

# BRAVE THE DAY:

Learn Strategies to Address Anxiety and  
Depression in Children

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Cathy Davis, MA.Ed.

USBE Suicide Prevention

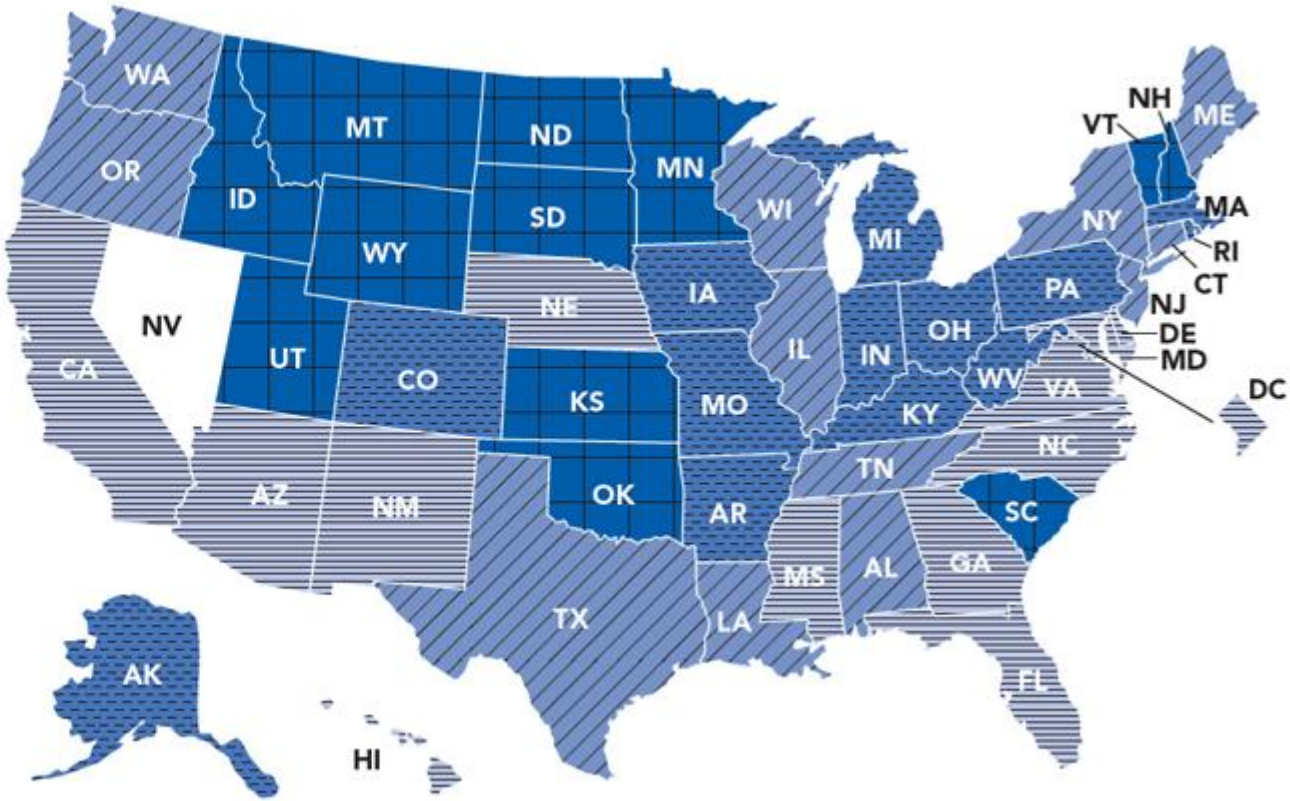
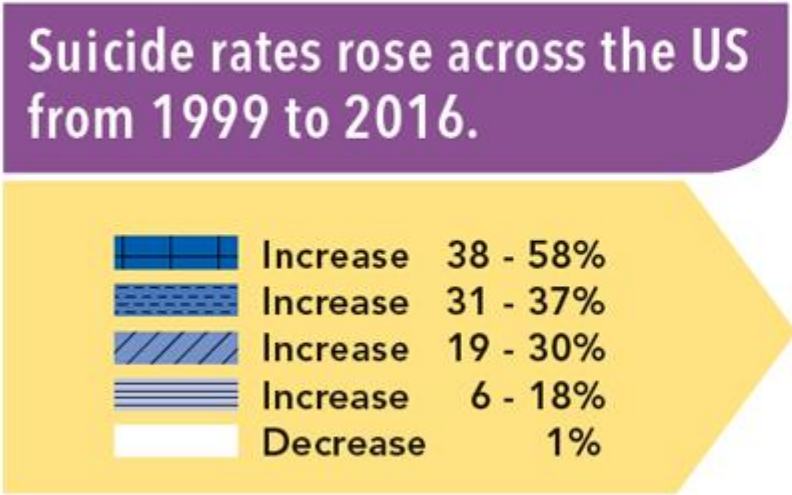
April 11, 2019

