org/publications/factsfam/29.htm
Psychiatric Medications for Children and Adolescents: Questions to Ask: http://www.aacap.org/publications/factsfam/medquest.htm

Minnesota Association for Children's Mental Health – Depression Fact Sheet for the Classroom: http://www.macmh.org/publications/fact_sheets/Depression.pdf
National Alliance on Mental Illness. (2005). Family guide: What families should know about adolescent depression and treatment options. Retrieve December 7, 2005 from http://www.nami.org/Content/ContentGroups/CAAC/Family_Guide_final.pdf

National Association of School Psychologists Depression in Children and Adolescents: Information for Families and Educators. http://www.nasponline.org/resources/handouts/social%20template.pdf
Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I: Tips for Parents and Schools http://www.nasponline.org/resources/crisis_safety/suicidept1_general.aspx
Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part II: Tips for School Personnel or Crisis Team Members http://www.nasponline.org/resources/crisis_safety/suicidept2_general.aspx
When it hurts to be a teenager. Principal Leadership Magazine, Cash, R. (2004). 4(2). http://www.nasponline.org/resources/principals/nassp_depression.aspx

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Children's Mental Health Matters!

Facts for Educators

Eating Disorders in Children and Adolescents

Definition

An *Eating Disorder* is a psychological condition that manifests itself in unhealthy eating habits. There are four diagnoses which are characterized by specific behaviors exhibited by the individual. Two primary behaviors are *Binging*, the consumption of a large amount of food in a short period of time, and *Purging* or self-induced vomiting. Misuse of laxative, diet pills, or water pills are also considered purging.

Bulimia Nervosa is the most common of the four diagnoses. It is characterized by a preoccupation with food and weight, binging and a compensation for binging by purging, excessive exercise or fasting. This pattern is accompanied by shame and secrecy.

Anorexia Nervosa is characterized by a refusal to maintain a normal weight for one's height, body type, age, and activity level; intense fear of becoming "fat" or gaining weight (extreme concern over one's weight); body image misperception; and loss of menstrual periods in females.

Binge Eating Disorder is characterized by binging, feelings of shame and self-hatred associated with binging, but no compensatory behavior such as purging.

Eating Disorders Not Otherwise Specified: covers all maladaptive eating behaviors that do not fit into the above diagnoses. Examples include: restricting food intake, meeting some but not all of the requirements for the above diagnoses, chewing food and spitting it out, or binging and purging irregularly.

Why do we care?

- Of the currently more than 10 million Americans afflicted with eating disorders, 90 percent are children and adolescents.
- The average age of eating disorders onset has dropped from 13-17 to 9-12.
- The number of males with eating disorders has doubled during the past decade.

Students with an eating disorder may:

- Exhibit low-self esteem and a poor body image.
- Be prone to mood swings, perfectionism and depression.
- Suffer from many physical problems such as:
  - Excessive weight loss
  - Irregularity or absence of menstruation in females
  - Hair loss
  - Severe digestive system problems
  - Damaged vital organs
  - Tooth and gum problems
  - Swollen salivary glands due to induced vomiting
  - General malnutrition
  - Dehydration
  - Thinning of the bones resulting in osteoporosis or osteopenia
- Struggle in their relationships with their family and friends.
- Perform poorly in their academic performance.
- Jeopardize their overall health, including both physical and psychological health, with their unhealthy eating habits.
- Achieve less than desired performance in their academic school work.
- Suffer from other psychiatric disorders such as depression, anxiety, obsessive compulsive disorder, and alcohol and drug dependencies.

What can we do about it?

- **Discuss your concerns with the child's parents**. Make sure to consult with the family.
- **To assist with diagnosis of an eating disorder, always look for other psychiatric disorders**. Eating disorders are mostly associated with other mental disturbances such as depression, mood disorders, and anxiety disorders.

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Facts for Educators

Eating Disorders in Children and Adolescents Continued

- **Schedule eating disorder information sessions for parents and caregivers.** Discuss the symptoms and diagnoses of eating disorders and place emphasis on preventive measures.
- **Correlate your efforts with teachers and school officials to add healthy lifestyle courses into the school's educational programs.** Since treating eating disorders can be both lengthy and expensive, it is beneficial to use preventive measures before the problem arises.
- **A treatment plan should consist of cognitive-behavioral, interpersonal and family therapy.** A complete course of treatment should consider all of the contributing factors such as the person's own personality, environment, relationships and family.
- **Research the best location and the most effective option for treatment in your area.** Always be prepared to make a referral to parents and caregivers of the affected children with eating disorders.

