



PLATTSBURGH CITY SCHOOL DISTRICT

STUDENT SUPPORT SERVICES DEPARTMENT

*Inspire, educate, and advocate for
all students.*

Thomas E. Glasgow Elementary

Tracey Giroux • School Counselor
Sheldon Cullen • School Psychologist

Oak Street Elementary

Garret McLean • School Psychologist
Chesney Weeden • School Counselor

Momot Elementary

Kelly Cooper • School Counselor
Sarah Randall • School Psychologist
Tracie McCarthy • School Psychologist
Savannah Therrien • School Psychologist

Stafford Middle School

Janet Hankins • School Counselor
Grace Prue • School Counselor Christina
Santella • School Counselor Kelly Bilow •
School Psychologist

Plattsburgh High School

Alan Feazelle • School Counselor
Rory LaPage • School Counselor
Amy Tisdale • School Counselor
James DeBella • School Psychologist
Sunshine Quinn • School Psychologist

MENTAL HEALTH HANDBOOK

August 2020

CONTENTS:

Self-Care	2-4
Psychological First Aid	5-7
Building Resilience	7-8
Community Resources and Crisis Hotline Number	9-10
Trauma	11-15
Signs of Mental Health Concerns	16-17
Social Justice, Race-Based Trauma, and Human Rights Resources	18-22

SELF-CARE:

any action that you do to improve your health

Self-care has little to do with self-absorption and everything to do with health and wellness.

Signs that you are stressed or overwhelmed and in serious need of self-care:

- Change in sleeping or eating habits
- Headaches, dizziness, or stomach upset
- Feeling unsafe, unhappy, guilty, vulnerable, anxious, or lonely
- Difficulty concentrating
- Withdrawn or irritated, crying or anger outbursts

SELF CARE TIPS AND IDEAS:

- **SLEEP** is a key component of both emotional and physical self-care. Aim to get at least seven hours of sleep every night, if possible.
- Use the [self-care assessment](#) from NAMI to help you discover which elements of self-care you're lacking and **pinpoint how to improve**.
- Try to do **one thing every day** that improves your mental or physical health in some way. (Go for a walk after dinner or call a loved one you haven't seen in a while).
- Check out the following self-care apps:
 - Headspace
 - Pacifica
 - Relax Melodies
 - Shine
 - Calm
 - Happify
- **SELF-REFLECTION.** Brainstorm what you're currently missing and how to best take care of yourself.
- **Don't go it alone.** Get support by working in teams, talking to others, and asking for support from administrators or colleagues.

Taking Care of Yourself

There are several ways you can find balance, be aware of your needs, and make connections. Use this list to help you decide which self-care strategies will work for you.

- Practice brief relaxation techniques during the day
- Check in with other colleagues
- Increase leisure activities, stress management, and exercise
- Pay extra attention to health and nutrition
- Self-monitor and pace your efforts
- Maintain boundaries: delegate, say no, and avoid getting overloaded with work
- Pay extra attention to rekindling close interpersonal relationships
- Practice good sleep routines
- Make time for self-reflection
- Increase experiences that have spiritual or philosophical meaning to you
- Keep a journal to get worries off your mind
- Access support from colleagues routinely by sharing concerns, identifying difficult experiences and strategizing to solve problems
- Stay aware of limitations and needs
- Recognize when one is Hungry, Angry, Lonely or Tired (HALT), and take the appropriate self-care measures
- Increase activities that are positive
- Practice religious faith, philosophy, spirituality
- Spend time with family and friends
- Learn how to “put stress away”
- Write, draw, paint
- Limit caffeine and substance use
- Find things that you enjoy or make you laugh
- Participate in formal help if extreme stress persists for greater than two to three weeks

THINK OF SELF-CARE AS HAVING THREE BASIC ASPECTS:

Awareness

The first step is to seek awareness. This requires you to slow down and focus inwardly to determine how you are feeling, what your stress level is, what types of thoughts are going through your head, and whether your behaviors and actions are consistent with the who you want to be.

Balance

The second step is to seek balance in all areas of your life including work, personal and family life, rest, and leisure. You will be more productive when you’ve had opportunities to rest and relax. Becoming aware of when you are losing balance in your life gives you an opportunity to change.

Connection

The final step is connection. It involves building connections and supportive relationships with your co-workers, students, friends, family, and community. One of the most powerful stress reducers is social connection.

