



Student Wellbeing: Practical Strategies for Student Counselors in K-12

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Welcome & Objectives



TRAUMA-INFORMED
APPROACH IN SCHOOL
COUNSELING



CRISIS STRATEGIES:
ASSESSING AND
MANAGING RISK



PRACTICAL APPROACHES
FOR STRENGTHS-BASED
STRATEGIES



LEVELS OF CARE

Wellness and Wellbeing



Wellness

Action

Actively pursuing good health



Wellbeing

Result

General health and happiness

Wellbeing Benefits



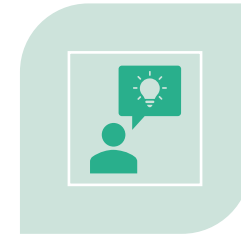
STUDENT'S
RESILIENCE



CONNECTIONS



GET HELP WHEN
NEEDED



KNOWLEDGE



SOCIAL AND
EMOTIONAL SKILLS

School Counselor Leaders



Self-Care ABC's & You



Awareness



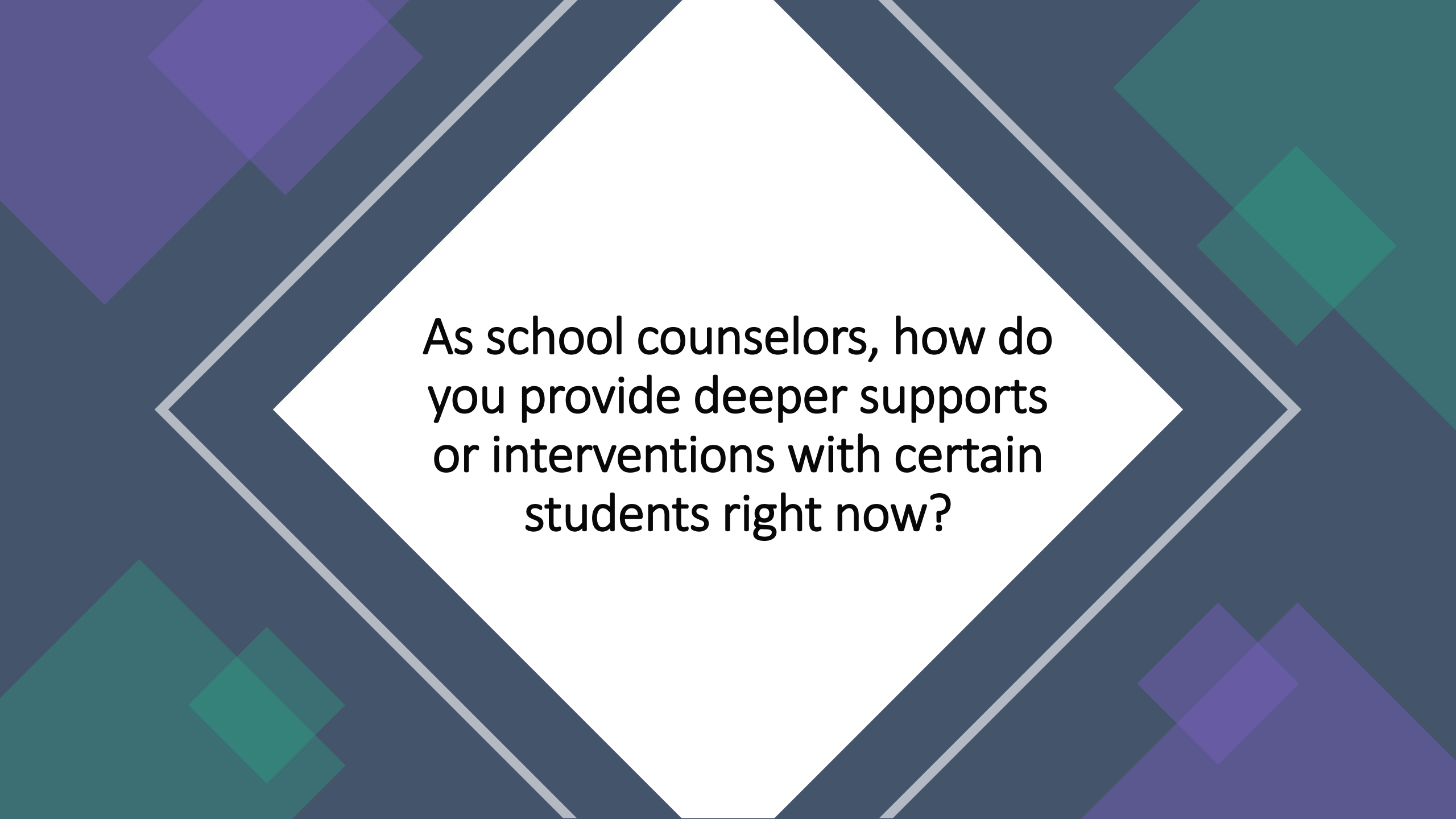
Balance



Connection

School Counselor and Student Ratios


- California 3rd highest student-to-counselor ratio in the nation 682:1
- Most common barrier was insufficient time and time spent on non-counseling duties
- Biggest area would rather spend time in would be to “Provide deeper supports or interventions with certain students”