Resources/Links

American Academy of Child & Adolescent Psychiatry
Facts for families with teenagers with eating disorders.
http://www.aacap.org/publications/factsfam/eating.htm

Academy for Eating Disorders
About eating disorders/diagnoses and more specifically, eating disorder diagnoses
http://www.aedweb.org/
http://www.aedweb.org/eating_disorders/diagnoses.cfm

American Psychiatric Association
Let's Talk Facts about Eating Disorders
http://www.healthyminds.org/multimedia/eatingdisorders.pdf
Common Questions about Eating Disorders
http://healthyminds.org/expertopinion9.cfm

Dying to be Thin investigates the causes, complexities, and treatments for the eating disorders anorexia nervosa and bulimia nervosa. PBS also provides a teacher's guide to the film and activities to do in the classroom. This film is accessible at:
http://www.pbs.org/wgbh/nova/thin/

Eating Disorders Facts About Eating Disorders and the Search for Solutions -
http://www.nimh.nih.gov/publicat/eatingdisorders.cfm

National Association of Anorexia Nervosa and Associated Disorders - http://www.anad.org/

National Eating Disorders Association
Ten Things Parents Can Do to Prevent Eating Disorders
http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41171

When Food Becomes a Problem is a structured lesson plan that educates students about the dangers of eating disorders; it takes approximately 2 or 3 class periods to complete. All materials are accessible at:
http://pbskids.org/itsmylife/parents/lesson_plans/when_food_is_a_problem.html

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Family Involvement in School-Based Mental Health

Definition

Educators who understand that families generally are the ones most knowledgeable about their own children will be more likely to find a returned respect and spirit of collaboration with families. Educators who consult with families regarding concerns they may have about a child's mental health will benefit from family input and mutual collaboration. Teachers and other school personnel who are more informed about both family involvement in schools and children's mental health will be more likely to have success in teaching children with mental health needs. It has been established that children have greater academic success when families are involved in schools. Children with mental health disabilities certainly have the same, if not a greater need for their families and educators to work together. Educators who can approach families in a non-judgmental and cooperative spirit are more likely to have success in working with the child with mental health needs.

Why Do We Care?

- Children have more school success when families are involved in their education
- Positive family and staff interaction help to achieve overall positive school climate
- Schools with strong family involvement see greater student achievement
- School staff and families who work collaboratively for a student will be more likely to have student cooperation

What Can We Do About It?

- Educate yourself about mental health diagnoses in children and adolescents
- Work in a spirit of mutual respect and cooperation with families to insure success for every child in school
- Adopt positive and effective communication strategies with all families
- Refer children to a mental health professional in your school if you have concerns
- Contact families with concerns about their child
- Refer families to support and advocacy groups if the family requests that you do so

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Resources/links

Center for the Advancement of Mental Health Practices In Schools. College of Education, University of Missouri Excellent website for involving families in schools. Tips For involving Parents http://education.missouri.edu

Maryland Coalition of Families for Children's Mental Health — a grassroots coalition of family and advocacy organizations dedicated to: Improving services for children with mental health needs and their families and building a network of information and support for families across Maryland. www.mdcoalition.org, 410-730-8267, Toll Free 1-888-607-3637

Mental Health Association of Maryland — Since 1915, the Mental Health Association of Maryland (MHAMD) has been a leader in progressive programs resulting in more effective treatment, improved outcomes for individuals, increased research and greater public understanding of the needs of children and adults living with mental illness. http://www.mhamd.org/, 410-235-1178, Toll Free 1-800-572-MHAM (6426)

NAMI Maryland — an advocacy organization for family and friends of people with serious mental illness, and people who have a mental illness. http://md.nami.org/ 410-863-0470, Toll Free Helpline 1-800-467-0075

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Facts for Educators

Family Involvement in School-Based Mental Health Continued

Learning Disabilities Association of Maryland – promotes awareness and provides support to maximize the quality of life for individuals and families affected by learning and other disabilities.
www.ldamd.org

CHADD/Children and Adults with Attention-Deficit/ Hyperactivity Disorder Maryland Chapters – is the nation's leading non-profit organization serving individuals with AD/HD and their families.
Local chapters are in Baltimore City and Anne Arundel, Baltimore, Harford, Howard, and Montgomery Counties.
http://www.chadd-mc.org/

American Academy of Child and Adolescent Psychiatry Facts for Families provides concise and up-to-date information on issues that affect children, teenagers and their families.
http://aacap.org/cs/root/facts_for_families/facts_for_families

National Mental Health Information Center, SAMHSA Health Information Network. This network provides information on a multitude of topics.
http://www.mentalhealth.samhsa.gov/

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Adapted from Resources found on:
www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Gay, Lesbian, Bisexual and Transgender Youth

Definitions

GLBT/LGBT is a collective term to refer to Lesbian, Gay, Bisexual and Transgender people.

A **lesbian** is a female who is exclusively emotionally, sexually, romantically and/or aesthetically attracted to other females.

The term **gay** is used to refer to same-sex sexual orientation (both male and female).

The term **bisexual** is the human sexual orientation that refers to the aesthetic, romantic or sexual desire for people of either gender or of either sex.

Transgender is an overarching term applied to a variety of individuals, behaviors and groups involving tendencies that diverge from the normative gender role (women or men) commonly, but not always, assigned at birth, as well as the role traditionally held by society.