SELF-CARE STRATEGIES

DURING THE DAY - SMALL WAYS TO STAY GROUNDED:

Items for a little pick-me-up during a busy day:	Two-minute strategies to take care of yourself:
<ul style="list-style-type: none"> • Tea • Chocolate • Protein boost (nuts, granola bar) • Floss • Healthy snacks • Thank you notes • Stress ball 	<ul style="list-style-type: none"> • Do a few yoga poses or stretches to get your blood moving • Get out of the building for some fresh air and a change of scenery • Take a mindful moment and pay attention to your breathing to center yourself

AFTER A TOUGH DAY - IDEAS FOR ENERGIZING OR UNWINDING:

Get creative: <ul style="list-style-type: none"> • Draw/Paint • Play an instrument • Bake cookies • Sing • Knit/Quilt 	Connect with others to fill your tank: <ul style="list-style-type: none"> • Share projects with fellow teachers • Make positive phone calls to parents • Spend time with loved ones • Spend time with animals • Give back to your community by volunteering
Look for the positive and hang on to it for a rainy day: <ul style="list-style-type: none"> • Keep a folder of kind notes or feedback from students and families • Keep a notebook of inspirational quotes • Record something positive each day in your journal 	Chill – Unwind: <ul style="list-style-type: none"> • Watch a mindless TV show • Take a hot bath (add Epsom salts and/or lavender – research proves they help heal body and mind) • Read • Listen to music • Meditate • Take the scenic route home • Eat chocolate
Get your body moving: <ul style="list-style-type: none"> • Run • Dance • Yoga • Crossfit • Go for a walk 	

Everyone's self-care may look a little different, and there's no single way to take good care of yourself. Try some different strategies until you have a full toolbox: something that energizes you, something that helps you unwind, something that helps you manage when you're having a hard time.

LISTEN, PROTECT, CONNECT – MODEL & TEACH

Psychological First Aid

Understanding the Effect of a Disaster, School Crisis, or Emergency

After the event, changes can happen in students' thoughts, feelings, and behaviors. Your students may worry about family members, classmates, friends, or pets they care about, and may worry that it will happen again.

Common reactions to disasters, school crises and emergencies include:

- trouble sleeping
- problems at school and with friends
- trouble concentrating and listening
- not finishing work or assignments.

Students may become more irritable, sad, angry, or worried as they think about what has happened, and as they experience recovery efforts after the event.

When students share their experiences, thoughts and feelings about the event, LISTEN for RISK FACTORS or adverse reactions.

LISTEN

The first important step to help your students after an event is to listen and pay attention to what they say and how they act. Remember that your students may also show their feelings in nonverbal ways, like increased behavioral problems or increased withdrawal. Let your students know you are willing to listen and talk about the event, or to make referrals to talk to an appropriate professional, if they prefer it.

Listen, observe, and note any changes in:

- behavior and/or mood
- school performance
- interactions with schoolmates and teachers
- participation in school-based activities
- behaviors at home that parents discuss with you

PROTECT

You can help make your students feel better by doing the following:

- Answer questions simply and honestly, clearing up confusion students may have about what happened.
- Let your students know that they are not alone in their reactions to the event.
- Provide opportunities for your students to talk, draw, and play, but don't force it.
- Talk to your students about what is being done by the school and community to keep everyone safe.
- Watch for anything in the environment that could re-traumatize your students.
- Keep your eyes and ears open for bullying behaviors.
- Maintain daily routines, activities, and structure with clear expectations, consistent rules, and immediate feedback; limit unnecessary changes.
- Limit access to live television and the Internet that show disturbing scenes of the event. Remember, what's not upsetting to you and other adults may upset and confuse your students, and vice versa.
- Encourage students to "take a break" from the crisis focus with activities unrelated to the event.
- Find ways for your students to feel helpful to your classroom, the school, and the community.

CONNECT

Reaching out to people in your school and community will help your students after a disaster, school crisis, or emergency. These connections will build strength for everyone.

Implement the following actions to build connections:

- “Check in” with students on a regular basis.
- Find resources that can offer support to your students.
- Keep communication open with others involved in your students’ lives (friends, teachers, coaches, etc.).
- Encourage student activities with friends.
- Empathize with your students by allowing a little more time for them to learn new materials.
- Build on your students’ strengths. Find ways to help them use what they have learned in the past to help them deal with the event.
- Remind your students that major disasters, crises, and emergencies are rare, and discuss other times they have felt safe.

MODEL

As you help your students after a disaster, crisis, or emergency, your efforts may be more successful – and you may be less stressed – if you keep in mind:

- Be aware of your thoughts, feelings, and reactions about the event, which can be seen and can affect your students.
- How you cope and behave after an event will influence how your students cope and behave. Your students will be watching you for both verbal and nonverbal cues.
- Monitor conversations that students may hear.
- Acknowledge the difficulty of the situation, but demonstrate how people can come together to cope after such an event.

TEACH

Talk about expected reactions after a crisis (emotional, behavioral, cognitive, and physiological). There are “normal” reactions to abnormal events.

- Different people may have very different reactions, even within the same family. After the event, people may also have different amounts of time they need to cope and adjust.
- Encourage your students to identify and use positive coping strategies to help them after the event.
- Help students problem-solve to get through each day successfully.
- Help students set small “doable” goals and share in these achievements as “wins” for the students and your classroom.
- Remind students that with time and assistance, things generally get better. If they don’t, they should let a parent or teacher know.