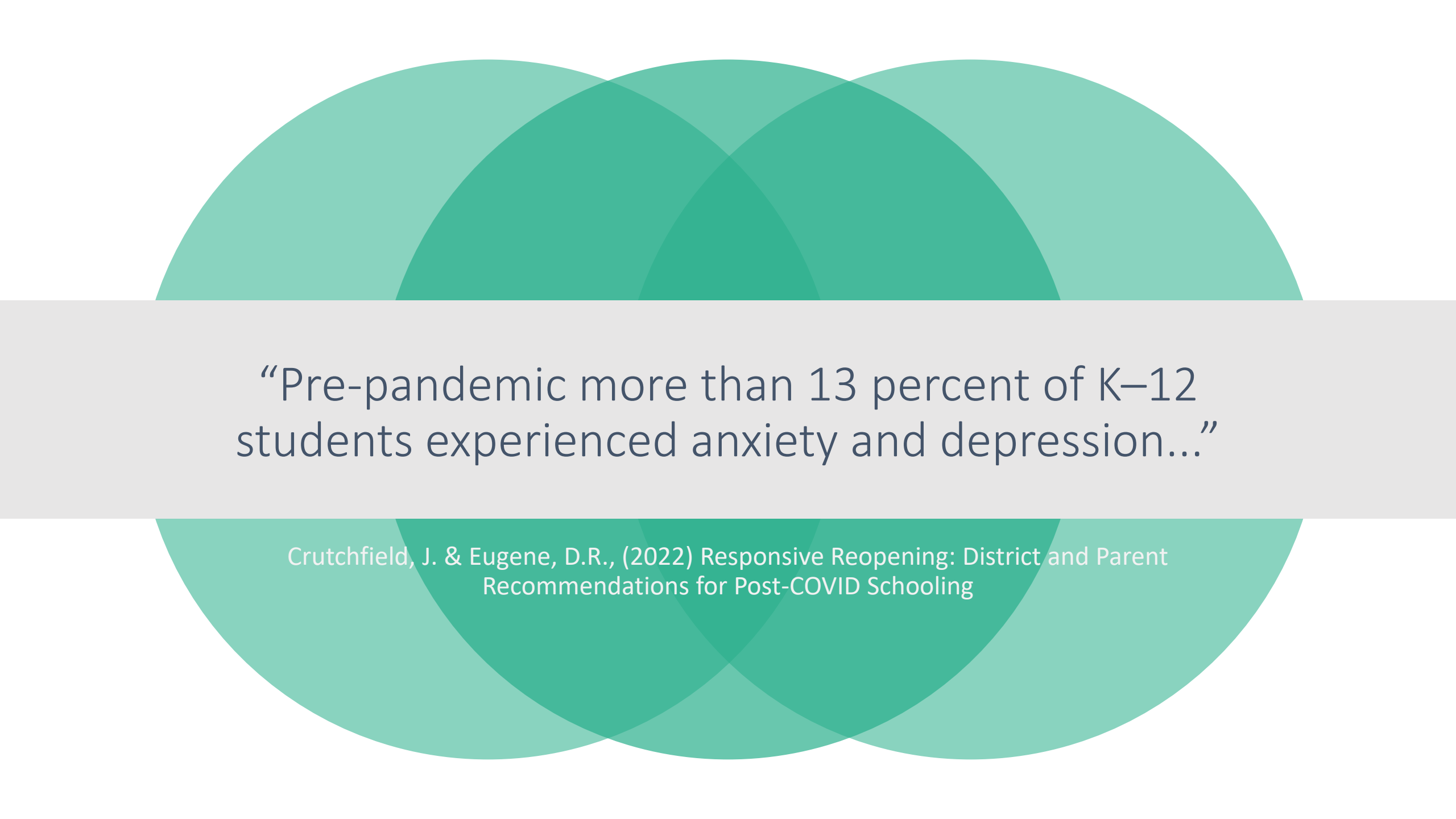


As school counselors, how do you provide deeper supports or interventions with certain students right now?



State of mental health in California students

- High school students with depression are more than **2x more likely to drop out** than their peers
 - Students were face various stressors in their lives such as **Social Isolation and Economic hardship**
 - “record levels of depression and anxiety, alongside multiple forms of trauma.”
- 



“Pre-pandemic more than 13 percent of K–12 students experienced anxiety and depression...”

Crutchfield, J. & Eugene, D.R., (2022) Responsive Reopening: District and Parent Recommendations for Post-COVID Schooling



Understanding
Student's Wellbeing
State Today

Psychological and emotional
challenges in the face of COVID-19

Isolation

Grief & Loss

Internalizing/Externalizing Problems



Depression,
Sadness &
Grief

Sadness

Emptiness

Irritability

Somatic

Cognitive

Fear & Anxiety



Trauma
&
Stressor
related

Abuse & Neglect

Violence & Discrimination

Poverty

Intergenerational

Historical

PTSD means:

Post

After

Traumatic

Trauma

Stress

Anxiety

Disorder

Reaction

Effects of acute and chronic trauma

Early Childhood (0-5)


After a trauma you may see more separation anxiety, clinginess, power struggles and more temper tantrums.

School Age (6-12)


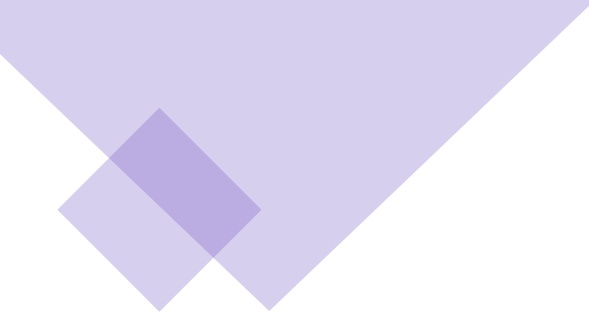
You're more likely to see altered behaviors such as more aggressive, withdrawn, repetitive play and art themes, regression like bed wetting/thumb sucking.