The process of "**coming out**" describes the voluntary public announcement of one's (often homosexual or bisexual) sexual orientation, sexual attractions, or gender identity.

- "**Being out**" is when an individual does not try to hide these characteristics.
- "**Being outed**" occurs when these characteristics are made public against one's wishes or against one's consent.

If an individual is said to be "**questioning**," it most often means that they are going through a phase of exploration and possible transition regarding his/her sexual orientation. Another definition is that the "**questioning**" period is the initial phase prior to "coming out."

Homophobia is the fear of, aversion to, or discrimination against homosexuality or homosexuals. It can also mean hatred or disapproval of homosexual people, their lifestyles, sexual behaviors or cultures, and is generally used to assert bigotry.

Why do we care?

GLBT students:

- Are far more likely to skip classes and drop out of school.
- Are at a higher risk for substance abuse.
- Are subjected to harassment, violent threats, physical/sexual assault, slurs, insults, and jokes (the average high school student hears 25 anti-gay slurs daily).
- Are more prone to depression and loneliness.
- Attempt suicide 2 to 3 times more frequently than their heterosexual peers.

What can you do about it?

- **Serve as a model for other students**. Be sensitive to the language you use and put an end to any discriminatory jokes or language that you hear.
- **Be an ally**. Educate yourself as to the needs and experiences of GLBT youth and their families. Make yourself available to listen to problems that GLBT kids may be having both in school and at home. Indicate that you are an ally by placing a rainbow sticker or something similar on your classroom door.
- **Help make schools safer**. Urge your school to develop anti-discrimination policies protecting GLBT students from bullying, harassment, violence and discrimination. The APA has created their own policies related to GLBT youth in the schools which can be found at http://www.apa.org/pi/lgbc/policy/youths.html.
- **Speak with colleagues** about the importance of protecting GLBT youth.
- **Start a Gay/Straight Alliance (GSA).** Recruit other allies from the faculty and student body to begin a student run club that serves as a safe place for anyone to come and discuss GLBT issues.
- If resistance is encountered by parents:
  - Create a broad support network. Ensure that each person knows that the real issue is safety for students.

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Facts for Educators

Gay, Lesbian, Bisexual and Transgender Youth Continued

- Explain to parents that a GSA is not about "sex" or promoting homosexuality. Use evidence-based facts that support what you hope to accomplish.
- Some may feel that it is not part of the school's role. However, protecting students is part of a school's role.

Resources/Links

http://www.gsanetwork.org/resources/start.html — For information on starting a GSA at your school.

It's Elementary: Talking about Gay Issues in School (Women's Educational Media, http://groundspark.org/our-films-and-campaigns/elementary) is a documentary that focuses on teachers challenging common stereotypes and mistreatment of gays within their own schools. The film shows children (some as young as first grade) reacting to information about the gay community and questions that are discussed in the classroom.

http://members.tripod.com/~twood/guide.html is a resource guide for different strategies to keep schools safe for GLBT students.

http://www.glsen.org/cgi-bin/iowa/all/home/index.html is the Gay, Lesbian & Straight Education Network. Includes many resources from current research to education on putting policies into action.

http://www.aclu.org/lgbt/youth/24003pub20060131.html gives access to a downloadable version of the Making Schools Safe Training Manual from the ACLU.

http://www.lambda.org/youth.htm is a website designed specifically for GLBT youth. It includes information about how to handle bullying and discrimination as well as safe places and activities for GLBT youth.

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Children's Mental Health Matters!

Facts for Educators
Grief and Bereavement in Children

Definition

Grief is the normal process when there is a death or a loss, such as a divorce. Grief may produce physical, mental, social or emotional reactions. Physical reactions can include changes in appetite, physical problems such as headaches or stomachaches, sleeping problems and illness. Mental reactions can include anger, guilt, sadness, worry and despair. Social reactions can include withdrawal from normal activities and the need to be near others or to be apart from others. Grief processes also depend on the situation surrounding the death or loss, the relationship with the person who died and the person's attachment to that person.

Bereavement is the period after a loss during which grief is experienced. The time of bereavement depends on several factors including a person's attachment to the person or thing that was lost and the amount of time spent anticipating the loss.

Why Do We Care?

- There has been a huge increase in school tragedies in the recent years. Children are forced to deal with witnessing the murder of their peers and the fear of it happening to them. As educators, we are responsible for helping children mourn their losses and feel safe in their school environment.
- The way in which children are communicated with and managed at the time of a loss will affect how they are able to grieve at the time and how they manage loss in the future.
- Grieving youth are prone to depression, and anxiety and many other problems.
- Often, grieving youth have problems in school. Whether it be lower grades or aggressive behavior, children often manifest their pain in the school setting.

What Do We Do About It?