Typical Responses to Crisis:

Emotional	Behavioral:	Cognitive:	Physical
<ul style="list-style-type: none"> • Shock or denial • Anger or irritability • Feelings of hopelessness • Depression • Fear and anxiety • Mood changes • Numbness • Guilt • Grief 	<ul style="list-style-type: none"> • Changes in activity level • Social withdrawal or isolation • Restlessness, agitation or pacing • Eating or appetite changes • Sleep disturbance/insomnia • Increased use of alcohol or drugs • Inability to relax 	<ul style="list-style-type: none"> • Forgetfulness • Difficulty making decisions • Difficulty concentrating • Dreams or nightmares of the event • Confusion • "Flashbacks" of crisis event • Self-doubt 	<ul style="list-style-type: none"> • Fatigue or loss of energy • Headaches and/or back pain • GI distress, nausea, vomiting • Muscle tension • Trembling • Rapid heart beat • Sweating or chills • Dizziness • Exaggerated startle response • Weakness

It is okay for you to seek professional help for yourself:

- When you have feelings of being overwhelmed or overly stressed that don't go away over time.
- When you are not sure about how to handle a situation with a student or a family member.

For more information please visit www.ready.gov.

BUILDING RESILIENCE

Psychologists define resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems, or workplace and financial stressors. As much as resilience involves "bouncing back" from these difficult experiences, it can also involve profound personal growth.

Like building a muscle, increasing your resilience takes time and intentionality. To increase your capacity for resilience to weather (and grow from) the difficulties, use these strategies.

BUILD YOUR CONNECTIONS

- **Prioritize relationships.** Connecting with empathetic and understanding people can remind you that you're not alone in the midst of difficulties.

FOSTER WELLNESS

- **Take care of your body.** Promoting positive lifestyle factors like proper nutrition, ample sleep, hydration and regular exercise can strengthen your body to adapt to stress and reduce the toll of emotions like anxiety or depression.
- **Practice mindfulness.** Mindful journaling, yoga, and other spiritual practices like prayer or meditation can build connections and restore hope. Ruminates on positive aspects of your life and recall the things you're grateful for.
- **Avoid negative outlets.** It may be tempting to mask your pain with alcohol, drugs or other substances, but that's like putting a bandage on a deep wound.

FIND PURPOSE

- **Help others.** Volunteer or simply support a friend in their own time of need.
- **Be proactive.** Taking initiative will remind you that you can muster motivation and purpose even during stressful periods of your life, increasing the likelihood that you'll rise up during painful times again.

- **Move toward your goals.** Develop realistic goals and do something regularly — even if it seems like a small accomplishment — that enables you to move toward the things you want to accomplish.
- **Look for opportunities for self-discovery.** People often find that they have grown in some respect as a result of a struggle.

EMBRACE HEALTHY THOUGHTS

- **Keep things in perspective.** How you think can play a significant part in how you feel — and how resilient you are when faced with obstacles. You may not be able to change a highly stressful event, but you can change how you interpret and respond to it.
- **Accept change.** Accept that change is a part of life. Certain goals or ideals may no longer be attainable as a result of adverse situations in your life.
- **Maintain a hopeful outlook.** An optimistic outlook empowers you to expect that good things will happen to you. Try visualizing what you want, rather than worrying about what you fear.
- **Learn from your past.** By looking back at who or what was helpful in previous times of distress, you may discover how you can respond effectively to new difficult situations.

SEEKING HELP

- Getting help when you need it is crucial in building your resilience.
- A licensed mental health professional can assist in developing an appropriate strategy for moving forward. It is important to [get professional help](#) if you feel like you are unable to function as well as you would like or perform basic activities of daily living as a result of a traumatic or other stressful life experience.
- The important thing is to remember **you're not alone on the journey**. While you may not be able to control all of your circumstances, you can grow by focusing on the aspects of life's challenges you can manage with the support of loved ones and trusted professionals.



COMMUNITY RESOURCES:

If you are in crisis or there is an emergency, please call 911 or the 24-hour North Country Crisis Helpline 1.866.5PREVENT/1.866.577.3836. The Crisis Text Line is a free, 24/7, confidential text message service for people in crisis. Text HOME to 741741.

