

At-Risk for Elementary School

Overview

Thank you for choosing Kognito's *At-Risk for Elementary School Educators* as a part of your school's professional development programming.

After teachers and staff have completed the program individually, it is best to gather them and discuss their experiences and the material covered. This guide was

designed to help you facilitate that discussion. Such a discussion allows school leaders to localize professional development to the specifics of their school, including their referral policies and procedures. It also enables participants to raise any questions or issues that may have come up during the simulation.



Group Discussion

Experiences with the simulation will naturally vary, due to the users' ability to embark on different conversational paths in the simulated conversations. For example, individuals' experiences with the virtual student named Derrick may differ widely depending on what choices they made during the conversation, and they will have received different feedback depending on their choices. As a result, teachers may express not only a variety of opinions, but also a diversity of experience within the simulation.

Used as either a springboard or a roadmap, this document provides guidance for using the participants' experiences to facilitate an engaging and valuable group discussion. You may want to stray from this guide to follow the interests and experiences of the participants; this is an acceptable and valuable approach to enhancing the impact of the simulation. Another helpful document for the discussion is the *Summary of Content* which reiterates key information from the simulation and is available within the *Resources* section of the simulation and attached to this document.

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This discussion should take about one hour. It can occur immediately after participants take the simulation (for example, in a computer lab set-up with all participants completing the program together) or at a later date. Schools in jurisdictions that mandate two-hour training in mental health or suicide prevention may choose to use this discussion to fulfill the mandate.

Preparation

Below is a checklist to use in preparation for the discussion.

- Simulation:** You've completed the simulation yourself and are familiar with its contents. Review the *Summary of Content* (attached).
- Participant Training:** Participants should have completed the simulation within the past week. Because the simulations are self-paced and offer many options to consider, users will progress at various rates. We recommend allotting 60-90 minutes for users to complete the simulation.
- Location/Timing:** For the discussion, consider choosing a location you feel is most conducive, possibly where participants can sit in a circle and see each other as they share answers. The discussion can occur immediately following the training or during a regularly scheduled group or department meeting once all participants have completed the simulation individually.
- Computer Access (OPTIONAL):** Consider choosing a location with a computer, projector, and speakers for the discussion, so you can refer to the simulation during the discussion.
- Summary of Content:** Print out copies of the *Summary of Content* and *Discussion Guide Handout* (attached) to distribute to participants and refer to throughout the discussion.
- Referral Process and Local Resources:** Print out a copy of your list of "Local Resources" to refer to during the discussion. Have the group discuss your school's referral process and available resources and write them down on the handout. Otherwise, the form can be filled out as a PDF if everyone has access to a computer.
- Review:** Look over the rest of this document so you can be familiar with the questions you'll be asking the group and get an idea of what sort of questions and concerns may arise during the discussion. *Note which questions you feel are most important to make time for because you might not have time for all of them.* Edit the Discussion Guide PPT to include only the questions you plan to cover, and include your referral process and local resources that you want teachers and staff to be aware of.

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INTRODUCTION—The purpose of this section is to revisit and extend the learning around identifying, approaching and referring At-Risk Students

PREPARATION/MATERIALS—Writing Instruments

TIME—1 Hour

PARTICIPATION HANDOUTS—Content Summary Handout, One Sheet Handout

SLIDES: 10-29

If you choose to do the simulation together as a group prior to the discussion, use Slides 1-9 to introduce the simulation. You can also download the “Product Trailer” and the “Login Tutorial” video to introduce the learning and the simulation.

Discussion Questions: Connecting with Students

“Psychological distress” is used broadly in the simulation to suggest reasons to be concerned about a student’s mental health. Signs of psychological distress might suggest an underlying mental health problem or be the result of a situational crisis, unmanaged stress, inadequate sleep, or a combination of factors.

What is most important is that we know what to look for, what to say to a student, and where to refer that student for more help.