Adolescence (13+)

You may see a combination of some of the above along with more severe behavioral disturbance including depression, anxiety and riskier self-destructive behaviors like defiance, self harm, suicide, sexualized behaviors and substance use.



Trauma-informed approach in school counseling



Core principles of a
trauma-informed
approach

Safety

Trustworthiness + Transparency

Peer Support

Collaboration

Empowerment

Humility + Responsiveness



Benefits of a trauma-informed approach



ENGAGED IN
ACADEMICS



BUILD TRUSTING
RELATIONSHIPS



IMPROVE LONG-TERM
HEALTH OUTCOMES



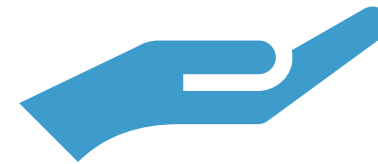
REDUCE BURNOUT



Trauma-informed interventions



Stabilization



Support



Trauma-informed interventions

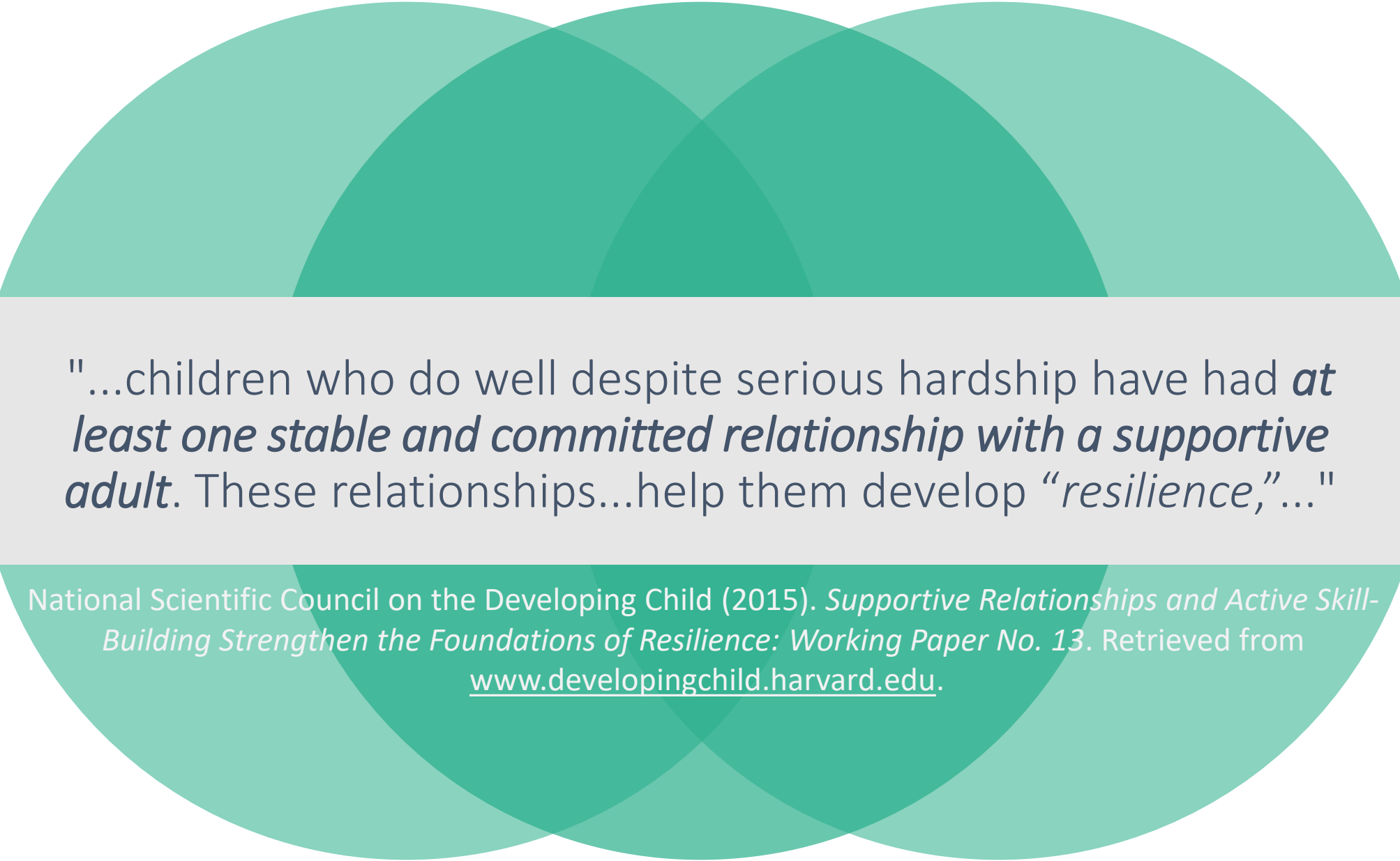
Stabilization

- ❖ Create routines such as starting and ending each day in the same way. Write down the student's schedule on desk, bulletin board, or bed for younger students
- ❖ Mobilize a support system that includes teachers, primary caregivers, school counselors
- ❖ Create opportunities for play and drawing. **Young children** may not have the words to express their fears but may be able to process their emotions through play and drawing.
- ❖ **School age** children may retell or play out the traumatic event/s repeatedly. Allow the child to talk and act out these reactions. Let them know that many children respond to events like this in similar ways. Encourage positive problem-solving in play and drawings.
- ❖ **Older kids and teens** can benefit too from these, along with other creative art expressions
- ❖ Be calm- kids look to adults for safety. Try not to voice your own fears in front of students. Remind the child that people are working to keep him safe.