Name of Agency	Contact Information	Services Provided
Behavioral Health Services North	561-1767 22 US Oval Plattsburgh, NY 12903	Individual, group and family therapy Intensive Case Management services Family Based Treatment Program Psychiatric Services
Champlain Valley Family Center	561-8480 20 Ampersand Dr. Plattsburgh, NY 12901	Youth services Substance abuse outpatient treatment Reality Check
University of Vermont Health Network at Champlain Valley Physician's Hospital	561-2000 75 Beekman St. Plattsburgh, NY 12901	Child and Adolescent Mental Health Unit <ul style="list-style-type: none"> - Inpatient hospitalization for children with significant emotional and behavioral issues. - Psychiatric services
Child Care Coordinating Council of the North Country Inc.	561-4999 426 US Oval Plattsburgh, NY 12903	Parenting Education Workshops, parent-child play groups, family resource assistance and referrals, parents Anonymous groups, car seat safety and sales, developmental screenings, relatives-as-parents program, supervised visitation, and co-parenting plan dev.
Clinton County Department of Social Services	565-3404 13 Durkee St. Plattsburgh, NY 12901	Preventive Services for Adolescents and Families (PSAF), PINS Diversion services, parenting information and classes (info on adolescent development, communication, setting rules/limits, contracting, consistency/follow-through, drugs/alcohol, teen sexuality, trust and responsibility.
Clinton County Health Department	565-4830 133 Margaret St. Plattsburgh, NY 12901	MOMS and WIC programs <ul style="list-style-type: none"> - Provides care and assistance for women without insurance - Teen pregnancy services - Supplemental foods in forms of vouchers to be cashed at local stores - Health and nutrition counseling - Financial criteria
Clinton County Mental Health and Addiction Services	565-4060 130 Arizona Drive Plattsburgh, NY 12901	Individual, group and family therapy Psychiatric Services Alcohol and Drug counseling
Clinton County Suicide Hotline	1-866-5PREVENT	24 Hours/7 Days a week Mobile Crisis Response Team
Conifer Park	561-1447 80 Sharron Ave. Plattsburgh, NY 12901	Chemical dependency treatment for adults and adolescents
Lisa Allen Private Therapist	324-2442 159 Margaret St. Plattsburgh, NY 12901	Individual and family therapy
National Alliance of the Mentally Ill of Champlain Valley (NAMI: CV)	561-6785 14 Healy Ave. Suite D Plattsburgh, NY 12901	Support for families and mental health care consumers, educational programs, and advocacy
North Country Conflict Resolution Services	561-5460 22 US Oval Suite 23 Plattsburgh, NY 12903	Mediation program which offers an alternative approach to solving problems between people

NYS Police Juvenile Justice Program (Sharon Courtney)	566-8505 4164 State Rte. 22 Plattsburgh, NY 12901	Referrals accepted from parents, schools, agencies for adolescents who have committed or who are at risk of committing a crime
One Work Source	561-0430 194 US Oval Plattsburgh, NY 12903	Employment readiness and training GED Classes LEAP Program
Plattsburgh State University Counseling Services Clinic	564-4180 Ward Hall 104 Plattsburgh, NY 12901	Individual and group counseling for children, adolescents and adults Referrals to appropriate services
Psychoeducational Services Clinic	564-2046 Beaumont Hall Building 31 Plattsburgh, NY 12901	Information, assessment and treatment of a full range of psychological issues including developmental, cognitive, educational, behavioral and socio-emotional
STOP Domestic Violence	563-6904 159 Margaret St., Suite 201 Plattsburgh, NY 12901	Assistance to victims and families of domestic violence. Temporary Shelter Advocacy Counseling Educational Information
<u>Clinton County Suicide Hotline</u>	1-866-5PREVENT 1-866-577-3836	24/7 professionally operated line under the auspices of BHSN
West Bay Associates in Mental Health	561-3707 West Bay Plaza, Suite 110 Plattsburgh, NY 12901	Individual and family therapy
Takia Feliciano, Therapist North Country Behavioral Medicine	(518) 825-1555 8 Broad Street Plattsburgh, NY 12901	Individual and family therapy

TRAUMA

CHILD WELFARE INFORMATION GATEWAY – WWW.CHILDWELFARE.GOV

What Is Trauma?

Trauma is an emotional response to an intense event that threatens or causes harm. The harm can be physical or emotional, real or perceived, and it can threaten the child or someone close to him or her. Trauma can be the result of a single event, or it can result from exposure to multiple events over time.

Potentially traumatic events may include:

- Abuse (physical, sexual, or emotional)
- Neglect
- Effects of poverty (such as homelessness or not having enough to eat)
- Being separated from loved ones
- Bullying
- Witnessing harm to a loved one or pet (e.g., domestic or community violence)
- Natural disasters or accidents
- Unpredictable parental behavior due to addiction or mental illness

For many children, being in the child welfare system becomes another traumatic event. This is true of the child's first separation from his or her home and family, as well as any additional placements.

The Impact of Untreated Trauma

Children are resilient. Some stress in their lives (e.g., leaving caregivers for a day at school, riding a bike for the first time, feeling nervous before a game or performance) helps their brains to grow and new skills to develop. However, by definition, trauma occurs when a stressful experience (such as being abused, neglected, or bullied) overwhelms the child's natural ability to cope. These events cause a "fight, flight, or freeze" response, resulting in changes in the body—such as faster heart rate and higher blood pressure—as well as changes in how the brain perceives and responds to the world.

In many cases, a child's body and brain recover quickly from a potentially traumatic experience with no lasting harm. However, for other children, trauma interferes with normal development and can have long-lasting effects.