The Utah Department of Health (UDOH) observed a 141.3% increase in suicides among Utah youth aged 10-17 from 2011 to 2015, compared to an increase of 23.5% nationally. *Undetermined Risk Factors for Suicide among Youth Aged 10-17 years, CDC, 2017.*

**45K** Nearly 45,000 lives lost to suicide in 2016

**↑30%** Suicide rates went up More than 30% in half of states since 1999.

**54%** More than half of people who died by suicide did not have a known mental health condition.




SOURCE: CDC's National Vital Statistics System;  
CDC Vital Signs, June 2018.





“FOR KIDS, ANXIETY ABOUT SCHOOL CAN FEEL LIKE  
‘BEING CHASED BY A LION’”





**50 million public  
school students in the  
U.S.**



As many as 1 in 5 shows signs of a mental health disorder.



# ANXIETY



**Anxiety disorders are the most prevalent emotional disorder of youth with estimates of prevalence between 2% to 27%,**



**Social anxiety disorder/social phobia is the most frequently diagnosed anxiety disorder in children and adolescents followed by generalized anxiety disorder**



**For children and adolescents, anxiety disorders significantly predict lower standardized test scores, impaired school performance, chronic school refusal, attendance problems, academic failure, and premature withdrawal from school**



**Three general categories: behavioral, cognitive, and physical symptoms**

## Behavioral Symptoms

- Avoidance of academic and/or peer activities:
  - Asking questions
  - Speaking in front of the class
  - Accepting assignments that have been graded due to a fear of finding out the grade
- Difficulty transitioning from home to school (i.e., being separated from an attachment figure)
- Self-imposed social isolation (e.g., sitting alone at lunch even when invited to eat with others)
- Sudden panic episodes, including running away
- (Keeton et al., 2009; Massachusetts General Hospital [MGH], 2010; Mychailyszyn et al., 2010; VanAmerigen et al., 2003)