- **Explanation of death** – It is important to keep children informed about the death of a loved one or peer. They should be told the truth as soon as possible in a way that is tailored to their level of understanding. Be sure to address their fears and answer their questions, so they may fully understand what is happening and how they are feeling. Be aware that children may ask the same questions over and over.
- **Do not avoid the topic if the child wants to talk.** Although death can be an uncomfortable topic, children should feel comfortable talking about what they are going through. If an adult is closed to these discussions, it can send the message that grieving is shameful or not valued.
- **Create a safe place** outside the classroom for the child to go if he/she needs to be alone, set this up so no explanation is needed in front of classmates. Ensure that either you or another adult is available to talk at these times.
- **Keep in close contact with parents.** Ensure that you are monitoring and noting any behavior that may seem different. Meet with parents regularly. It is important to remember that teachers often spend more time with children than anyone. It is necessary to know your students well on order to watch for any signs of serious problems.
- **Correct language -** Make sure to use developmentally appropriate terms when explaining death to children. It is important to be clear and not dance around the issue with euphemisms.
- **Be patient.** Grieving children often show signs of poor concentration and may act out. It is important to help kids stay on task, often being a part of a routine is comforting. If he/she is being disruptive it may be more beneficial to refer him/her to the guidance counselor or school psychologist rather than simply reprimanding.
- **Planning memorial ceremonies** – Being involved in the planning of a memorial service can help a child receive closure and focus on fond memories of the person. Involvement should be strictly on a volunteer basis and children should not be forced to participate. Children who do not wish to participate in planning should be invited to the memorial services provided in or outside of school.

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Facts for Educators

Grief and Bereavement in Children Continued

Resources/Links

The Dougy Center for Grieving Children and Families This website offers a variety of resources including an excellent publication called Helping the Grieving Student: A Guide for Teachers — a great book that provides teachers with practical advice when dealing with grieving students. http://www.dougy.org

Death in the Classroom by Kathleen Zokas — deals directly with how teachers should respond when there has been a death in the school setting. This publication provides step by step information on how to deal with the first 48 hours and memorial services in the school.

Family Health International - http://www.ovcsupport.net/sw2357.asp

National Association of School Psychologists www.nasponline.org/resources/crisis_safety/griefwar.pdf

UCLA School Mental Health Project Grief and Loss Practice Notes: http://smhp.psych.ucla.edu/pdfdocs/practicenotes/grief.pdf

With Eyes Open- Resources for Teachers: http://www.pbs.org/witheyesopen/resources_youth.html

http://www.childrensgrief.net/Helping_the_grieving_child_in_school.htm — a great resource for teachers, provides general information on what to expect from a grieving child as well as specific information for grieving children with LD or ADD/ADHD.

http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=1662 illustrates how children grieve and their level of understanding per age group.

http://teacher.scholastic.com/professional/bruceperry/child_loss.htm gives a great overview of what grieving children go through as well as common asked questions.

Adapted from Resources found on: www.schoolmentalhealth.org March 2009

Children's Mental Health Matters!

Facts for Educators

Medication Management in Children and Adolescents

Definition

Psychiatric medications are any medications used to treat a mental health disorder (for example, ADHD, Depression). Medications under the prescription of a treating medical professional and when taken as prescribed, along with other non-medication interventions, can be important elements in the successful treatment of psychiatric disorders. Medications can help to control symptoms, make other kinds of treatment more effective, and most importantly, may help to reduce the barriers to learning and enhance school and life success.

Some facts to know

- **Medications do not *cure* psychiatric disorders** Medications may not cure psychiatric disorders, but in many cases, along with other non-medication interventions (therapy, parent and teacher support), they can help a child or adolescent function despite continuing mental distress and difficulty coping effectively.
- **Length of treatment depends on the individual and the disorder –** Some children may only need to take medication for a set time period and then never need it again, while others may have to take medication for longer periods of time.
- **Medications may not produce the same effect in everyone –** Some children may respond better to one medication than another, often due to factors such as age, sex, body size, body chemistry, physical illnesses, diets and other treatments. Some may need larger doses versus smaller doses Some may have side effects, while others may have no side effects. Some may experience minimal symptom relief as opposed to having complete symptom relief.
- **Good reports from families and teachers** Families and teachers often report that a combination of medication and therapy have allowed their child to participate in school much like other children, along with improved functioning at home.
- **Only used when benefits outweigh the risks** Medications should be used only when the anticipated benefits outweigh the risks.
- **It is not unusual for children/adolescents to require changes in dosages** and/or medications over time. It is important to regularly monitor the impact of medications

Why do we care?

- Although many children and adolescents with mental health disorders can be very successful in life by utilizing non-medication interventions only (individual, group, or family therapy, parent and teacher support), medications may also be a factor that may help in the treatment of a mental health disorder or it may help to make these other forms of treatments more effective.
- Without proper identification and treatment, mental health disorders in childhood may have serious consequences, such as school failure, family conflicts, problems with relationships, problems developing social skills, substance abuse, delinquency, and even risk for accidental injuries and death.
- As with any intervention, a case-by-case decision-making process is necessary depending on your child's diagnosis and individual needs. The decision to medicate should be made solely by the child's parents or caregivers, and a medical professional experienced in diagnosing and treating childhood disorders.