Trauma-informed interventions

Support

- ❖ Keep a routine. Children may need a predictable routine for a long period of time to feel safe and secure.
- ❖ Listen empathically.
- ❖ **Young children** may have trouble expressing their feelings. Encourage them to put feelings into words, such as anger, sadness, and worry about the safety of friends and family. Don't force them to talk but let them know that they can at any time.
- ❖ **School age children** may have concerns they were to blame or should have been able to change what happened. They may hesitate to voice these concerns in front of others. Provide a safe place for them to express their fears, anger, sadness, etc. Allow them to cry or be sad. Don't expect them to be brave or tough. Offer reassurance and explain why it wasn't their fault.
- ❖ Recognize triggers - If a child becomes upset, it may be helpful to explain the difference between the event and reminders of the event.
- ❖ Give clear and honest answers. Be sure students understand the words you use. Find out what other explanations students have heard about the event and clarify inaccurate information. If the danger is far away, be sure to tell the student that it is not nearby. Avoid details that will scare the student.
- ❖ Practice relaxation exercise, physical exercises and positive distracting activities – deep breathing, soothing music, sports, games, reading, etc



"...children who do well despite serious hardship have had ***at least one stable and committed relationship with a supportive adult***. These relationships...help them develop “*resilience*,”...”

National Scientific Council on the Developing Child (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13*. Retrieved from www.developingchild.harvard.edu.

Building Relational Wealth

Stability

As school counselors, you are in a position to be able to be a **stable**, caring and supportive adult in your student's lives. This is accomplished through consistency on your part. Meaning keeping your word, following up, providing tangible objective feedback and maintaining your bias/opinions in check.

Mastery

Being in this relationship builds up many positive potential outcomes. Students can thrive when they know what is expected of them, we call it structure. When there is structure, then there is a sense of safety to explore gaining **mastery** over skills and their life circumstances.

Adapt

The more they believe in themselves, the more likely they will be able to face issues and **adapt** to the situation because they know they have support behind them.

Relationship across all levels

Family voice
+ choice

Natural
supports

Systems of
care

*"when we
choose to focus
on natural
strengths:
performance
skyrockets."*

Crisis Strategies: Assessing and Managing Risk

Assessing: What is a crisis?

A time of intense difficulty, trouble, danger or distress

A crisis may be mental, emotional, or physical

Assessing: Types of Crisis Situations

May Become a Crisis

- Panic attack
- Aggressive behaviors
- Substance misuse
- After a traumatic event

Immediate Crisis

- Medical emergency
- Suicidal thoughts/behaviors
- Severe substance use effects
- Severe psychotic states
- Nonsuicidal self injury

Assessing: Non suicidal self-injury (NSSI)

- Intentional self-injury to the body without the intent to die by suicide
- Assess the situation, determine if medical attention needed.
- **Life threatening injuries call 911.**
- Remain calm, express concern for student's wellbeing
- Connect to appropriate professional help.

Assessing: Suicide

Suicide is death caused by injuring oneself with the intent to die.

Warning signs

- **Speech content** - Talking or writing about death, dying or suicide. Threatening to hurt or kill themselves
- **Behavior/actions** - Looking for ways to kill themselves, seeking access to means. Showing anxiety or agitation. Being unable to sleep or sleeping all the time
- **Thoughts and Feelings** - Thinking there is no way out. Thinking there is no reason for living. Thinking there is no safe way out of a bad situation. Feeling no reason for living, no sense of purpose in life. Feeling trapped, there is no way out
- **Hopelessness**

Managing Crisis Situations: Safety Considerations

- **Safety** - Throughout, you want to be aware of safety for yourself, the student/individual in question, and others around you. Your safety plan may evolve as events unfold.
- **Assess** and intervene in a manner that enhances safety and effective resolution
- **Likelihood of self-harm** - People with mental health disorders are more likely to harm themselves than someone else
- **Initial response** - How you initially respond to a person with a mental health or substance use challenge can have a tremendous impact on the safety of all involved
- **Your Role** - During a crisis, your role is to:
 - Try to work together to keep youth and others safe for now. If you can't, get help immediately. Your school/organization may already have specific protocol around this
 - Use safe steps to de-escalate the situation and connect to appropriate professional help as appropriate

Using the Columbia Protocol

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc.</i> If yes, was this within the past 3 months?		High Risk

- If YES to 2 or 3, seek behavioral healthcare for further evaluation.
- If the answer to 4, 5 or 6 is YES, get **immediate help**: Call or text 988, call 911 or go to the emergency room.
- **STAY WITH THEM** until they can be evaluated.