## Cognitive Symptoms

Impaired  
memory

Difficulty  
concentrating

Excessive worry

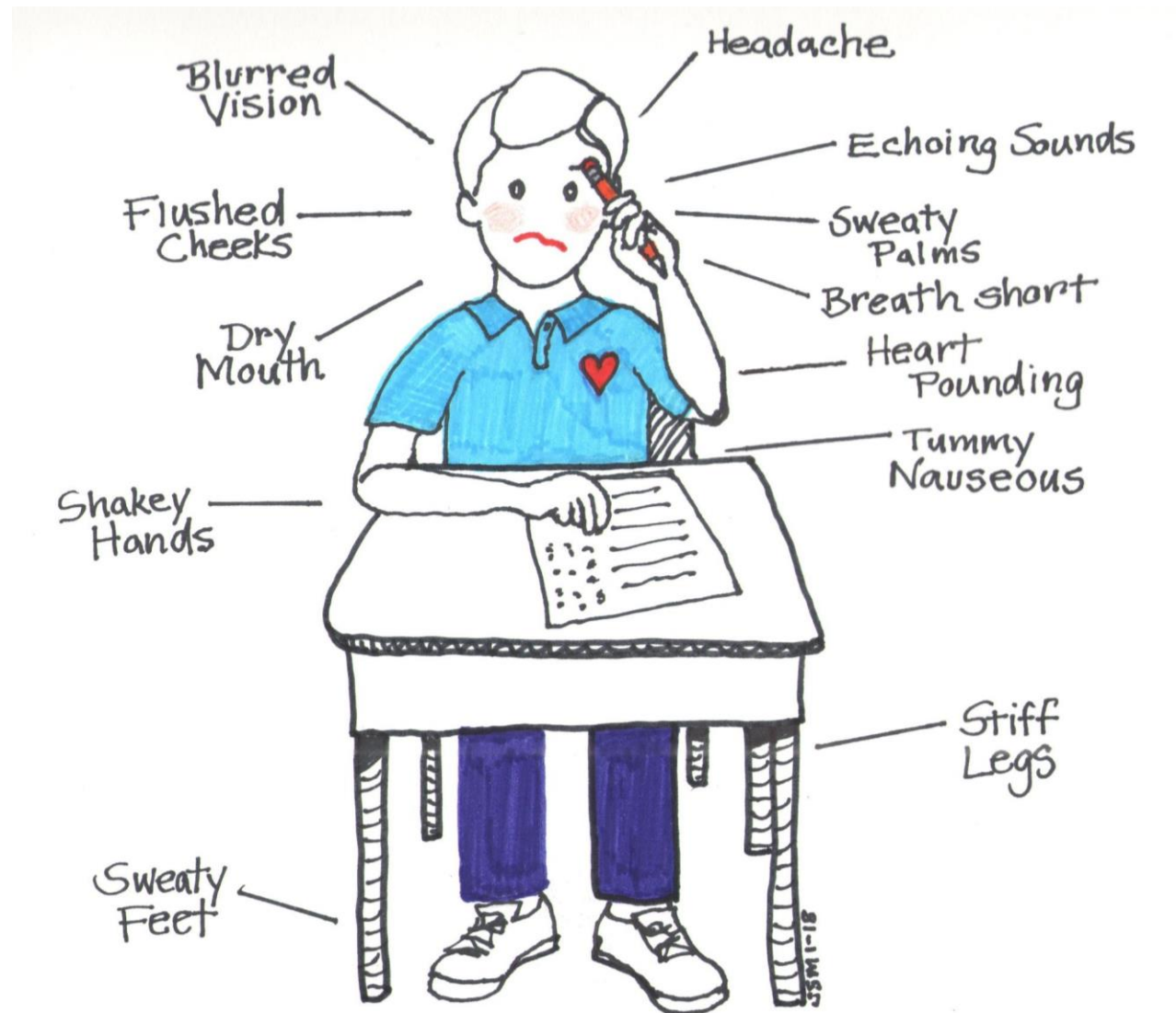
Poor academic  
performance



# Physical Symptoms

- Headaches
- Gastrointestinal complaints
- Restlessness
- Feeling light-headed
- Somatic symptoms cause students to miss more school, make frequent visits to the nurse's office, or be distracted in class (Hughes et al., 2008; Keeton et al., 2009).







## Best Practices for Transition Back to School

- Identify point-person to support student
- Communicate critical information between student support team members (i.e. caregiver, school nurse, school counselor, school psychologist, health care providers, administrator, teachers, etc.)
- Consider partial day attendance at first to ease transition
- Develop crisis plan
- Schedule 504 or IEP team meeting
- Set clear plan for addressing long-term absence and missed work, and allow for adjustments in classwork/homework upon return
- Implement daily check-ins with student
- Provide regular feedback to caregiver on student's adjustment back to school
- Provide family peer-to-peer support, if available

“Transitioning from Psychiatric Hospitalization to Schools.”

<http://smhp.psych.ucla.edu/pdfdocs/hospital.pdf>

## Student Re-entry Plan

STUDENT INFORMATION									
Student:					ID:		Grade:		
Person Completing Form:									
Meeting Date:					Date Returning to School:				
Length of time out of school:									
Signed release of information from mental health provider					Yes	No			
Mental health provider present (if yes, provide name)					Yes	No			
Parent/Guardian present					Yes	No			
Student Safety Plan (must complete before re-entry)					Yes	No			
Student on 504 plan or IEP					Yes	No			
Daily check-in upon Reentry		Yes	No	With whom:			AM	PM	Both
Family Concerns									
Academic Concerns									
Re-entry Conference (Names & titles of all present)									
Modification on course assignments (list course and if assignments can be modified) List modifications on back									
Course	Can assignments be modified?			Can assignments be modified?					
	Yes	No		Yes	No				
	Yes	No		Yes	No				
	Yes	No		Yes	No				
	Yes	No		Yes	No				

[illegible]



# Considering Accommodations for Students with Anxiety

- Based on the evaluation: what can you change in the students environment that will have an impact?
- All behavior is communication. **What has the student's behavior been communicating to you about their anxiety and the educational environment?**
  - Defiance during writing: "The openness of this task makes me anxious." Help them by writing the beginning sentence.
  - Running around poking students when lining up for a prep: "This downtime is making me uncomfortable." Give them an activity to complete during this time.
  - Shutting down during science: "Working with a group is a lot of pressure." Help them find one or two peers they are comfortable with and keep that as their group.
- What does the student need individually, rather than what is typical for our other students with anxiety?
- Remember to skill build. Don't ask or try to reinforce students for doing something they can't do yet!