QUESTIONS

- Q.** What about a student’s behavior, academic performance, emotional expression, or appearance might make you concerned about their mental health?
- Q.** Are there any worrisome signs that surprised you, or that you hadn’t thought to take note of before playing through the simulation?
- Q.** How might talking with a student or their parent save you time in the long run?

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Discussion Questions: Bringing Up Concerns

The EASING process is recommended as a way to bring up concerns:

E - Check your own emotions

A - Ask for permission

S - Be specific

I - Use “I” statements

N - Keep it neutral

G - Show genuine curiosity

Using these techniques encourages a student or parent to share and creates a more open environment for discussion to avoid the other person becoming defensive and refusing to communicate.

QUESTIONS

- Q.** How did you do in the conversation with Ms. Parker, Mia’s mother? Did anything surprise you about this approach for discussing your concerns with a parent?
- Q.** If you have had concerns about one or more of your students in the past and have initiated conversations similar to this one with Ms. Parker, what worked well for you?

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Discussion Questions: Listening Actively

In the conversation with Derrick, you encouraged him to open up by:

- Avoiding disagreeing, criticizing, and giving advice
- Asking open-ended questions
- Using reflecting statements

QUESTIONS

- Q.** How can these techniques for active listening put you in a better position for collaborative problem-solving?
- Q.** If you have had concerns about one or more of your students in the past and have initiated conversations similar to this one with Derrick, what worked well for you?
- Q.** What words do we often use when we're approaching a student as an authority figure? (Some possible answers if discussion stalls: "should" and "don't") How is that different from approaching students as a supportive adult?

Discussion Questions: Connecting Students to Help

At this point in the discussion, please have your group fill out the questions regarding your school's referral process in the Discussion Handout. You should also instruct participants to fill out the Local Resources section, using information from the Local Resources page you've printed out from within the simulation. These are resources that will have been provided by the agency sponsoring your access to the simulation. In any case, you should be prepared to help teachers understand your school's referral process.

QUESTIONS

- Q.** How confident are you in your understanding of the process for connecting a parent and/or a student with the school counselor (or another relevant resource)?

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Your School's Referral Process

Q. What is the referral policy in your school? To whom do you make a referral if you are worried about a student in psychological distress that is not deemed an imminent threat to a student's life? Is that the school psychologist, guidance counselor, social worker, or nurse?

Q. What is the referral policy in your school for students who may be a danger to themselves or others?

Q. When and how would a student's parents/guardians be notified about your concerns? Whose role is it to notify them?

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Wrapping Up

This is a good opportunity to allow them to briefly share what they gained most from the simulation and how it connects to their real-life roles at school.

QUESTIONS

- Q.** If you had to state one thing you took away from this experience, what would it be? How does it relate to your role as a faculty or staff member?

Be sure to thank participants:

Thank you for taking the time to complete the simulation and to have this discussion. Elementary students often can't identify or articulate their needs. However, students experiencing psychological distress often exhibit behavioral patterns that are detectable in the school setting. Because of your unique position in students' lives, teachers and other school personnel can have a huge impact. It is vitally important to reach out and talk to these students and parents and, if necessary, take appropriate action. Even one conversation can really make a difference.

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Summary of Content

Identifying students who may be at risk for psychological distress, approach them and their parents with concerns, and connect them to support if needed.

To log in and access the simulation, go to:
<https://www.kognitocampus.com>

Identifying At-Risk Students

When identifying students who may be in distress, look for significant changes in behavior and look for behaviors that seem extreme. Trust your instincts. Below are some common warning signs of distress:

Signs of Distress

Behavioral

- Trouble concentrating, easily distracted
- Withdrawal and isolation
- Physical complaints, like headaches/stomachaches
- Lack of energy, loss of interest in activities
- Repetitive play that re-enacts a traumatic event
- Self-destructive behaviors, like skin picking
- Deceitfulness, theft, or property destruction