Table 1. Effects of Trauma on Children

Trauma may affect children's ...	In the following ways
Bodies	<ul style="list-style-type: none"> • Inability to control physical responses to stress • Chronic illness, even into adulthood (heart disease, obesity)
Brains (thinking)	<ul style="list-style-type: none"> • Difficulty thinking, learning, and concentrating • Impaired memory • Difficulty switching from one thought or activity to another
Emotions (feeling)	<ul style="list-style-type: none"> • Low self-esteem • Feeling unsafe • Inability to regulate emotions • Difficulty forming attachments to caregivers • Trouble with friendships • Trust issues • Depression, anxiety
Behavior	<ul style="list-style-type: none"> • Lack of impulse control • Fighting, aggression, running away • Substance abuse • Suicide

Factors that determine the impact of traumatic events include the following:

- **Age.** Younger children are more vulnerable. Even infants and toddlers who are too young to talk about what happened retain lasting "sense memories" of traumatic events that can affect their well-being into adulthood.
- **Frequency.** Experiencing the same type of traumatic event multiple times, or multiple types of traumatic events, is more harmful than a single event.
- **Relationships.** Children with positive relationships with healthy caregivers are more likely to recover.
- **Coping skills.** Intelligence, physical health, and self-esteem help children cope.

- **Perception.** How much danger the child thinks he or she is in, or the amount of fear the child feels at the time, is a significant factor.
- **Sensitivity.** Every child is different—some are naturally more sensitive than others.

The effects of trauma vary depending on the child and type of traumatic events experienced. Table 1 shows some of the ways that trauma can affect children.

This list of potential consequences shows why it is so important for parents to understand trauma. The right kind of help can reduce or even eliminate many of these negative consequences.

Understanding Your Child’s Behavior

When children have experienced trauma, particularly multiple traumatic events over an extended period of time, their bodies, brains, and nervous systems adapt in an effort to protect them. This might result in behaviors such as increased aggression, distrusting or disobeying adults, or even dissociation (feeling disconnected from reality). When children are in danger, these behaviors may be important for their survival. However, once children are moved to a safer environment, their brains and bodies may not recognize that the danger has passed. These protective behaviors, or habits, have grown strong from frequent use (just as a muscle that is used regularly grows bigger and stronger). It takes time and retraining to help those “survival muscles” learn that they are not needed in their new situation (your home), and that they can relax.

It might be helpful to remember that your child’s troublesome behavior may be a learned response to stress—it may even be what kept your child alive in a very unsafe situation. It will take time and patience for your child’s body and brain to learn to respond in ways that are more appropriate for his or her current, safe environment.

Parenting a traumatized child may require a shift from seeing a “bad kid” to seeing a kid who has had bad things happen.

Trauma Triggers

When your child is behaving in a way that is unexpected and seems irrational or extreme, he or she may be experiencing a trauma trigger. A trigger is some aspect of a traumatic event that occurs in a completely different situation but reminds the child of the original event. Examples may be sounds, smells, feelings, places, postures, tones of voice, or even emotions.

Youth who have experienced traumatic events may reenact past patterns when they feel unsafe or encounter a trigger. Depending on whether the child has a “fight,” “flight,” or “freeze” response, the child may appear to be throwing a tantrum, willfully not listening, or defying you. However, responses to triggers are best thought of as reflexes—they are not deliberate or planned. When children’s bodies and brains are overwhelmed by a traumatic memory, they are not able to consider the consequences of their behavior or its effect on others.

Symptoms by Age

Table 2 shows symptoms and behaviors that children who have experienced trauma might exhibit at different stages of development. The age ranges are merely guidelines. For many children who have experienced trauma, their development lags behind their age in calendar years. It may be normal for your child to exhibit behaviors that are more common in younger children.

Table 2. Signs of Trauma in Children of Different Ages¹

Young Children (Ages 0–5)	School-Age Children (Ages 6–12)	Teens (Ages 13–18)
<ul style="list-style-type: none"> • Irritability, “fussiness” • Startling easily or being difficult to calm • Frequent tantrums • Clinginess, reluctance to explore the world • Activity levels that are much higher or lower than peers • Repeating traumatic events over and over in dramatic play or conversation • Delays in reaching physical, language, or other milestones 	<ul style="list-style-type: none"> • Difficulty paying attention • Being quiet or withdrawn • Frequent tears or sadness • Talking often about scary feelings and ideas • Difficulty transitioning from one activity to the next • Fighting with peers or adults • Changes in school performance • Wanting to be left alone • Eating much more or less than peers • Getting into trouble at home or school • Frequent headaches or stomachaches with no apparent cause • Behaviors common to younger children (thumb sucking, bed wetting, fear of the dark) 	<ul style="list-style-type: none"> • Talking about the trauma constantly, or denying that it happened • Refusal to follow rules, or talking back frequently • Being tired all the time, sleeping much more (or less) than peers, nightmares • Risky behaviors • Fighting • Not wanting to spend time with friends • Using drugs or alcohol, running away from home, or getting into trouble with the law

¹ Content in the table is adapted from Safe Start Center. (n.d.). Tips for Staff and Advocates Working With Children: Polyvictimization. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, available at http://ojjdp.gov/programs/safestart/TipSheetFor_Polyvictimization.pdf.