# Accommodations for Students with Anxiety

- Provide tutoring from peers or teachers.
- Modify schedule and adjust courses to relieve stress.
- Allow make-up work to be extended without penalty
- Be sensitive to transition back to school
- Monitor student's progress
  - Academic (sudden drop in grades, consistent failing grades)
  - Behavior (frequent visits to counselors, can be a hidden disability)
  - Discipline (frequent referrals)
  - Attendance



# More Accommodations for Students with Anxiety

- Modified assignments
- Identify an adult at school outside classroom who can meet with child and engage in problem-solving or anxiety management strategies
- School staff prompt child to use coping strategies prior to school triggers (tests, recess, starting assignment)
- Testing in private, quiet place to reduce anxiety
- Educate teachers about child's anxiety and suggest strategies to facilitate child's coping (reframe)
- Send school assignments to hospital and/or provide home school teacher.

# Accommodations around attendance: scaffolding

- ➡ Be flexible, do not have an all or nothing attitude regarding student attendance.
- ➡ Build up the students skills with handling anxiety at school, particularly if being at school is a source of anxiety.
- ➡ Ideas for scaffolding to increase student success with attending school:
  - Allow them to visit the school when no other students are around
  - Increase expected attendance in the building gradually
  - Include the student in these conversations
  - Praise student bravery and strength rather than reassuring about attending
  - Allow a place/location in the school that is less anxiety provoking than regular class as an alternative to going home
  - Consider creative options like allowing the student to arrive/leave at a slightly different time to avoid large amount of people



## Transitions: a common area of struggle for students with Anxiety.

Transitions can be very difficult for students (particularly those with Anxiety).

Lack of structure, moving from desirable activity, moving on when not at a good stopping point, difficulty with change, difficulty with task initiation.

### Good practices:

Great resource: Jessica Minahan The Behavior Code

Provide students with anxiety with schedules, let them know when something different is happening that day.

**Instead of a count down:** ask students to come to a natural stopping point (e.g., end of page, end of chapter, end of game level, end of set of problems).

**Build in “sponges”:** simple activities for students to complete between stopping and starting activities (e.g., sharpening pencils, coloring pages, word searches, arranging materials).

Don't change from very desirable activities right to a very undesirable activity. Build in smaller more neutral activity (e.g., computer games, watching video on writing topic, writing assignment).

# Comorbidity/ Coexisting Disorders

- Anxiety disorders and ADHD
- Chronic health conditions and Anxiety disorders
- Autism and Anxiety - possibly because of
  - Social isolation
  - Fewer coping skills
- Depression and Anxiety
  - Coexisting disorders may exhibit more physical complaints and avoidance behaviors
  - Duration may be prolonged
  - Increased risk for suicide



## Diverse Student Populations and Risk Factors

- Higher rates of mental health issues correlate with higher levels of victimization, which can increase anxiety in diverse student populations (i.e. students of color, LGBTQ+ students, refugees, immigrants, English learners, and students with disabilities)
- Cultural differences in perceptions, social norms and rules regarding mental illness and expressing emotions
- Cultural traditions and family dynamics can be a buffer and make positive contributions to managing anxiety symptoms (e.g. individualism vs. collectivism) Hofmann, S. G., & Hinton, D. E. (2014).
  - Asian Americans have the lowest rates of four major anxiety disorders (i.e. social anxiety disorder, generalized anxiety disorder, panic disorder and PTSD) .
  - White Americans have the highest rates of the four major anxiety disorders.
  - African Americans have the highest rates of PTSD.