What can we do about it?

If you are wondering if medication can help a child in your class, express your concerns to the child's parent/ caregiver and suggest referral to a medical professional. There are several types of professionals who can diagnose and treat mental health disorders, including school psychologists, clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians.

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Facts for Educators

Medication Management in Children and Adolescents Continued

- **What happens next:**
  The medical professional will meet with the child and family and a decision will be made concerning medication management. The child may then begin a trial of taking the medication while being monitored closely by the parent, and the medical professional. It is recommended that parents/guardians notify all caretakers (other family members, teachers, the school nurse/nurse practitioner, and others who are in charge of this child) when a child is taking medication; however, it is up to parent/guardian and the child as to whether they want to notify others. It is often helpful if others are aware so that they can also report favorable results and side effects and to also monitor the administration of the medication.
- **Your role if you are aware that a child is taking medication:**
  - Become educated on the medication if possible (see medical professional for verbal and written information that is available about the medication).
  - Monitor the child in your class. Look for side effects and favorable results.
  - If the child is taking medication in school, help to make sure the child takes the medication on the correct schedule.
  - Ask parents or medical professionals if there are any foods or drinks that the child should avoid while taking the prescribed medications.
  - Some families do not want others to know that their child is on medication for fear of rejection/ teasing or labeling. Please be discreet if you are aware that a child is on medication.
  - If the school nurse is involved with the medication management, maintain a working relationship with him/her so that the child can receive the best care possible.

Resources/Links

American Academy of Child and Adolescent Psychiatry
Discusses psychiatric medication for children and adolescents, how medications are used, types of medications, and questions to ask when becoming educated on medication management. http://www.aacap.org/publications/factsfam/psychmed.htm and http://www.aacap.org/publications/factsfam/29.htm and http://www.aacap.org/publications/factsfam/medquest.htm

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) – This website offers information detailed information regarding AD/HD.
http://www.chadd.org/

National Institute of Mental Health (NIMH)
Your Child and Medication – This article tells parents what they need to know about their child's medications.
http://findarticles.com/p/articles/mi_m0651/is_2000_Feb_3/ai_70363309

NIMH – Link to a webpage/printable booklet to help consumers and families understand how and why medications can be used in treating mental health problems. Offers a children's medication chart that lists brand and generic names of medications under each of the main childhood disorders. http://www.nimh.nih.gov/publicat/medicate.cfm

U.S. National Library of Medicine and the National Institute of Health (Medline Plus) – Offers an alphabetical list of drugs, supplements and herbal information. Provides an explanation of why this medication is prescribed, how this medicine should be used, precautions, side effects, storage conditions for the medicine, brand names and other important information. http://www.nimh.nih.gov/health/publications/medications/complete-index.shtml

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Children's Mental Health Matters!

Facts for Educators

Self-Injurious Behavior in Children and Adolescents

Definition

Students who exhibit self-injurious behavior perform deliberate and repetitive acts of injuring their own body as a way to cope with overwhelming feelings and thoughts. Some forms of self-injurious behavior include cutting, carving, scratching, burning, branding, biting, bruising, hitting, and picking and pulling skin and hair. Self-injury is a serious illness that is often accompanied by other mental health problems like depression, obsessive-compulsive disorder or anorexia nervosa.

Why do we care?

- Students who exhibit self-injurious behavior have difficulty verbally communicating their feelings with others.
- Students who exhibit self-injurious behavior are more likely to engage in other types of risky behavior, such as substance or alcohol abuse.
- Students who exhibit self-injurious behavior are more likely to isolate themselves from classmates.

What can we do about it?

- **Discuss the situation with the child's parents or caregiver.** It is important to let the child's family know of your suspicions. Ask the family to help the student seek available resources.
- **Offer support and reassurance to the student.** It is important not to alienate a self-injuring student but rather to build trust.
- **Students should be under supervision at all times,** until they have been assessed as safe or given over to the care of their parents.
- **Be aware that the student's behavior is usually a symptom of a more serious underlying problem.** Talk to the student about what's going on in his/her life that could be triggering this behavior.
- **Notify the school clinicians about the student's behavior**, and ask them to provide additional information and resources to the students and caregivers.

Resources/Links

American Academy of Child and Adolescent Psychiatry. Facts for Families No. 73: Self-Injury in Adolescents. http://www.aacap.org/publications/factsfam/73.htm

National Association of School Psychologists http://www.nasponline.org/resources/principals/Self-Mutilation%20March%2004.pdf

Mental Health America
The country's leading nonprofit dedicated to helping ALL people live mentally healthier lives.
www.mentalhealthamerica.net
Fact Sheet on Self-Injury
http://www.mentalhealthamerica.net/go/information/get-info/self-injury

S.A.F.E Alternatives (Self-Abuse Finally Ends): http://www.selfinjury.com

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Children's Mental Health Matters!