These signs alone do not necessarily indicate that your child has experienced trauma. However, if symptoms are more severe or longer lasting than is typical for children the same age, or if they interfere with your child’s ability to succeed at home or in school, it is important to seek help. (See the Helping Your Child section below.)

Trauma and Mental Health

Trauma symptoms that are more severe or disruptive to a child’s ability to function at home or at school may overlap with specific mental health diagnoses. This may be one reason why nearly 80 percent of children aging out of foster care have received a mental health diagnosis.² For example:³

- Children who have difficulty concentrating may be diagnosed with ADHD (attention deficit hyperactivity disorder).
- Children who appear anxious or easily overwhelmed by emotions may be diagnosed with anxiety or depression.
- Children who have trouble with the unexpected may respond by trying to control every situation or by showing extreme reactions to change. In some cases, these behaviors may be labeled ODD (oppositional defiant disorder) or intermittent explosive disorder (IED).
- Dissociation in response to a trauma trigger may be viewed as defiance of authority, or it may be diagnosed as depression, ADHD (inattentive type), or even a developmental delay.

It may be necessary to treat these diagnoses with traditional mental health approaches (including the use of medications, where indicated) in the short term. However, treating the underlying cause by addressing the child’s experience of trauma will be more effective in the long run.

² American Academy of Pediatrics. (2013). Helping Foster and Adoptive Families Cope With Trauma. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

³ Examples adapted from American Academy of Pediatrics. (2013). Parenting After Trauma: Understanding Your Child’s Needs. A Guide for Foster and Adoptive Parents. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/FamilyHandout.pdf>

Posttraumatic Stress Disorder

About one in four children and youth in foster care will experience a specific set of symptoms known as posttraumatic stress disorder (PTSD).⁴ It includes four types of symptoms:⁵

- Reexperiencing/remembering (flashbacks or nightmares)
- Avoidance (distressing memories and reminders about the event)
- Negative cognitions and mood (feeling alienated, persistent negative beliefs)
- Alterations in arousal (reckless behavior, persistent sleep disturbance)

It is important to realize that if your child does not exhibit all of the symptoms of PTSD, it does not mean that he or she has not been affected by trauma.

⁴ AAP, *Helping Foster and Adoptive Families Cope With Trauma*. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

⁵ American Psychiatric Association, *Posttraumatic Stress Disorder*. (2013). Retrieved from <http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf>

Helping Your Child

Although childhood trauma can have serious, lasting effects, there is hope. With the help of supportive, caring adults, children *can and do* recover. Consider the following tips:

- **Identify trauma triggers.** Something you are doing or saying, or something harmless in your home, may be triggering your child without either of you realizing it. It is important to watch for patterns of behavior and reactions that do not seem to “fit” the situation. What distracts your child, makes him or her anxious, or results in a tantrum or outburst? Help your child avoid situations that trigger traumatic memories, at least until more healing has occurred.
 - **Be emotionally and physically available.** Some traumatized children act in ways that keep adults at a distance (whether they mean to or not). Provide
- attention, comfort, and encouragement in ways your child will accept. Younger children may want extra hugs or cuddling; for older youth, this might just mean spending time together as a family. Follow their lead and be patient if children seem needy.
- **Respond, don’t react.** Your reactions may trigger a child or youth who is already feeling overwhelmed. (Some children are even uncomfortable being looked at directly for too long.) When your child is upset, do what you can to keep calm: Lower your voice, acknowledge your child’s feelings, and be reassuring and honest.
 - **Avoid physical punishment.** This may make an abused child’s stress or feeling of panic even worse. Parents need to set reasonable and consistent limits and expectations and use praise for desirable behaviors.
 - **Don’t take behavior personally.** Allow the child to feel his or her feelings without judgment. Help him or her find words and other acceptable ways of expressing feelings, and offer praise when these are used.
 - **Listen.** Don’t avoid difficult topics or uncomfortable conversations. (But don’t force children to talk before they are ready.) Let children know that it’s normal to have many feelings after a traumatic experience. Take their reactions seriously, correct any misinformation about the traumatic event, and reassure them that what happened was not their fault.
 - **Help your child learn to relax.** Encourage your child to practice slow breathing, listen to calming music, or say positive things (“I am safe now.”).
 - **Be consistent and predictable.** Develop a regular routine for meals, play time, and bedtime. Prepare your child in advance for changes or new experiences.
 - **Be patient.** Everyone heals differently from trauma, and trust does not develop overnight. Respecting each child’s own course of recovery is important.
 - **Allow some control.** Reasonable, age-appropriate choices encourage a child or youth’s sense of having control of his or her own life.
 - **Encourage self-esteem.** Positive experiences can help children recover from trauma and increase resilience.

of belonging to a community, group, or cause; setting and achieving goals; and being of service to others.