## Diverse Student Populations and Risk Factors

- Unique challenges in school due to limited English proficiency and lack of knowledge regarding cultural norms and expectations
- Perceived discrimination is associated with anxiety disorders.
- The GLSEN (Gay, Lesbian, Straight Education Network) 2017 National School Climate Survey Report revealed that the most common reason for LGBTQ+ students dropping out of high school was mental health concerns, such as depression, anxiety, or stress.
- LGBTQ almost 3 times more likely to experience mental health condition, such as major depression or generalized anxiety disorder





Media portrayals of violence and discrimination can increase anxiety

# Becoming Trauma Informed

- 1 in 5 American children is a "poly-victim" of trauma. They've been exposed to many and multiple types of traumatic victimization
- As many as half of all children in the mental health, child welfare, and juvenile justice systems are poly-victims.
- Children learn to survive chronic trauma through chronic coping.
  - They're on edge (hyper-vigilant);
  - they may react aggressively (overt or covert);
  - and their hopelessness is masked as indifference.
- Trauma manifests as disengagement, anxiety, distraction, depression, anger, or other extreme behaviors

**Julian D. Ford, PhD**

## Resources

- [Anxiety Disorders in Children booklet](#) - Anxiety and Depression Association of America (ADAA)
- [Webinars on anxiety issues in children](#) - Anxiety and Depression Association of America (ADAA)
- [Anxiety in the Classroom](#) - Child mind Institute
- [Section 504 Guidelines for Administrators and Educators](#) - Utah State Board of Education
- [Parent and Educator Guide to Section 504](#)
- [Coping Cat Programs](#)
- [Mental Health First Aid: A Useful Tool for School Nurses](#) - Atkins J. NASN School Nurse 2017 32(6), 361–363.
- [Whole School, Whole Community, Whole Child](#)
- [Principles for practice: The role of individualized healthcare plans \(IHPs\) in care coordination for students with chronic health condition.](#) National Association of School Nurses (2017) Silver Spring, MD: Author
- [Botvins LifeSkills Training](#) This curriculum is required by law to be taught in all Utah secondary schools. Contact your school or district administrator for more information

# Youth Mental Health First Aid

- ▶ Evidence-based program to help adults who interact with children, ages 12-18 to enhance their knowledge of mental disorders and substance abuse and remove fear and misunderstanding.
- ▶ Participants learn to support children who are developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-point action plan:
  1. Assess for risk of suicide or harm.
  2. Listen non-judgmentally.
  3. Give reassurance and information.
  4. Encourage appropriate professional help.
  5. Encourage self-help and other support strategies.
- ▶ **Contact Christy Walker for details at [christy.walker@schools.utah.gov](mailto:christy.walker@schools.utah.gov)**





# Bibliotherapy

- **The Behavior Code: Guide and Companion Guide** by Jessica Minahan (2012, 2014)
- **What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety** (What-to-Do Guides for Kids) by Dawn Huebner (2005)
- **Outsmarting Worry** by Dawn Huebner (2017, Ages 9-13)
- **Help Your Dragon Deal with Anxiety** by Steve Herman (2018)
- **Strong Kids Curriculum** by Dr. Kenneth Merrell (2016)
- **Wilma Jean and the Worry Machine** by Julia Cook and Anita DuFalla (2012)
- **Taking A.D.D. to School.** Weiner, E. (1999) Plainview, NY. JayJo Books
- **Taking Autism to School.** Edwards, A. (2001) Plainview, NY. JayJo Books
- **Taking Depression to School.** Gosselin, K.( 2004) Plainview, NY, JayJo Books
- **The Anxiety Workbook for Kids: Take Charge of Fears and Worries Using the Gift of Imagination** by Robin Alter, PhD, Cpsych and Crystal Clarke MSW, RSB (2016)

# Anxiety



# UNDERSTANDING SUICIDE

In general, if a person is suicidal it does not actually mean they want to die. It simply means they want to end unbearable physical or emotional pain, or find a solution to an inescapable problem.

Because of this, most people experience intense uncertainty about suicide. A part of the person may still be hopeful or connected to people, pets, or purpose in life.

We can help them reconnect to those reasons for living.