Facts for Educators

Substance Abuse in Children and Adolescents

In 2005, the National Institute on Drug Abuse found that approximately 21 percent of all 8th graders, 38 percent of all 10th graders and 50 percent of all 12th graders have tried an illegal drug. Drug use may be higher among kids who have dropped out of school. Younger students are also at risk; surveys have shown that 30 percent of 4th through 6th graders feel pressured by their peers to drink beer, 31 percent to try marijuana, and 34 percent to smoke cigarettes. Alcohol use often begins by age 13, and studies show that 80 percent of high school seniors have used alcohol. The younger kids start using drugs and alcohol, the more likely they are to develop serious problems with abuse and addiction later on. As a teacher who spends a lot of time with kids, you can play a critical role in helping to identify and get help for those students at risk for or engaged in alcohol or drug abuse.

Why do we care?

Drugs and alcohol contribute to a host of problems for our children, including:

- Poor academic performance
- Memory and learning problems
- Truancy and absenteeism
- Problems with family and peer relationships and a lack of empathy for others
- A tendency to engage in other risky activities and to feel invulnerable
- An increased risk for moving on to more dangerous drugs, and developing dependency or addiction

While all children are at risk of using drugs and alcohol, the following risk factors significantly increase the chance that a child will develop a serious alcohol or drug problem:

- Having a family history of substance abuse, dependency or addiction
- Depression or low self-esteem
- Social isolation; inability to fit into the mainstream

What can we do about it?

Research has documented that family involvement and classroom-based prevention programs are the most effective means of addressing substance abuse among youth.

- **Watch for signs of substance abuse:**
  - Moodiness or irritability
  - Argumentative, disruptive, rule-breaking behavior
  - Sudden mood or personality changes
  - Low self esteem or depression
  - Poor judgment; irresponsible behavior
  - Social withdrawal; pulling away from family
  - Change in former activities or friends; general lack of interest
- **Discuss the situation with the child's parents or caregiver.**
- **Notify the appropriate school staff** (e.g., school counselor or mental health provider, school principal) if you suspect a student is using drugs or alcohol.
- **Let your students know that you do not approve of drug or alcohol use.** Develop a personal relationship with your students, and share your concerns about their safety and well being.
- **Create a positive classroom environment** where students feel comfortable talking with you and sharing feelings. Listen carefully to what they are telling you, and let them know that you are a resource of support if they should need it.
- **Encourage students to develop different ways to refuse substance use.** Examples include:
  - Switching topic ("Hey, did you hear about the game last night?")
  - Using an excuse ("I can't, I'm meeting a friend in 10 minutes")
  - Put the "blame" on others/parents ("My mom would kill me if she found out")
  - Walk away
  - State the facts ("No thanks, I've read about what drugs can do to your body")

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Facts for Educators

Substance Abuse in Children and Adolescents Continued

- **Educate yourself.** Seek out resources that give current information regarding what drugs are out there and specific signs of use. Children are beginning to use at younger ages and teachers often spend more time with students than their parents. It is important to be up to date to ensure the safety of your students.
- **Educate your students**. Give them factual information about drugs and alcohol. It is important to challenge myths and to give them accurate information about the dangers of substance use.
- **Remind your students that they will be reported** if they come to school in possession of drugs or alcohol, or under their influence.
- **Let your students know that you will contact their parents** if you suspect drug or alcohol use. Follow through on parent contact should the need arise, but let students know that you will be contacting their parents so as not to violate their trust.
- **Discuss your concerns** and possible responses with your principal or other school administrators.

Resources/Links

American Council for Drug Education
This is an excellent website for teachers who want suggestions for talking with their students about drugs and alcohol, information about signs and symptoms of specific drugs, and classroom prevention lesson plans: http://www.acde.org/educate/Default.htm

The AntiDrug.com, a website of the National Youth Anti-Drug Media Campaign, provides parents and caregivers with information on proven prevention strategies and information about what to do if you suspect that your adolescent is using drugs or alcohol: http://www.theantidrug.com/ei/

Building Blocks for a Healthy Future
A website developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) with practical information about helping your preschool and elementary school-aged children make good choices and develop a healthy lifestyle: http://www.bblocks.samhsa.gov/Educators/

Check Yourself — Includes detailed descriptions of drugs, alcohol myths vs. truths, and personal stories. http://checkyourself.com

National Institute on Drug Abuse: Provides links to facts on specific drugs for parents and teachers as well as age appropriate curriculum regarding drug education. http://www.nida.nih.gov/parent-teacher.html

National Council on Alcohol and Drug Dependence is particularly focused on alcohol use and abuse. For a list of specific signs that a student may be in trouble with alcohol: http://www.ncadd.org/facts/parent2.html

Safe and Drug Free Schools. Offers tips for parents on how to talk to their child about drug use and abuse, and how to prevent drug use. It also provides information about specific drugs and their effects. http://www.yic.gov/drugfree/index.html

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Children's Mental Health Matters!