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Emotional

- Irritability, aggression, or anger
- Crying or having emotional outbursts
- Persistent/excessive fear of separating from parents; school refusal
- Nervous or easily startled, clingy
- Low self-esteem and negative self-talk
- Sadness, guilt, shame, or fear

Academic

- Refusal to complete assignments or comply with rules and requests
- Careless errors or impulsive choices on assignments
- Decline in academic performance
- Extreme nervousness around academics/excessive worry about getting everything right
- Forgetful of tasks and materials
- Frequent absences from school

Appearance

- Disheveled or worsening appearance, lack of cleanliness
- Gaining or losing a lot of weight
- Appearing very tired

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Bringing Up Concerns

When you are concerned that a student is experiencing distress, it is important to bring up your concerns in a way that facilitates discussion, minimizes defensiveness, and prevents hurt feelings. The EASING model is a strategy for effectively bringing up concerns.



Techniques

	<i>Instead of...</i>	<i>Try...</i>
Check your own EMOTIONS	She has been disrespectful to me on several occasions.	Mia seems frustrated during some of our class activities.

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	<i>Instead of...</i>	<i>Try...</i>
ASK for Permission	I'd like to tell you some things I've been seeing...	Would it be okay to talk about one or two more things I'm seeing, to help you get a better picture?
Be SPECIFIC	Mia feels insecure when she hears about fun things other students do outside of class.	The other kids were talking about a movie they'd all seen that Mia hadn't. She looked a bit uncomfortable and seemed to get upset at another student.
Use "I" STATEMENTS	She's destructive to school property.	Last week, I saw Mia writing on the wall outside the gymnasium with chalk, after we'd asked students not to do that.
Keep it NEUTRAL	Mia has been acting up a lot in class.	I've noticed that Mia sometimes seems a little agitated in class.
Show GENUINE CURIOSITY	So that's what we're seeing at school.	How is what you're seeing at home similar or different to what I'm seeing at school?

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Listening Actively

When you want to encourage another person to open up, avoid giving unsolicited advice, disagreeing, or criticizing. These ineffective tactics are likely to make the other person defensive and therefore prevent him or her from opening up.

Ineffective Tactics	Negative Results
Giving Advice	Turns conversation into an argument
Disagreeing	Makes the person defensive
Criticizing	Emphasizes your authority

Instead, use a combination of **open-ended questions** and **reflecting statements**. Open-ended questions require more than yes-or-no answers.

Open-Ended Questions

Instead of...

There have to be better activities for you that are calmer. What else could you do?

Try...

What parts of playing ball do you like?

Reflecting statements express what you think the other person is saying, thinking, or feeling. Using reflective statements can help you correct any misconceptions you have and shows the other person that you are really listening.

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Reflecting Statements

Instead of...

I wouldn't worry about other people. It's not a race. Just do your best.

Try...

The way you said you're feeling behind ... that's not a nice feeling.

Reflecting statements express what you think the other person is saying, thinking, or feeling. Using reflective statements can help you correct any misconceptions you have and shows the other person that you are really listening.

Connecting Students to Support

When you have a student whom you want to connect to support, it's important to know the resources and policies in place at your school. You may be encouraged to involve people like:

- ✓ Principal or vice principal
- ✓ Counselor, school psychologist, or school social worker
- ✓ Another experienced teacher

If you will be speaking with **parents**, remember that they are also an important part of the team when determining how to best support a student.

- ✓ Ask for **their opinions** when bringing up recommendations
- ✓ Bring up your recommendations as a **question** ("What would you think about...?")

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Crisis Situations

If you think that a student might be in immediate danger, follow the protocol defined for your school. Be sure to know your school policy. Although suicide rates among elementary-aged students are low, a threat should always be taken seriously. Never leave a student alone if you are concerned about suicide.