# UNDERSTANDING SUICIDE

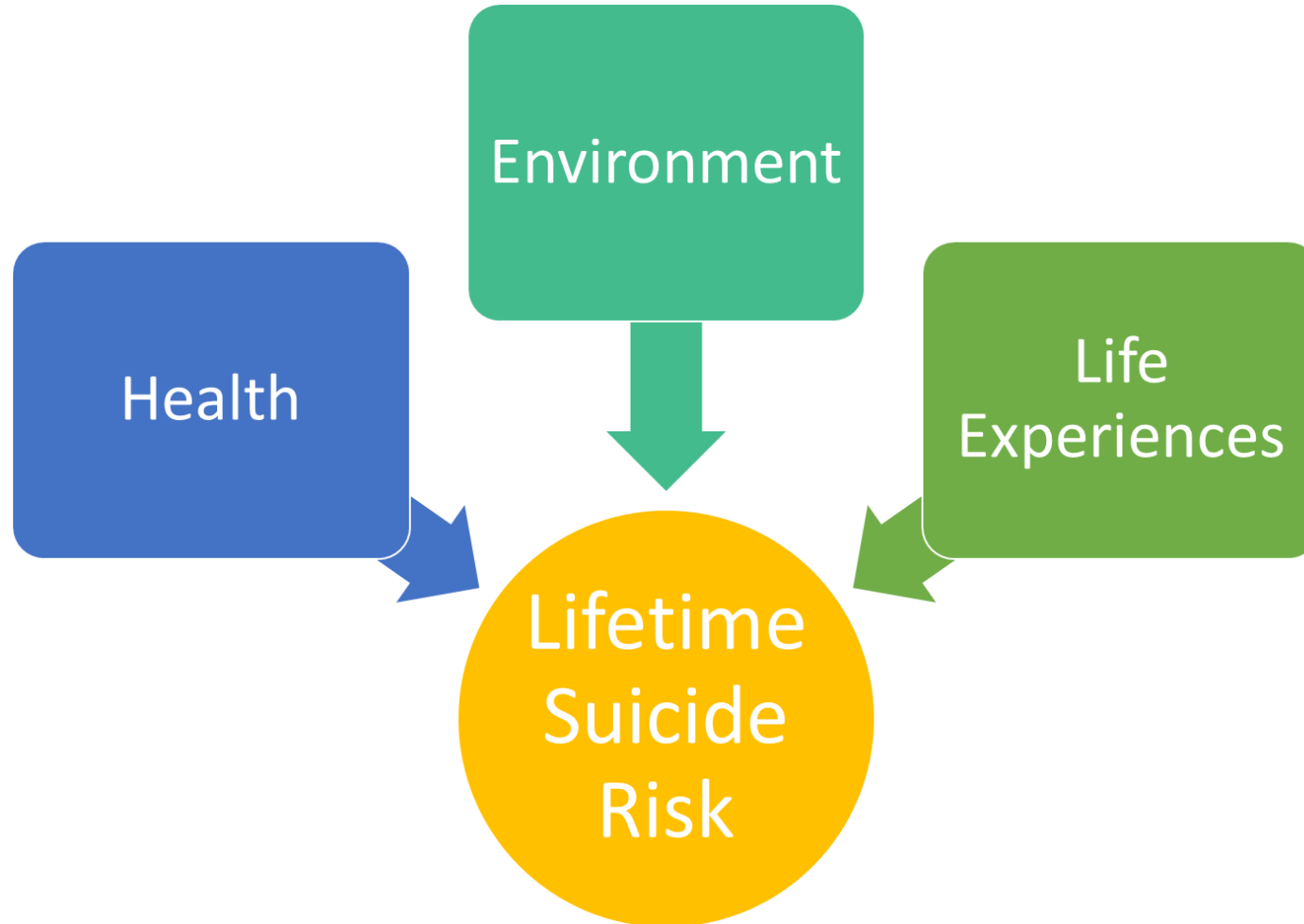


**The good news is that most people who experience suicidal thoughts or even attempt suicide, do NOT go on to die by suicide.**

**Social support and effective treatment are key.**



# CONTRIBUTORS TO SUICIDE RISK



# WARNING SIGNS FOR IMMEDIATE RISK

## Said Out Loud

- "My family would be better off without me"
- "I just make things worse for everyone"
- "I just can't take it anymore"
- "What's the point? It will never get better"
- "I wish I could go to sleep and never wake up"
- "You don't need to worry about me anymore"
- "If \_\_\_\_\_ happens, I'll kill myself."

## Observed

- Behaving recklessly- drunk driving, excessive spending
- Saying goodbyes or tying up loose ends
- Increasing alcohol or drug use
- Sleeping too little or too much
- Withdrawing
- Sudden unexplained calm or uplifted mood
- Giving away pets or possessions
- Seeking or researching methods of suicide

# HOW TO ASK DIRECTLY ABOUT SUICIDE

Ask directly, in a manner that shows that suicidal thoughts are understandable in their circumstances.