Download Columbia Protocol App

Managing: De-Escalating Strategies



Your Speech



Your Behavior



Your Thoughts



***Important:** If your safety or the safety of the person or others is at risk, get help immediately

Managing: Strategies for Action



CREATE PROTECTIVE
ENVIRONMENTS



TEACH COPING AND
PROBLEM-SOLVING SKILLS



PROMOTE HEALTHY
CONNECTIONS



IDENTIFY AND SUPPORT
PEOPLE AT RISK

Managing: Safe Coping

Seek Safety

Create
Healthy
Options

Act Early

Make Healthy
Connections

Take Good
Care of
Yourself

Reflect and
Grow

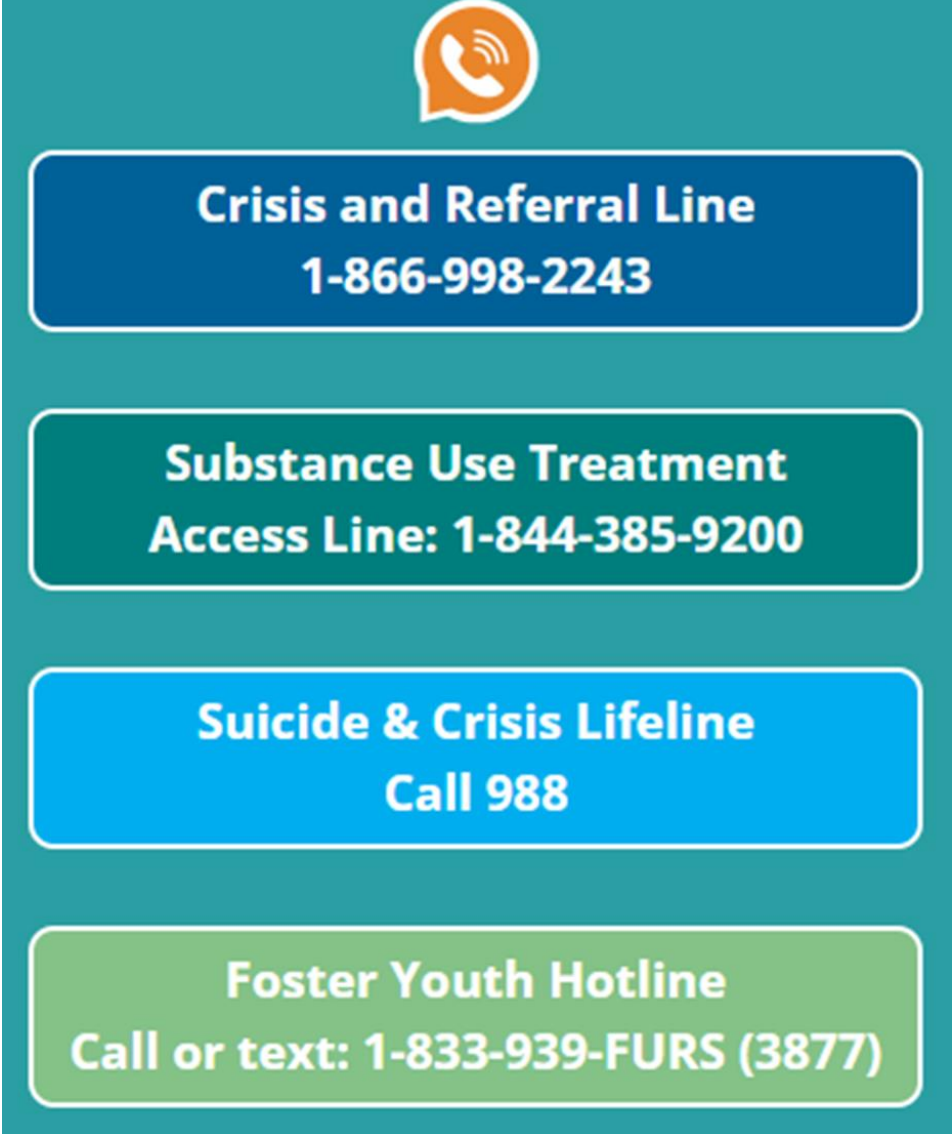
Focus on your
Goals


Stay
Motivated
and Active

Build
Emotional
Tolerance

Managing: Resources Available

- Keep emergency numbers at the ready
- Post in visible spaces
- Periodically distribute reminders on resources available
- Offer forums for open dialogue





Crisis and Referral Line
1-866-998-2243

Substance Use Treatment
Access Line: 1-844-385-9200

Suicide & Crisis Lifeline
Call 988

Foster Youth Hotline
Call or text: 1-833-939-FURS (3877)



Practical Approaches for Strengths-based strategies

Practical Approaches

Strength Based approach

Strength Based Example Questions



- What is working well?
- What have you tried and what has been helpful?
- Tell me about what a good day looks like for you?
- What do you find comes easily to you?
- When things are going well in your life, what is happening?
- What would your family and friends say you are good at?

Practical Approaches

Check-In & Check-Out

Check-In & Check-Out Examples

- **Morning Check-In** - “check-in” with their mentor each morning after arriving at school. Tasks are review goals, collaboratively set goals, encouragement.
- **Monitoring, Evaluation** - Focus on student’s efforts to meet positive behavioral goals
- **Feedback** - should occur at the end of each class period or during natural transitions throughout the day and should be positive, specific, and corrective when appropriate.
- **Check-Out** - meet with the same adult whom they began the day with



Practical Approaches

Motivational Interviewing

Motivational Interviewing Examples

- **Open-ended questions** - (Elicit-Provide-Elicit) find out more about the person's perspective and ideas about change. The technique is that information is often offered within a structure of open questions (Elicit-Provide-Elicit) that 1. first explores what the person already knows, 2. then seeks permission to offer what the practitioner knows and 3. then explores the person's response.
- **Affirming** - *Sounds like this is really challenging. No wonder you feel overwhelmed.*
- **Reflective listening** - *What I hear you say is...*
- **Summarizing** - identify the core ideas of the client's story