Facts for Educators
Suicide in Children and Adolescents

Definition

Suicide is the act of taking one's own life. Suicide is the third leading cause of death among youth ages 15-24 and it accounts for 12.3% of all deaths among 15-24 year olds. Approximately 11 parents/caregivers lose a child (between the ages of 15-24) to suicide every day and for every completed suicide by a youth, it is estimated that 100 to 200 attempts are made. In Maryland in 2005, there were 86 families who lost a child between the ages of 10-25 to suicide. However, building strong family relationships, having the knowledge of the risks and warning signs of suicide/ depression, and having access to prevention and intervention resources will often decrease the likelihood of suicide.

Why do we care?

Warning signs may include:

- Depressed mood
- Frequent episodes of running away or being incarcerated
- Family loss or instability, significant problems with parent
- Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- Withdrawal from friends and family
- Difficulties in dealing with sexual orientation
- No longer interested in or enjoying activities that once were pleasurable
- Unplanned pregnancy
- Impulsive, aggressive behavior, frequent expressions of rage
- Alcohol and/or drug abuse
- Engaging in high risk behaviors (e.g., fire-setting, involvement in cults/gangs, cruelty to animals)
- Social isolation and poor self-esteem
- Witnessing or being exposed to family violence or abuse
- Having a relative who committed or attempted suicide
- Being preoccupied with themes and acts of violence in TV shows, movies, music, magazines, comics, books, video games, and internet sites
- Giving away meaningful belongings

IMPORTANT: Some children may exhibit many warning signs yet appear to be coping with their situation and others may show no signs and yet still feel suicidal. The only way to know for sure is to ask your student and to consult a mental health professional.

What can you do about it?

- **Ask the student directly if he/she is considering suicide.** Ask whether he/she has made a specific plan and has done anything to carry it out. Explain the reasons for your concerns. Listen openly to the student, tell the student that you care deeply and that no matter how overwhelming his or her problems seem, help is available.
- **Immediately contact the student's parents or guardians and get the student professional help** from a doctor, community health center, counselor, psychologist, social worker, youth worker, or minister. You can also call 1-800-SUICIDE or look in your local phone book for suicide hotlines and crisis centers. In Maryland, call 1-800-422-0009.
- **If the student is in immediate danger, call 911 and then contact their parents.** If the student has a detailed plan or appears acutely suicidal and will not talk, he or she could be in immediate danger and it is important to get help right away. Do not leave the student alone and seek help immediately.

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Facts for Educators

Suicide in Children and Adolescents Continued

- **Learn the warning signs, risks and other factors associated with suicide** especially if the student has made suicidal attempts or threats in the past the student knows that you are there for him/her, encourage him/her to seek you out in times of need, and if you are not there at the time when your child feels depressed or suicidal, have another support person to go to for help.
- **Secure any firearms or dangerous weapons away from the child and preferably remove them from the classroom.**

Resources/Links

American Acadamy of Child and Adolescent Psychiatry Suicide Prevention and Youth: Saving Lives http://www.aacap.org/galleries/LegislativeAction/SuicideH.PDF

National Association of School Psychologists: Preventing Suicide: Information for Families and Caregivers. http://www.nasponline.org/publications/cq/cq354suicide.aspx

Youth Suicide Prevention Program: Information for Parents http://www.yspp.org/publicAwareness/parents/parentAwareness.htm

American Foundation for Suicide Prevention: http://www.afsp.org

Suicide Information & Education Center (SIEC): http://www.suicideinfo.ca/

Suicide reference library: http://www.suicidereferencelibrary.com/

Yellow Ribbon Suicide Prevention Program for Parents: http://www.yellowribbon.org/Msg-to-Parents.htm

National Youth Violence Prevention Resource Center: http://www.safeyouth.org/scripts/faq/respdepress.asp

Suicide Awareness\Voices of Education (SA\VE): http://www.save.org/

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Children's Mental Health Matters!

Facts for Educators

Trauma in Children and Adolescents

Definition

Trauma is caused by a sudden and unforeseen event that causes extreme fear and possible harm to a child. It is also referred to as emotional harm and it is the relatively normal reaction that occurs in response to an extreme event. A student's age, level of development, and availability of support will factor into how well he/she deals with the trauma. Trauma-causing events can include but are not limited to:

- Violence (e.g. school shootings, witness/victim of abuse)
- War
- Terrorism
- Natural disaster (e.g., fire, hurricane, earthquake, flood)
- Accidents
- Medical procedures
- Serious threats (e.g. bomb threats)

With psychiatric trauma, emotional and distressful memories are stored in the brain and can lead to other emotional and social problems. Trauma does not typically appear during the traumatic event, but rather once it is over. The trauma can appear within days, weeks, months or years.

Why do we care?

As many as 67 percent of trauma survivors experience lasting psychosocial impairment. Trauma can affect a child's brain and delay certain abilities which can make it harder for the child to concentrate and study. A traumatic event can also hinder a child's emotional maturity, causing a child to close the world out, not allowing emotional growth. The child may also experience many negative emotions in which he/she may feel extreme betrayal and lack of faith in his/her life and the world. Trauma can have serious effects on a student's well-being physically, emotionally and academically.