*“Sometimes people (in your situation) feel like they don’t want to live anymore, or sometimes they think about killing themselves. Have you been having any thoughts like these?”*

*“You said that you are feeling like you ‘can’t handle it anymore’. When you say that, do you mean you are thinking about suicide?”*

*“With all of the stress and painful emotions you are describing to me, it would be understandable if you have had thoughts of ending your life. Have you had any thoughts like that?”*

# PRACTICE ASKING THE QUESTION

Looking at the previous slide, practice asking your neighbor a couple variations of these questions, in your own words.

Then switch, and give your neighbor the opportunity practice.

Do not answer their question with a “yes” or “no”. If you feel the need to respond, give them some positive feedback about their tone or approach.

This should only take 2 minutes- when you are done, give the instructor a thumbs up.

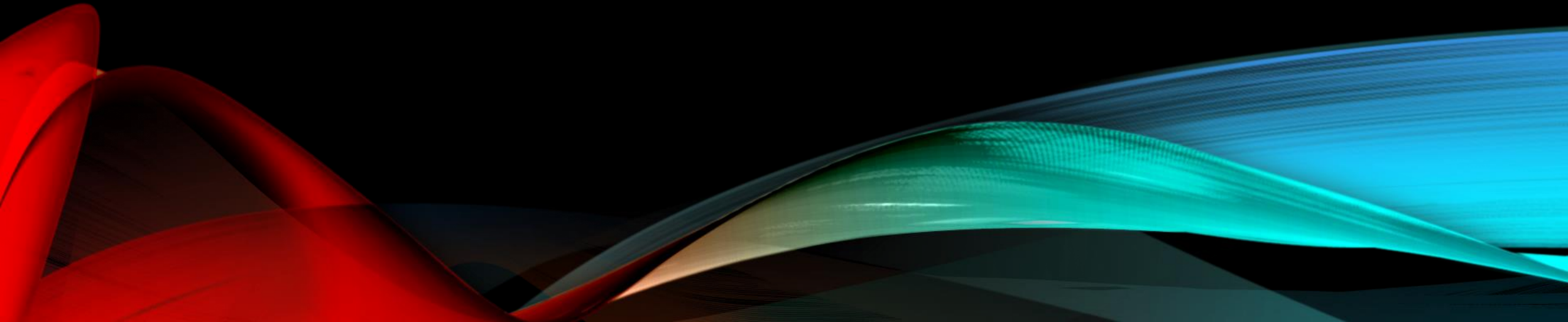






WHEN YOU CAN'T  
LOOK ON THE  
BRIGHT SIDE, I  
WILL SIT WITH YOU  
IN THE DARK

# STRATEGIES





“The corollary, more positive, statistic, the one that is not articulated often enough, is that among all those millions who actively consider suicide, less than one in every 10 make an attempt on their own lives. And, of those, only a minority ever go on to die by suicide. This means that, in every community in the country, in every part of the world, **we are living among people who have faced the worst of personal pain and doubt and have come through them to better lives...**

Why is there so little in the public sphere about their trials, triumphs and truths? And what might they say if they did not need to fear judgment, scrutiny and stigma?”

– Eduardo Vega, President and CEO, Dignity Recovery Action! International

[https://www.huffingtonpost.com/entry/the-most-important-truth-about-suicide-is-the-one-youve\\_us\\_594aebc2e4b062254f3a5b4b](https://www.huffingtonpost.com/entry/the-most-important-truth-about-suicide-is-the-one-youve_us_594aebc2e4b062254f3a5b4b)

“They might tell you something that I’ve heard from hundreds of survivors, that I lived myself – the truth that, **for many, going through struggles with suicide completely transforms their lives for the better...**

...For millions out there, the experience of wanting to die, the most intensely painful moments or even years with thoughts and feelings of suicide, have been the **crucible of personal transformation through which their greatest strengths and purpose were revealed**. But sharing this knowledge in order to encourage others rarely happens, and when it does it has usually been in whispers.”