Seeking Treatment

If your child's symptoms last more than a few weeks, or if they are getting worse rather than better, it is time to ask for help. Mental health counseling or therapy by a professional trained to recognize and treat trauma in children can help address the root cause of your child's behavior and promote healing. A therapist or behavioral specialist might be able to help you understand your child and respond more effectively. At times, medications may be necessary to control symptoms and improve your child's ability to learn new skills.

Begin by asking your caseworker or agency whether your child has been screened for trauma. If you know that your child experienced trauma, ask whether he or she has had a formal mental health assessment by a professional who is aware of trauma's effects. Ideally, this assessment (including both strengths and needs) should be repeated periodically to help you and your child's therapist monitor progress.

Once your child has been assessed and it has been determined that treatment is needed, ask about treatment options. A number of effective trauma treatments have been developed.⁶ However, they are not all available in every community. Consult with your child's caseworker about the availability of trauma-focused treatment where you live.

Timely, effective mental and behavioral health interventions may help in the following ways:

- Increase your child's feelings of safety
- Teach your child how to manage emotions, particularly when faced with trauma triggers
- Help your child develop a positive view of him- or herself
- Give your child a greater sense of control over his/her own life

⁶ See for example the National Child Traumatic Stress Network's list, Empirically Supported Treatments and Promising Practices, at <http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>.

members and others

It is important to look for a provider who understands and has specific training in trauma (see box). Most providers will agree to a brief interview in their office or over the phone, to determine whether they are a good fit for your needs.

Questions to ask a mental health provider before starting treatment:

- Are you familiar with research about the effects of trauma on children?
- Can you tell me about your experience working with children and youth who have experienced trauma?
- How do you determine whether a child's symptoms may be caused by trauma?
- How does a child's trauma history influence your treatment approach?

Helping Yourself and Your Family

Parenting a child or youth who has experienced trauma can be difficult. Families can sometimes feel isolated, as if no one else understands what they are going through. This can put a strain not only on your relationship with your child, but with other family members, as well (including your spouse or partner).

Learning about what your child experienced may even act as a trigger for you, if you have your own trauma history that is not fully healed. Being affected by someone else's trauma is sometimes called "secondary trauma." Table 3 lists signs that you may be experiencing secondary trauma.

Common **WARNING SIGNS** of Mental Illness

Diagnosing mental illness isn't a straightforward science. We can't test for it the same way we can test blood sugar levels for diabetes. Each condition has its own set of unique symptoms, though symptoms often overlap. Common signs and/or symptoms can include:

- 
- ! Feeling very sad or withdrawn for more than two weeks
 - ! Trying to harm or end one's life or making plans to do so
 - ! Severe, out-of-control, risk-taking behavior that causes harm to self or others
 - ! Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing
 - ! Significant weight loss or gain
 - ! Seeing, hearing or believing things that aren't real*
 - ! Excessive use of alcohol or drugs
 - ! Drastic changes in mood, behavior, personality or sleeping habits
 - ! Extreme difficulty concentrating or staying still
 - ! Intense worries or fears that get in the way of daily activities

*Various communities and backgrounds might view this sign differently based on their beliefs and experiences. Some people within these communities and cultures may not interpret hearing voices as unusual.

WORRIED ABOUT YOURSELF OR SOMEONE YOU CARE ABOUT?



If you notice any of these symptoms, it's important to ask questions



Try to understand what they're experiencing and how their daily life is impacted



Making this connection is often the first step to getting treatment

KNOWLEDGE IS POWER



Talk with a health care professional



Learn more about mental illness



Take a mental health education class



Call the NAMI HelpLine at 800-950-NAMI (6264)

50%
of all lifetime
mental illness
begins by age
14

75%
by age
24

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/nhibstats

NAMI HelpLine
800-950-NAMI (6264)



MENTAL HEALTH CONDITIONS:

A mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others. If you have — or think you might have — a mental illness, the first thing you must know is that **you are not alone**.

Mental health conditions are far more common than you think, mainly because people don't like to, or are scared to, talk about them. However:

- [1 in 5](#) U.S. adults experience mental illness each year
- [1 in 25](#) U.S. adults experience serious mental illness each year
- [1 in 6](#) U.S. youth aged 6-17 experience a mental health disorder each year
- [50%](#) of all lifetime mental illness begins by age 14, and 75% by age 24

A mental health condition isn't the result of one event. Research suggests multiple, linking causes. Genetics, environment and lifestyle influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events. Biochemical processes and circuits and basic brain structure may play a role, too.

None of this means that you're broken or that you, or your family, did something "wrong." Mental illness is no one's fault. And for many people, recovery — including meaningful roles in social life, school and work — is possible, especially when you start treatment early and play a strong role in your own recovery process.

People can experience different types of mental health problems. These problems can affect your thinking, mood, and behavior.

<https://nami.org/Learn-More/Mental-Health-Conditions>

Social Justice, Race-Based Trauma, and Human Rights Resources:

This resource page offers over 70 links to documents and resources for addressing social justice, race-based trauma, and human rights issues. Resources are organized in sections to provide easy-accessible support to educators, children and youth and their families.