Some children will experience difficulty coping with the traumatic events and may develop Post Traumatic Stress Disorder (PTSD), Child Traumatic Stress (CTS), depression or overwhelming, prolonged grief.

PTSD is an anxiety disorder that occurs following exposure to an extreme stressor (i.e., when a person sees or is a part of a highly traumatic event). The event will usually be a life-threatening or extremely distressing situation that causes a person to feel intense fear, horror or a sense of helplessness. The risk of developing PTSD is related to the seriousness of the event, the child's proximity to the event, whether or not the event was repeated and the child's relationship to those affected.

CTS is a psychological response that some children have as a result of a traumatic event. These responses remain once the event has passed and negatively affect the daily life of the child. One out of four children will experience a traumatic event before the age of 16 and some of these children will develop CTS. If left untreated, CTS can lead to long term difficulties in school, relationships, and jobs.

Signs & Symptoms

People respond in different ways to extreme trauma. Some people may:

- Relive the event
- Avoid reminders and experience frequent flashbacks
- Have ongoing fears related to the disaster (involving loss or separation from parents)
- Have sleep disturbances or nightmares
- Look as if he/she is on guard, uneasy or jumpy
- Seem disconnected or have relationship problems
- Have psychiatric problems such as depression, suicidal thoughts, dissociation (losing conscious awareness of the "here and now"), or anxiety
- Engage in aggressive and/or self-destructive behavior (i.e., alcohol or drug abuse, high-risk sexual behaviors)
- Have physical complaints (i.e., stress-related conditions, eating disorders, headaches)
- Have lower grade point averages

The Children's Mental Health Matters! Awareness Campaign is a collaboration of The MD Coalition of Families for Children's Mental Health (MD Coalition), the Mental Health Association of MD (MHAMD), the MD Mental Hygiene Administration and the MD Mental Health Transformation Office to raise public awareness of the importance of children's mental health. For more information please call the MD Coalition at 410-730-8267, MHAMD at 410-235-1178 or visit www.childrensmentalhealthmatters.org.

Facts for Educators

Trauma in Children and Adolescents Continued

- Receive more negative remarks from faculty
- Have more absences from school/refusal to go to school
- Experience concentration difficulties or irritability

What can we do about it?

- Early intervention is critical
- Address the 3R's of School Crises and Disasters:
  - Readiness: Be prepared to respond to crisis if it were to happen today.
  - Response: The sum total of the resources and skills used in order to take action once a crisis takes place.
  - Recovery: Bringing the school community back to a cohesive social and emotional unit.
- Remember that you are a role model for the student. Students will immediately pick up on how you respond to traumatic events.
- Refer the child to the school's counselor or a medical professional.
- Alert the student's parents.
- Answer the student's questions. Be as honest as possible, listen intently and use simple words. Be prepared to repeat answers and conversations. Offer plenty of class time for discussion if appropriate and avoid rumors and misconceptions. Make sure the students know that their feelings are perfectly normal.
- Implement activities aside from just open discussion (e.g. art projects) that may allow the students to express what they are feeling.
- Stick to as normal a classroom routine as possible.

Resources/Links

American Academy of Child & Adolescent Psychiatry
Talking to Children about Terrorism and War - Tips on how to talk to children after a traumatic event occurs, not limited to terrorism/war. http://www.aacap.org/publications/factsfam/87.htm

Post-traumatic Stress Disorder (PTSD) - Defines PTSD, and gives symptoms of PTSD. http://www.aacap.org/publications/factsfam/ptsd70.htm

National Center for PTSD/ PTSD in Children and Adolescents - Offers a fact sheet for PTSD in children and adolescents including diagnosis of PTSD, causes, risk factors, symptoms, and treatment. http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html

The Effects of Trauma on Schools and Learning - Defines Traumatic events, discusses the effects of trauma on different aged students and their ability to learn. http://www.nctsnet.org/nccts/nav.do?pid=ctr_aud_schl_effects

The National Child Traumatic Stress Network
Understanding Child Traumatic Stress Brochure - Defines Child Traumatic Stress, symptoms, PTSD, responses to stress and traumatic stress recovery. http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Understanding_Child_Traumatic_Stress_Brochure_9-29-05.pdf

National Institute of Mental Health
Helping Children and Adolescents Cope with Violence and Disasters - Defines trauma, describes how children react to trauma and how to help them, including tips for teachers. Also defines PTSD and its treatments. http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-what-parents-can-do.shtml

PBS
America Responds - Links to lesson plans to teach lessons about the important lessons to be learned from tragedy. http://www.pbs.org/americaresponds/educators.html

Thirteen Online Education: Dealing With Tragedy: Links to lesson plans to use in response to traumatic events. http://www.thirteen.org/edonline/tips.html#lessonplans

Dealing With Tragedy: Tips for teachers. http://www.thirteen.org/edonline/tips.html

Adapted from Resources found on: www.schoolmentalhealth.org March 2009