- Eduardo Vega, President and CEO, Dignity Recovery Action! International

[https://www.huffingtonpost.com/entry/the-most-important-truth-about-suicide-is-the-one-youve\\_us\\_594aebc2e4b062254f3a5b4b](https://www.huffingtonpost.com/entry/the-most-important-truth-about-suicide-is-the-one-youve_us_594aebc2e4b062254f3a5b4b)

***Reason***

***Emotions***





“

Kids who suffer from mental health disorders ...  
inevitably miss out on opportunities for learning and  
building relationships.

— **David Anderson**, expert on schools and mental health at the Child  
Mind Institute



## CHANNEL “YODA”

- “When we are no longer able to change a situation, we are challenged to change ourselves.”

- VIKTOR E. FRANKL, *Man's Search For Meaning*

# TWO STRATEGIES

## “Stay Out Of OZ”

- Students living with chronic stress have a difficult time regulating emotions—So they create chaos in their environment.
- Maintain an even keel during the storm.
- “Not my circus. Not my monkeys.”

## Wear CEMENT shoes

- Stay grounded.
- Cement shoes represent an educator’s guiding principles, purpose and mission statement.
- “I believe . . .”
- What is my mission statement?
- Why do I stay in this field?



Dr. Ursula Whiteside, NOW MATTERS NOW, University of Washington

**STOP, DROP, & ROLL**  
*when you're on (emotional) fire!*

# LET'S BE BRAVE TODAY



- HOW IS MY BODY FEELING?
- WHAT AM I FEELING? (NAME IT)



## BREATHE

- FILL YOUR WHOLE BODY WITH AIR.
- SLOWLY RELEASE THE AIR. (TAME IT)



## CONNECT

- TALK TO A TRUSTED ADULT.
- DO SOMETHING HEALTHY, HAPPY, AND HELPFUL.

Grades K-5



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www.schools.utah.gov

## EMOTIONAL RESPONSE PROTOCOL

# LET'S BE BRAVE TODAY



## Breathe

- FILL YOUR WHOLE BODY WITH AIR.
- SLOWLY RELEASE THE AIR (TAME IT).



## Relax

- RELAX.
- LET GO OF THE TENSION THROUGHOUT YOUR BODY.



## Ask

- WHAT ARE THE FACTS?
- WHAT AM I FEELING?



## Validate

- CONFIRM YOUR EMOTIONS.
- IDENTIFY YOUR EXPERIENCE.



## Engage

- WHAT ARE MY NEXT STEPS?
- WHO CAN SUPPORT ME?

Grades 6-12



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Sydney Dickson, Ed.D., State Superintendent of Public Instruction





### Chat - CrisisLine

Opens 2 - way messaging with a SafeUT CrisisLine counselor.

### Call - CrisisLine

Tap this to speak to a SafeUT CrisisLine counselor. The CrisisLine number will appear and you can call immediately.



### Submit a Tip

Submit confidential tips to school administrators on bullying, threats, or violence.

# Resources



- Recommendations for Reporting on Suicide  
<http://reportingonsuicide.org/>
- Action Alliance Framework for Successful Messaging  
<http://suicidepreventionmessaging.org/>
- Suicide Reporting Recommendations: Media as partners in suicide prevention  
<https://mailchi.mp/31bde301b354/mediasuicideprevention>
- Social Media Guidelines for Mental Health Promotion and Suicide Prevention  
<https://www.sprc.org/resources-programs/social-media-guidelines-mental-health-promotion-and-suicide-prevention>
- After a Suicide: A toolkit for Schools  
<https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>
- Suicide Prevention Resource Center  
<http://www.sprc.org/>



# NEVER WORRY ALONE.

Make a plan right now of who you can debrief with and where you can turn for support.

Always connect to one of the person at risk's supports- therapist, family, friend, clergy, etc. to create a safety net around that person.

The person is responsible for *saving their own life*.  
You are there to support them in doing that.



What is  
Mindfulness?

# Mindfulness

Paying attention in a particular way: *on purpose, in the present moment, and non-judgmentally.*



# What is Mindfulness?

*“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”*

Victor Frankl

# Teaching Mindfulness:

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- Mindfulness is teaching a **set of life skills** – an *“owner’s manual for the brain”*
  - A set of **experiments**; a maintenance manual
  - How mindfulness can help them (**attention, self-regulation**)
- We’re checking in with our internal and external experience – becoming **aware** of the activity of the mind, and how we **interact** with the environment.
- We’re learning how to meet our everyday experiences.
- We’re learning how to “be with” an experience, **how to respond instead of reacting**





# THANK YOU!

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