Risk Factors that Increase a Child's Risk of Suicide

- Maltreatment, trauma, or neglect
- Interpersonal family conflicts
- A history of persistent bullying and social rejection
- Having a mental health disorder, especially a mood disorder
- Lack of social support
- A recent or serious loss, such as the death of a loved one, a divorce, or the loss of a family member's job or home

Suicide Exposure:

- A past suicide attempt
- Family history of suicidal behavior or mental health disorders
- The suicide of a family member, friend, or other significant person
- Cultural and/or religious beliefs that suicide is a noble resolution of personal dilemma
- Access to lethal means like guns or knives

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Warning Signs that a Child May be Considering Suicide

Significant Changes in Behavior:

- Extreme emotions
- Difficulty completing daily activities
- Academic decline
- Increased absenteeism
- Withdrawal from family and friends
- Changes in sleeping and eating habits
- Persistent physical complaints

Worrisome Behavior:

- Statements of hopelessness of language like “I don’t want to be here anymore” or “I just want to disappear”
- Communicating a wish to die
- Art or play involving death, violence, or loss
- Preoccupation with death
- Wanting to play with or handle weapons
- Risky or reckless behavior
- Signs of self-inflicted injuries

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National Resources

The National Suicide Prevention Lifeline

1-800-273-TALK (8255)

<http://suicidepreventionlifeline.org>

MentalHealth.gov

An overview of the educator's role in recognizing mental health problems and helping students and families

<https://www.mentalhealth.gov/talk/educators>

MACMH Mental Health Fact Sheet

Suggested instructional strategies and classroom accommodations for the most common mental health issues experienced by adolescent and pre-adolescent children, compiled by The Minnesota Association for Children's Mental Health.

<http://www.macmh.org/publications/mental-health-fact-sheets>

NAPS Mental Health Resources

Research, policy, and practice surrounding mental health and school-based mental health practices, compiled by The National Association of School Psychologists

<http://www.nasponline.org/resources-and-publications/resources>

Conclusion

Taking time to notice a student's behavior, reach out, and make a referral to the counselor might bring hope to the student's life, help them perform better academically, prevent the escalation of psychological distress, or just let them know someone cares. The conversation you have with a student can open the door to them getting the help they need. If you do this for just one student, you will have made a difference.

After reaching out to a student, follow up in the coming days, weeks, and months to see if things are improving. These don't have to be long conversations. Even a quick question like, "How's everything going?" lets them know you're still thinking about them.

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And remember, you're not alone. If you're unsure how to handle a particular situation, you can go to your school counselor, the principal, or a colleague for advice. In an emergency, you can call school security, 911, or the National Suicide Prevention Lifeline.

If you ever realize that a friend, family member, or you yourself may be at-risk, you can call the Lifeline or seek a referral for a mental health professional from your doctor or someone you trust.

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Identifying At-Risk Students

When identifying students who may be in distress, look for significant changes in behavior and look for behaviors that seem extreme. Trust your instincts. Below are some common warning signs of distress:

Signs of Distress

- **Behavioral changes**, like trouble concentrating, withdrawal and isolation, lack of energy, physical complaints, and self-destructive behaviors
- **Emotional changes**, like irritability, aggression, anger, emotional outbursts, being nervous or easily startled, clingy, low self-esteem and negative self-talk, sadness, guilt, shame, or fear
- **Academic changes**, like a refusal to comply with rules and requests, impulsive choices, decline in academic performance, extreme nervousness around academics/excessive worry about getting everything right, and frequent absences from school
- **Appearance changes**, like a disheveled or worsening appearance, lack of cleanliness, gaining or losing a lot of weight, and appearing very tired

Bringing Up Concerns



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Your School's Referral Process

QUESTIONS

Q. What is the referral policy in your school? To whom do you make a referral if you are worried about a student in psychological distress that is not deemed an imminent threat to a student's life? Is that the school psychologist, guidance counselor, social worker, or nurse?

Q. What is the referral policy in your school for students who may be a danger to themselves or others?

Q. When and how would a student's parents/guardians be notified about your concerns? Whose role is it to notify them?

Local Resources

1. _____
2. _____
3. _____

The National Suicide Prevention Lifeline: 1-800-273-TALK (8522), available 24/7