More Practical Approaches



Model Setting Commitments



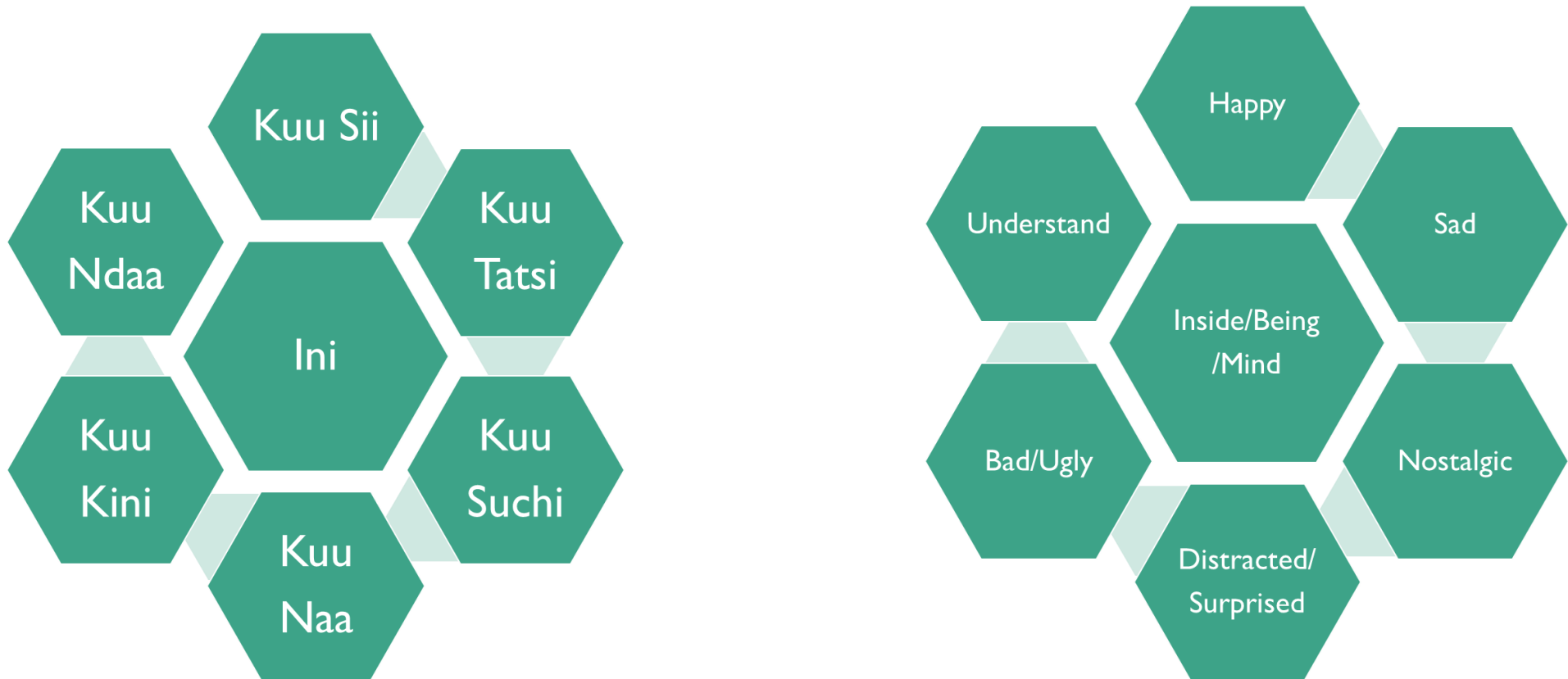
Identify practical obstacles



Break complex goals into small steps

Approach considerations in Mixteco culture

Ini = Inside, Being, Mind, Body





Healing markers

Unsafe vs Safe coping language

Mourning

Reconnecting

Recovery



An underwater scene with a teal and blue color palette. A large anchor is suspended from a chain that extends from the top of the frame. The anchor is positioned in the left-center. In the lower right, another anchor is visible on the seabed, which is covered in rocks and coral. The water surface is visible at the top, showing ripples and light reflections.