Resource name	Description/Source
Supporting Students- Resources for Educators	
Teaching Tolerance: Race & Ethnicity	Teaching Tolerance .
Resources for Talking About Race, Racism, and Radicalized Violence with Kids	From: Center for Racial Justice in Education
Article: There Is No Apolitical Classroom: Resources for Teaching in These Times from the National Council for Teachers of English	National Council of Teachers of English
“Please, I Can’t Breathe”: Watch How the Minneapolis Counseling Director is Supporting Students After George Floyd’s Murder	Webinar by Derek Francis - School Counselor in Minneapolis, Minnesota
Resources for Educators Focusing on Anti-Racist Learning and Teaching	
A Collection of Resources for Teaching Social Justice	Cult of Pedagogy
Anti-bias tool and strategies	From the Anti Defamation League
Teaching About Police Brutality	Educators 4 Social Change
Supporting Kids Of Color in The Wake of Racialized Violence: Part One Part Two	Podcast recordings by EmbraceRace
Black Lives Matter in Schools: Resources for Middle and High School Resources for Early Childhood & Elementary School	D.C Area Educators for Social Justice
2020 Curriculum Resource Guide	Created by K-12 teachers
Article: For White Teachers in the Times of #blacklivesmatter	From 2016, but sadly, still as relevant today
Blog: Resources for Discussing Police Violence, Race, and Racism with Students	Education Week, 2016

For Educators: Beyond Our Neighbors: A Curriculum for Expanding Empathy & Compassion to 'Others	Created by DGT™ and Making Caring Common
Avoiding Racial Equity Detours	For Educators/Schools - ASCD
Culturally Responsive Education during Remote Learning	NYU Metropolitan Center for Research on Equity and the Transformation of Schools
Transforming Our Public Schools: A Guide to Culturally Responsive-Sustaining Education	NYC Culturally Responsive Education Working Group and the Education Justice Research and Organizing Collaborative (EJ-ROC) at the NYU Metro Center.
Talking About Race Toolkit	National Museum of African American History & Culture- Smithsonian
Race & Equity Resources	ASCA
Talking to Students About Racism and Social Justice	Resources from the Illinois School Counselor Association
Social Justice Resources	National Association of School Psychologists
School Counseling Resources for Race Related Conversations and Support	Resources provided by VSCA
Educators Responding to Nationwide Uprising- Resource Guide	Racial Justice Organization
Books for Children/Youth	
Black Lives Matter Instructional Library	Amazing collection of read-aloud books
Colours of Us- All About Multicultural Children's Books	

31 Children's books to support conversations on race, racism and resistance	EmbraceRace
Antiracism Resources at the Public Library	Shared by the St. Louis Public Library
Anti-Racism for Kids 101: Starting To Talk About Race	Books for Littles
Indigenous Reads by Indigenous Writers: A Children's Reading List	The Conscious Kid - Children's Books by and About Underrepresented Groups
Top 154 Recommended African-American Children's Books	African American Literature Book Club
Social Justice book lists for kids	Social Justice Books: A Teaching for Change Project
26 Children's Books to Support Conversations on Race, Racism & Resistance	Association of CA School Administrators
Muslim YA books	Afoma Umesi
Resources for Families	
Your Kids Aren't Too Young to Talk About Race: Resource Roundup	Written By Katrina Michie
Social Justice Resources	The Children's Community School
How to Talk to Kids about Race and Racism	Parent Toolkit
Beyond the Golden Rule - A Parent's Guide to Preventing and Responding to Prejudice	Teaching Tolerance

How to Teach Children about Cultural Awareness and Diversity	PBS Kids for Parents
How to Teach Kids About Taboo Topics	TED Talks
Talking to Kids About Race	National Geographic
Sesame Street in Communities: Community Violence	Great video for children
What to Say to Kids When the News is Scary	NPR
Mindful of Race: Transforming Racism from the Inside Out	Ruth King explores crucial topics about race issues in the USA and challenges us to think deeply about what is required to heal
Personal & Professional Growth	
Stop Asking People of Color to Explain Racism- Pick Up One of These Books Instead	Great list of books on race, race relations, and history
10 Books About Race To Read Instead Of Asking A Person Of Color To Explain Things To You	By Sadie Trombetta March 2018
Curriculum for White Americans to Educate Themselves on Race and Racism—from Ferguson to Charleston	Includes a great video on microaggressions
Scaffolded Anti-Racism Resources	
W. Kamau Bell On Being Black In America	
Five points of discussion for conversations about racial injustice	Counseling Today, By Amanda L. Giordano

75 Things White People Can Do for Social Justice	Equality Includes You - Corinne Shutack
Race, Gender, Class and Achievement: A Culturally Responsive Approach to Urban School Counseling	
Book: Interrupting Racism by Rebecca Atkins & Alicia Oglesby	
Implicit Bias Module Series	Kirwan Institute for the Study of Race & Ethnicity
Book: Backlash: What Happens When We Talk Honestly about Racism in America by George Yancy	
Anti-racism resources	