



Mental and Behavioral Health Issues

A Safety and Violence Prevention Curriculum
Module One



It's the Law ...

It is not optional for you to intervene and address incidents of bullying in your school. Ohio law now mandates that schools have a policy prohibiting bullying, harassment and intimidation, with a specified legal definition of these terms and with specific requirements related to reporting, investigating and intervening in these incidents.

It is important to let the student know that you are concerned and that you want the behavior to stop.

You should also report the incident to the administration for proper disciplinary action.

You might consider making a referral to the school counselor or social worker who can work with the bully on alternatives to violence.

Finally, you should refer the victim of bullying or violence to the school counselor or social worker for assistance. Depending on the age of the student and severity of the situation, you may want to involve the student's parents in the situation as well. There may be a legal requirement for the school to notify parents.



Protective Factors

- **What do kids need to be successful?**
 - Common sense
 - Supportive family
 - Healthy environment: home, school, community
 - Ability to deal with challenges, changes

COPING ABILITIES = RESILIENCE



Assets in Schools

- Positive other adult relationship (3+ non-parent adults)
- Caring school climate
- Parent involvement in school
- Service to others (one or more hours per week)
- Safety: youth feel safe at school
- School boundaries: clear rules and consequences
- Adult role models
- High expectations



Assets in Schools

- Creative activities (3+ hours/week)
- Youth programs (3+ hours/week)
- Achievement motivation
- School engagement
- Homework
- Bonding to school

POWER OF ONE CARING ADULT



One Caring Adult

- Research reinforces the power of one adult
- Parents or other caregivers or extended family members can serve this role
- Neighbors and other adults youth see in their daily lives.
- Adults who spend time with youth through **schools** and programs, including **coaches, teachers, mentors**, child care workers, youth workers and employers.



One Caring Adult

“We need to make sure that no boy or girl in America is growing up without ...the presence of a responsible, caring adult.

“Where else does a child learn how to behave?
Where else does a child learn the experience
...totems and traditions of the past?

“Where else does a child look for proper examples except from responsible, caring, loving adults in his or her life?”

*Founding Chairman General Colin L. Powell,
Minnesota Alliance with Youth*





Non-academic Barriers To Learning

Maslow's Hierarchy of Needs (1970)

- Basic needs must be met before child can attend to next need on the hierarchy:
 1. **Survival** – food, clothing, shelter
 2. **Safety** – knowing survival resources are safe
 3. **Social** – belonging to a group
 4. **Significance** – status within the group
 5. **Self-Actualization** – attaining one's full potential



Recognizing Changes in Behavior, Appearance and Performance

- Not all students have the support they need to be successful in school and in life.
- Students don't always ask for help, but school professionals can be alert for barriers to learning.



General Indicators

- School work has declined; grades suddenly slipping or dropping dramatically
- Missing school (skipping secretly or too "tired" or "sick" to go)
- Unexplainable and dramatic mood changes (irritable, crying jags)
- Dropping out of usual activities (music, sports, hobbies)
- Physical appearance changing (poor hygiene, unusual style changes)
- Seems to have "lost" motivation



General Indicators

- Depressed or anxious
- Forgetfulness
- Unusual sleeping habits (changing over time or dramatic change)
- Behavior that is contra-indicated by a student's pre-existing health conditions, e.g.,
 - Child with diabetes refusing insulin
 - Child with asthma smoking



What Can You Do?

- **IDENTIFY** students who are experiencing barriers to learning.
- **REACH OUT:** Tell them you care and want to help.
- **REFER** students to in-school staff or community resources.



Depression and Suicide: Important Information for Educators

A Safety and Violence Prevention Curriculum
Module Two



Recognizing Depression in Students: Changes in Behavior

- May appear irritable or angry as opposed to depressed
- Have volatile moods, angry outbursts, or rage
- Lose interest in activities they previously enjoyed
- Withdraw from family and friends
- Abuse substances



Recognizing Depression in Students: Changes in Appearance

- Noticeable weight gain or weight loss: eating disorders are correlated with depression.
- Changes in sleep: sleeping much more or much less than usual
- Disheveled appearance; lack of personal hygiene



Recognizing Student Depression: Changes in Performance

- Grades dropping in school (students who have stress, learning disabilities, ADHD, or conduct disorders are at high risk for depression.)
- Lack of interest in after-school activities or sports
- Skipping school, coming to school late
- Delinquent behavior while at school, increases in disciplinary actions
- Feelings of worthlessness, guilt, difficulty concentrating, suicidal ideation



What are warning signs for student suicide?

Look for the same warning signs as for depression, and:

- Thoughts or writings of death or suicide
- Giving away possessions or putting affairs in order
- Locating weapons
- Making comments such as, “You won’t have to worry about this when I’m gone,” or “I won’t be a bother to you much longer.”
- Feelings of worthlessness



- Whereas **adults** come to suicidal behavior often over the course of lengthy stressful events,
- **Adolescents** may become suicidal after experiencing an intense emotional event, a breakup with a boy/girlfriend, or becoming an outcast to friends.



Factors associated with increased likelihood of suicide attempts

- Previous suicide attempts or gestures
- Substance abuse or other mental health disorders
- Family history of suicidal behavior
- Life stressors (interpersonal losses, relationships)
- Access to firearms
- Survivor of child abuse (physical or sexual abuse)
- Conduct disorders or disruptive behaviors
- Sexual orientation (homosexual, bisexual and trans-gendered youth are 3-5 times more likely to commit suicide)
- Juvenile delinquency



**What do I do if I think
a student might be
severely depressed
and considering
suicide?**



Depression and Suicide

- Talk to the student – Show your concern.
- If the student seems depressed, ask about his or her mood and feelings. Ask specific questions, such as:
 - Is there anything that you enjoy?
 - Do you have someone to talk to about how you are feeling?
 - How long have you been feeling this way?
- You may notice specific behaviors that concern you:
 - Is the student talking or writing about death or suicide?
 - Has the student been giving away possessions?
 - Has the student made final arrangements?



Procedures When Working with Suicidal Students

- Interaction with student:
 - Gather information calmly
 - Communicate caring and support
 - Emphasize student's worth
 - Do not leave students at risk alone
 - Do not promise secrecy



Procedures When Working with Suicidal Students, con't

- Get help, following school procedures
 - Get student to the school counselor or mental health expert
 - Be sure parents are contacted
 - Contact emergency services/local crisis center as necessary
 - 911
 - County emergency mental health agency
 - Local suicide hotline
 - National suicide hotlines – for local hotline information: 1-800-273-TALK (8255); and 1-800-SUICIDE (784-2433)



Alcohol and Drug Use, Abuse and Addiction

A Safety and Violence Prevention Curriculum
Module Three



General Indicators of Distress

- School work has declined; grades suddenly slip or drop dramatically
- Missing school (skipping secretly or being too "tired or "sick" to attend)
- Unexplainable, dramatic mood changes (irritable, moody)
- Dropping out of usual activities (music, sports, hobbies)
- Changing physical appearance (poor hygiene, unusual styles)
- Seems to have lost motivation



General Indicators of Distress

- Depressed or anxious
- Forgetful
- A change in sleeping habits (sleeping in class, seems overtired)
- **DON'T let kids fall through the cracks –**
“Under-achievers” might slip into self-destructive behaviors without anyone noticing.



Warning Signs of Alcohol and Drug Use

*We also need to examine and note those signs that, when noticed as a **pattern**, suggest that the student is struggling with alcohol and/or drug use. It is important not to take any one of these behaviors in isolation as being indicative of involvement with substances. If we take any one of these behaviors, we can find multiple explanations for the behavior in isolation. Look for **patterns** that together resemble the indicators listed here.*

According to the Centers for Disease Control and the National Adolescent Substance Abuse database, these additional signs might include:

- Friends suddenly changing
- Money or valuables missing from others' purses, lockers, desks or homes
- Furtive or secretive behavior (e.g., student locking bedroom door and responding slowly when called)
- Hostile, aggressive outbursts
- Smell of alcohol or marijuana on breath or body



Warning Signs of Alcohol and Drug Use (continued)

- Show negative, argumentative, paranoid, confused, destructive or anxious behavior
- Overreact to criticism
- Act rebelliously
- Are excessively tired or hyperactive
- Show drastic weight loss or gain
- Always need money, or have excessive amounts of money
- **SMOKE tobacco**
 - *While smoking rates are declining, there are connections between smoking and substance use, abuse and addiction.*



Connections Between Alcohol, Drugs And Suicide

Adolescent tobacco users are more likely than nonusers to:

- Also use alcohol and illegal drugs;
- Get in fights, carry weapons;
- Attempt suicide;** and
- Engage in high-risk sexual behaviors.

(Centers for Disease Control and Prevention (CDC); Youth Risk Behavior Surveillance – United States, 2003)

Adolescent smokers are **three times** more likely to use alcohol than adolescents who do not smoke.

(National Institute on Alcohol Abuse and Alcoholism (NIAAA), Alcohol Alerts: Alcohol and Tobacco [January 1998])



Connections Between Alcohol, Drugs And Suicide (continued)

- Teens with alcohol and drug problems are also more at risk for **suicidal thinking and behavior**. Alcohol and some drugs have depressive effects on the brain; these substances can bring on serious depression.
- Youth who are already struggling with depression can get worse if they turn to alcohol or drugs as an escape: **alcohol and drugs intensify depression.**
- In addition to their depressive effects, **alcohol and drugs alter a person's judgment**, interfering with the ability to assess risk, make good choices and think of solutions to problems.



Connections Between Alcohol, Drugs And Suicide (continued)

These connections are strong. While we are not focused on tobacco use in this training experience, serious implications, in terms of both health and behavior, are associated with tobacco use in youth.

These connections, as you saw in the previous slides, include suicide and the use of substances.

There are two things to note:

- alcohol and many drugs are central nervous system depressants, so they increase depression, and*
- the lowered inhibitions that come with alcohol and drug use will impair a young person's ability to think beyond today's problems, thereby increasing suicidal potential.*



Some Facts...

- Approximately **90%** of teens who use drugs also exhibit other risky behaviors (e.g., fighting, carrying weapons and having unsafe sex).
- According to the CDC, **74.3%** of high school seniors nationally report having at least one drink of alcohol on one or more days. In Ohio, the percentage was **76.5%**.



Role of School Professionals

- IDENTIFY
- REACH OUT
- REFER



Identify

- You are not being asked to diagnose your students.
- Simply NOTICE if one of your students is exhibiting **multiple warning signs**.
 - You are looking for **patterns of behavior**, not one or two isolated signs.

One concern you might feel is whether or not you are “crying wolf” regarding a student who is not addicted. We are looking to help all students and to prevent the downward spiral of self-destructive behaviors.

Identifying a student who is exhibiting multiple warning signs may save his or her life!



Reach Out

- Underlying message: **I CARE.**
- Examples:
 - Are you OK?
 - Is there anything I can do to help?
 - Do you have someone to talk to?
 - Would you like to talk?



Refer

- Know **who to contact**.
- Know your in-school resources:
 - School counselor
 - School social worker
 - School nurse
- Know your **school's procedures** for referrals.
- Know your **school's policies** on tobacco and substance use.



Violence Against Children: Bullying and Child Abuse

A Safety and Violence Prevention Curriculum
Module Four



Bullying Defined

- Bullying occurs when a child is:
 - Exposed repeatedly to aggressive actions on the part of one or more persons;
 - The child has a difficult time defending him/herself, due to an unequal distribution of power (physical, social or relational)
- Types of bullying:
 - Direct and physical (hitting pushing spitting)
 - Indirect or social (name-calling and rumors)
 - Relational (using relationships to control)



Indicators of Bullying

(National Youth Violence Prevention Resource Center)

- **Avoiding** certain situations, people or places, such as pretending to be sick so the child does not have to go to school
- **Behavior changing**, e.g., being withdrawn and passive, being overly active and aggressive, or being self-destructive
 - Frequent crying or feeling sad
- Signs of low self-esteem
- Being unwilling to speak or showing signs of fear when asked about certain situations, people or places
- **Having signs of injuries**
- **Suddenly** receiving lower grades or showing signs of learning problems
- **Having recurrent, unexplained** physical symptoms such as stomach pains and fatigue



Warning Signs of Violence

(National Youth Violence Prevention Resource Center)

There are specific warning signs that a student might become violent. Here, too, the need for early identification and referral is evident.

- Past violent or aggressive behavior (including uncontrollable angry outbursts)
- Access to weapons
- Recent experience of humiliation, shame, loss or rejection
- Bullying or intimidating peers or younger children
- Being a target of abuse or neglect (physical, sexual or emotional)
- Witnessing abuse or violence in the home
- Themes of death or depression repeatedly evident in conversation, written expressions reading selections or artwork
- Preoccupation with violence in TV shows, movies, music, magazines, comics, books, video games and Internet sites
- Cruelty to animals
- Fire setting



How Should You Respond?

It is **not optional** for you to identify, refer and address incidents of bullying in your school. Ohio law now mandates that schools have a policy prohibiting bullying harassment and intimidation, with a specified legal definition of these terms and with specific requirements related to reporting, investigating and intervening in these incidents.



How Should You Respond?

- Identify and name bullying behavior among students—don't be a bystander!
- Talk with the student who was being bullied and assure him or her that you care and want to help.
- Refer the student who bullied to an administrator (per school policy)
 - > follow-up with school counselor or social worker about intervention for the student who bullied.
- Refer the targeted student to the school counselor or worker for follow-up.



Bullying is not a mediation issue

**You should not
try to mediate bullying.**

One of the characteristics of a bullying interaction is a differential between the student who bullies and student being bullied. Unfortunately, power differentials cannot be mediated. The student who bullies and the student being bullied should be worked with separately.



Child Maltreatment

Types of abuse:

- **Neglect** (of physical, emotional and/or educational needs)
- **Verbal and emotional** (name-calling or disparaging remarks)
- **Physical** (actions going beyond normally accepted discipline parameters)
- **Sexual** (involving sexual gratification)



Reporting Child Abuse

Ohio's educators are mandated reporters of child abuse.
You must report knowledge OR suspicion

Ohio Revised Code § 2151.421(A)(1)(a)

No mandated reporter shall fail to immediately report the knowledge or suspicion of abuse or neglect of a child to the public children's services agency or a municipal or county peace officer in which the child resides or in which the abuse or neglect is occurring or has occurred.

(<http://codes.ohio.gov/orc/2151.421>)

A March 2007 amendment to the Ohio Revised Code states that an educator's failure to report suspicion of child abuse is a first-degree misdemeanor, punishable by six months in prison and up to a \$1000 fine.



Reporting Child Abuse

- Follow the school or district policy on reporting child abuse.
- Ask the child protective worker to recite back to you what he or she has recorded, so that you can clarify and confirm.
- Child protective services are responsible for the for the investigation process.
- Document your interaction with the child and with child protective services.



Teen Dating Violence Prevention

A Safety and Violence Prevention Curriculum
Module Five



What is Teen Dating Violence?

- Teen Dating Violence includes any behavior by a boyfriend/girlfriend that
 - Is used to **manipulate**
 - Is used to **gain power & control**
 - Makes a person **feel bad** about herself or himself
 - Makes a person feel **afraid** for her or his safety
- Dating abuse is a PATTERN of behavior
- Happens in heterosexual & GLBT relationships



Warning Signs or “Red Flags”

- What are some **RED FLAGS** that a student may be in an unhealthy dating relationship?
 - Physical signs of being hurt such as bruises or other injuries
 - Fear of the dating partner
 - Increased isolation from family and friends
 - Changing behavior because of a boy/girlfriend’s jealousy, i.e. becoming withdrawn, passive, quieter than usual
 - Lowered self-esteem, such as feeling embarrassed, put down, ashamed or guilty
 - Threats of abuse and violence
 - Consistent attendance problems
 - Noticeable drop in grades
 - Sudden request for school schedule changes
 - Sudden, noticeable weight change
 - One teen seems to be controlling the other



Healthy Relationships

- What are some of the **“GREEN FLAGS”** that students may be in a healthy relationship?
 - Respecting of boundaries both physical and emotional
 - Communicates openly and honestly
 - Seeks consent for any sexual behavior
 - Views partner as an equal
 - Belief in non-violent conflict resolution/anger control
 - Ability to negotiate and adjust to stress
 - Partners work together to make decisions and solve problems
 - Belief in partner’s right to autonomy
 - Individuality
 - Trust & mutual respect
 - Honesty
 - Compromise
 - Empathy



What Can YOU Do? Today and in your School

- **Ways to let students know you are there for them:**
 - Keep an open environment
 - Maintain a respectful classroom
 - Give student your undivided attention – LISTEN.
 - Connect frequently
 - Understand question & respond genuinely
 - Model healthy relationship behaviors
 - Serve as a resource for students
 - Teach respectful conversation & communication
 - Teach negotiation & compromise



What Can YOU Do? Today and in your School

- Be conscious of your own endorsement of the 5 key norms.
- Call out sexist, racist, homophobic jokes, slurs or language. Don't just ignore it.
- Don't tell students to just "ignore" abuse or bullying.
- Analyze instructional materials. Use gender neutral language, refer to or give examples from female as well as male scientists/authors/mathematicians, and try to learn the students' names. Include material that reinforces your support of gender equality.



What Not to Say

- “I Understand...”
- “I know that when my boyfriend in high school....”
- “What did you do...”
- “Why did you go...”

– **DO NOT BLAME THE VICTIM!**



Primary Questions to Ask

1. In the past, have you been in a dating relationship?
2. Has your partner ever **(even once)** hit you or **tried** to hit you?
3. Has your partner ever teased you in hurtful ways?
4. Has your partner insulted, humiliated or called you names in front of other people?
5. Have you ever been pressured to perform sexual acts that you did not want to do?



Secondary Questions to Ask

1. Has your partner ever tried to make you feel guilty because of the time you spend with your friends?
2. Has your partner ever checked up on you?
3. Has your partner told you how to dress, or who you can hang out with?
4. Has your partner refused to accept breaking up, or threaten suicide if you end the relationship?
5. Has your partner insisted that you spend all of your free time together, and get angry when you try to do other things?
6. Has your partner told you it's your fault when they are mean to you?
7. Has your partner wrongly accused you of flirting with another person?
8. Had your partner ever kicked, choked, pushed, or grabbed you?



What If They Say Yes?

- Appear non-judgmental and thank the teen for sharing the information with you
- Reassure teen
- Stay calm
- Create a safe environment for communication
- Allow the child time to express what is going on
- Remind the child that you care and thank him/her for opening up.
- If you think the child has an injury, refer to Police or Children's Services



Food Allergies

A Safety and Violence Prevention Curriculum
Module Six



What Are Major Food Allergens?

While more than 160 foods can cause allergic reactions in people with food allergies, the law identifies the eight most common allergenic foods. These foods account for 90 percent of food allergic reactions, and are the food sources from which many other ingredients are derived.

The eight foods identified by the law are:

1. Milk
2. Eggs
3. Fish (e.g., bass, flounder, cod)
4. Crustacean shellfish (e.g. crab, lobster, shrimp)
5. Tree nuts (e.g., almonds, walnuts, pecans)
6. Peanuts
7. Wheat
8. Soybeans

These eight foods, and any ingredient that contains protein derived from one or more of them, are designated as “major food allergens” by FALCPA.



Know the Symptoms

Symptoms of food allergies typically appear from within a few minutes to two hours after a person has eaten the food to which he or she is allergic.

Allergic reactions can include:

- Hives
- Flushed skin or rash
- Tingling or itchy sensation in the mouth
- Face, tongue, or lip swelling
- Vomiting and/or diarrhea
- Abdominal cramps
- Coughing or wheezing
- Dizziness and/or lightheadedness
- Swelling of the throat and vocal cords
- Difficulty breathing
- Loss of consciousness



The Hard Facts: *Severe Food Allergies Can Be Life-Threatening*

*Following ingestion of a food allergen(s), a person with food allergies can experience a severe, life-threatening allergic reaction called **anaphylaxis**.*

This can lead to:

- constricted airways in the lungs
- severe lowering of blood pressure and shock ("**anaphylactic shock**")
- suffocation by swelling of the throat

Each year in the U.S., it is estimated that anaphylaxis to food results in:

- 30,000 emergency room visits
- 2,000 hospitalizations
- 150 deaths



What you should do ...

1. Call for assistance and have someone call 911.
2. GIVE EPINEPHRINE!!! (Epi-pen)
3. Be prepared to administer CPR.
 - Get a staff member who knows the procedure.
4. If the student vomits, turn his/her head to the side.
5. STAY CALM!





Have any questions, contact
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