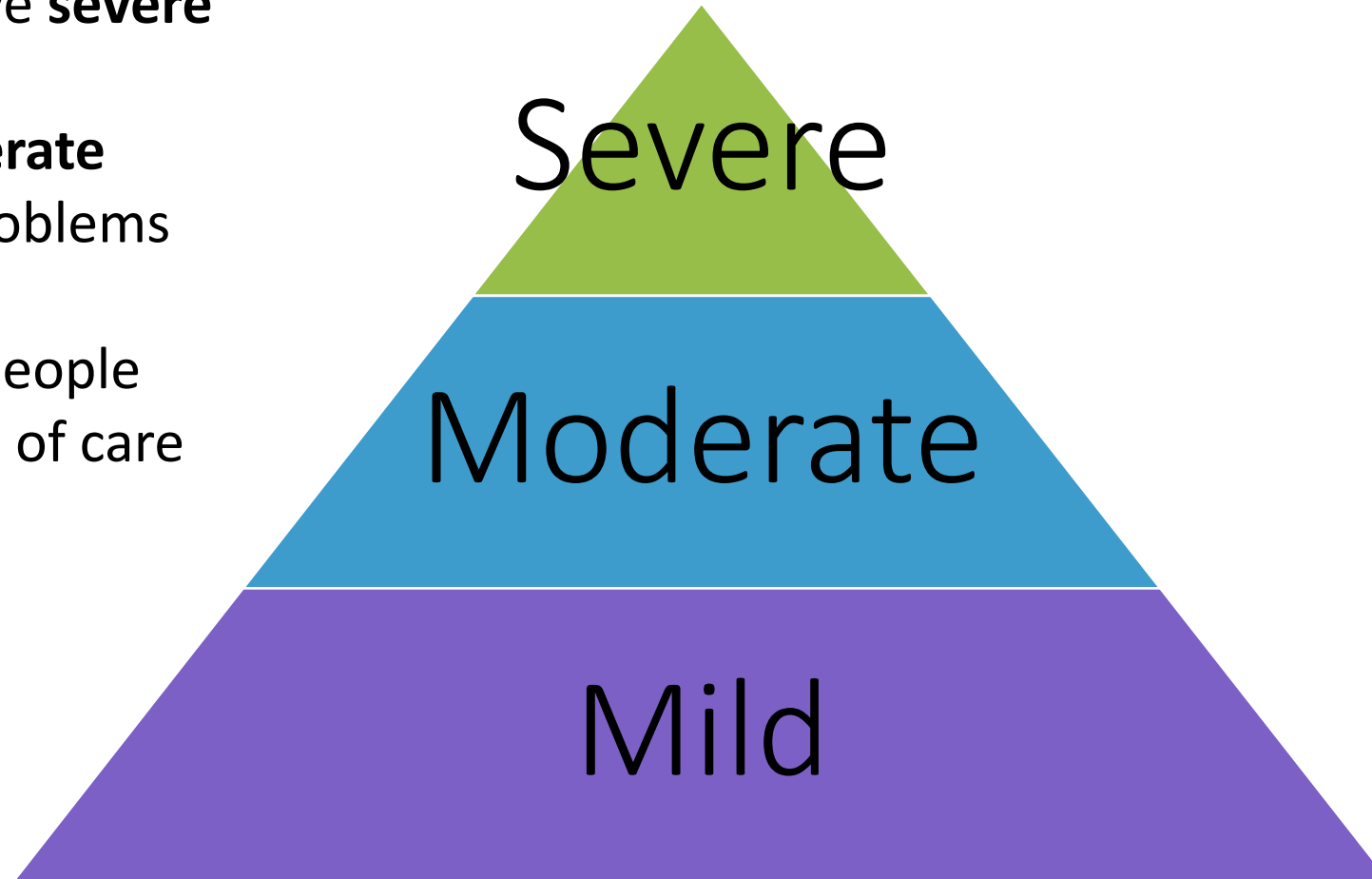
Grounding

- Detach from emotional pain
- Focusing outward on the external world

Levels of Care

Levels of Care

- Some people have **severe** mental illness
- More have **moderate** mental health problems or conditions
- The majority of people need a **mild** level of care



Levels of Care: Mild



Symptoms



Mild Impacts



History

You may see the following:

Symptoms: feeling sad, stressed or anxious; having occasional panic attacks, attention span issues, infrequent anger outburst or periodic behavioral problems

Mild impacts: going to school but not doing as well, starting to get disciplinary action at school, isolating

History: no significant trauma, no significant mental health treatment, no significant substance abuse

If they have any of the following insurance scenarios, likely best served as follows:

Private insurance → Primary Care Provider or Insurance Plan

Gold Coast Medi-Cal → Beacon

Uninsured → Community referrals

Levels of Care: Moderate



Symptoms



Moderate
Impacts



History

You may see the following:

Symptoms: Feeling anxious most of the time, having panic attacks, feeling sad most of the time, frequent anger, superficial cutting

Moderate Impacts: Having difficulty concentrating at work, missing school, getting into fights at school, starting to affect relationships with family and friends

History: None to some significant trauma, mental health treatment, and/or substance abuse

If they have any of the following insurance scenarios, likely best served as follows:

Private insurance → Primary Care Provider or Insurance Plan

Gold Coast Medi-Cal → Beacon or VCBH

Uninsured → Community referrals or VCBH

Levels of Care: Severe



Symptoms



Severe Impacts



History

You may see the following:

Symptoms: Extreme anxiety and depression, poor concentration, auditory/visual hallucinations, increased suspiciousness/paranoia

Moderate Impacts: Not going to school or work, failing classes, not able to maintain relationships or activities of daily living (bathing, eating, etc)

History: Severe trauma, current/recent suicidal ideation and/or suicide attempts, self injurious behaviors, severe substance use, previous mental health diagnosis

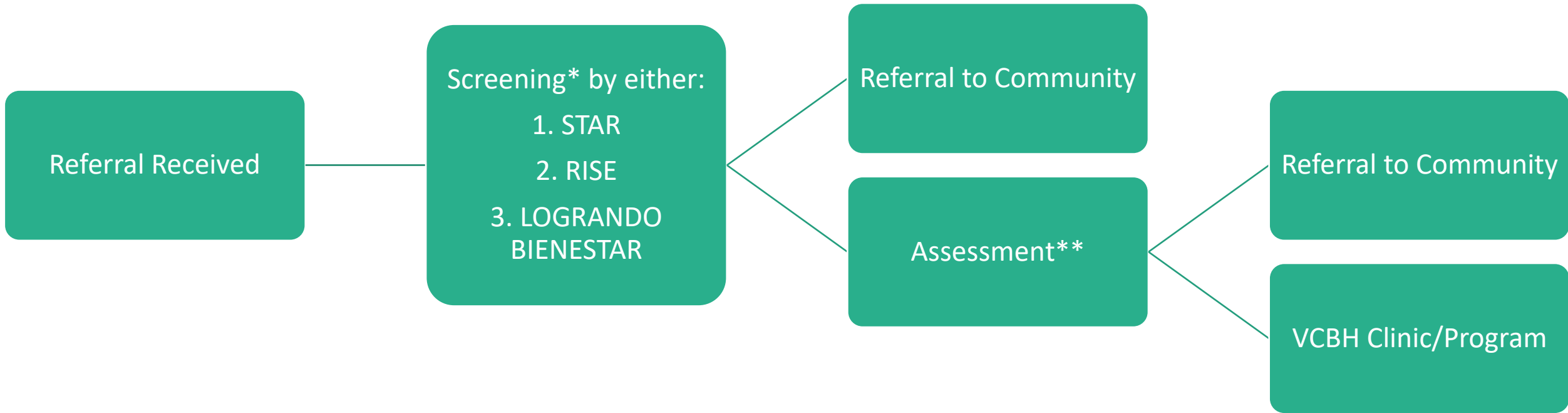
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Private insurance → Primary Care Provider or Insurance Plan

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Uninsured → VCBH

VCBH Referral Process



*No Wrong Door: STAR/RISE/Logrando Bienestar have similar procedures to screen and refer individuals to services to the most appropriate level of care.

**Assessment is not a guarantee an individual will receive VCBH services. Individuals may still get referred out to the community after completing a full assessment.

VCBH Access & Outreach Division

Crisis &
Referral (STAR)

• 1-866-998-2243

RISE

• 1-805-981-4233

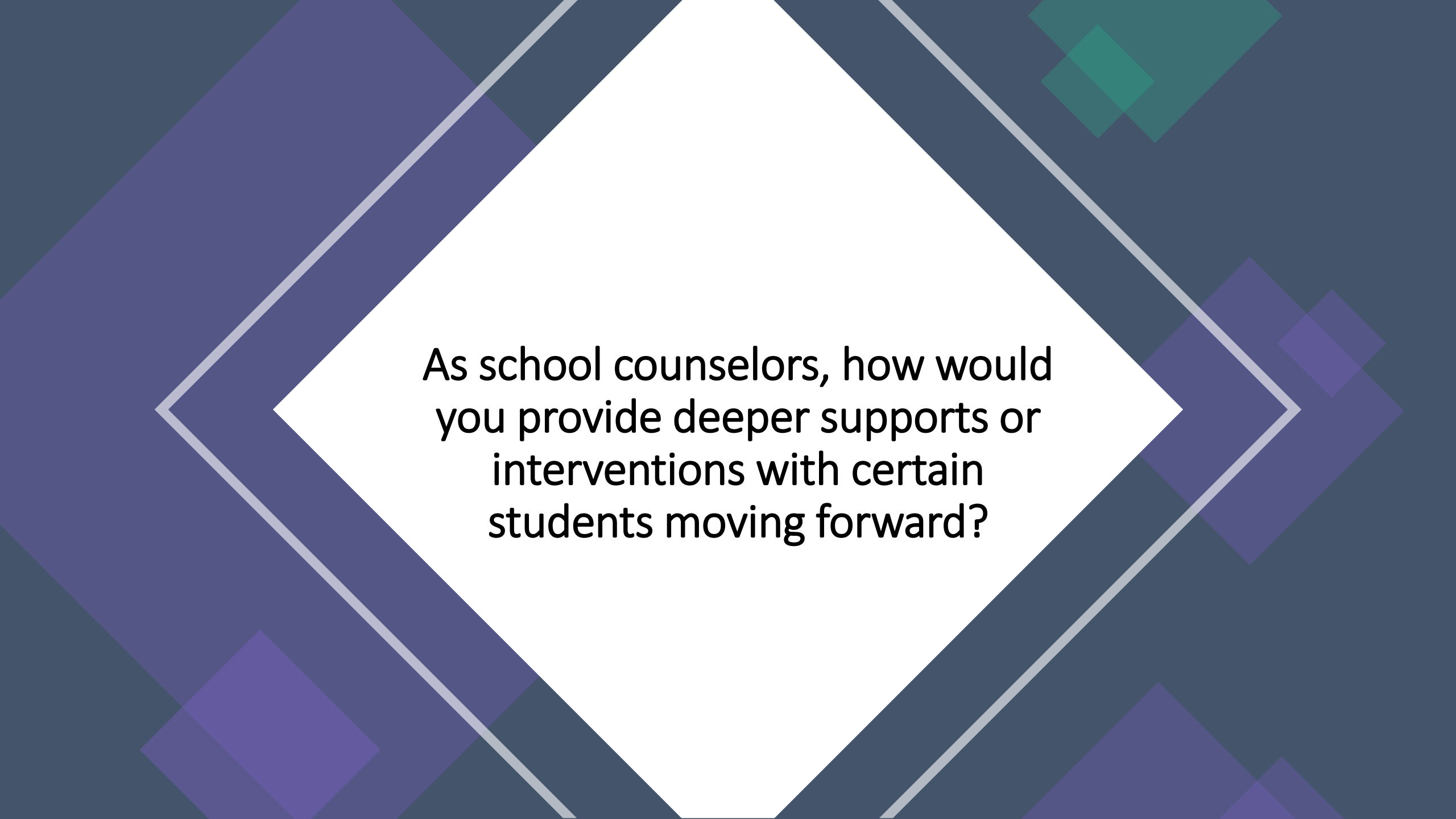
LOGRANDO
BIENESTAR

• 1-805-973-5220

SUS ACCESS

• 1-844-385-9200

- CRISIS & Referral - Individuals in crisis or needing mental health initial screening should call this number
- RISE- Field-based outreach team supports adult individuals who appears to have severe mental health problems and is unable/unwilling to access help
- LB - Education and outreach on VCBH services and community resources
- SUS ACCESS - wide range of treatment options for achieving and maintaining substance use recovery



As school counselors, how would you provide deeper supports or interventions with certain students moving forward?

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Miguel Villegas Ventura "Mixteco Ini Slides" 2022

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VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

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V E N T U R A C O U N T Y

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency