

# *Understanding and Addressing Student Mental Health Problems*



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# **Mental Health Defined**

## **SAMHSA' s Center for Mental Health Services:**



“Mental health is defined as “how a person thinks, feels, and acts when faced with life’ s situations.... This includes handling stress, relating to other people, and making decisions.”

# Adverse Childhood Experiences (ACEs) Study



Of 17,000 respondents, two-thirds had at least one adverse childhood event

- ☞ Physical, emotional or sexual abuse
- ☞ Emotional or physical neglect
- ☞ Growing up with family members with mental illness, alcoholism or drug problems
- ☞ Family violence
- ☞ Incarcerated family member
- ☞ One or no parents
- ☞ Parental divorce

# Findings



## **Of the 17,000+ respondents...**

- ☞ Two-thirds had at-least 1 adverse childhood event
- ☞ 1 in 6 people had four or more ACES
- ☞ More than 25% grew up in a household with an alcoholic or drug user
- ☞ 25% had been beaten as children

# Findings Continued



- ☞ People with ACE scores of 4 or more:
  - ☞ Twice as likely to smoke
  - ☞ Seven times as likely to be alcoholics
  - ☞ Six times as likely to have had sex before age 15
  - ☞ Twice as likely to have cancer or heart disease
  - ☞ Twelve times more likely to have attempted suicide
  - ☞ Men with six or more ACEs were **46** times more likely to have injected drugs than men with no history of adverse childhood experiences

# ACES Findings



51% of children with 4+ ACE scores  
had learning and behavior problems  
in school

Compared with only 3% of children  
with NO ACE score

**Source:** Burke, N.J., Hellman, J.L., Scott, B.G., Weems, C.F & Carrion, V.C. (June 2011). “The Impact of Adverse Childhood Experiences on an Urban Pediatric Population,” *Child Abuse and Neglect*, 35, No. 6.

# Old View of Mental Health



Old View of Mental Health

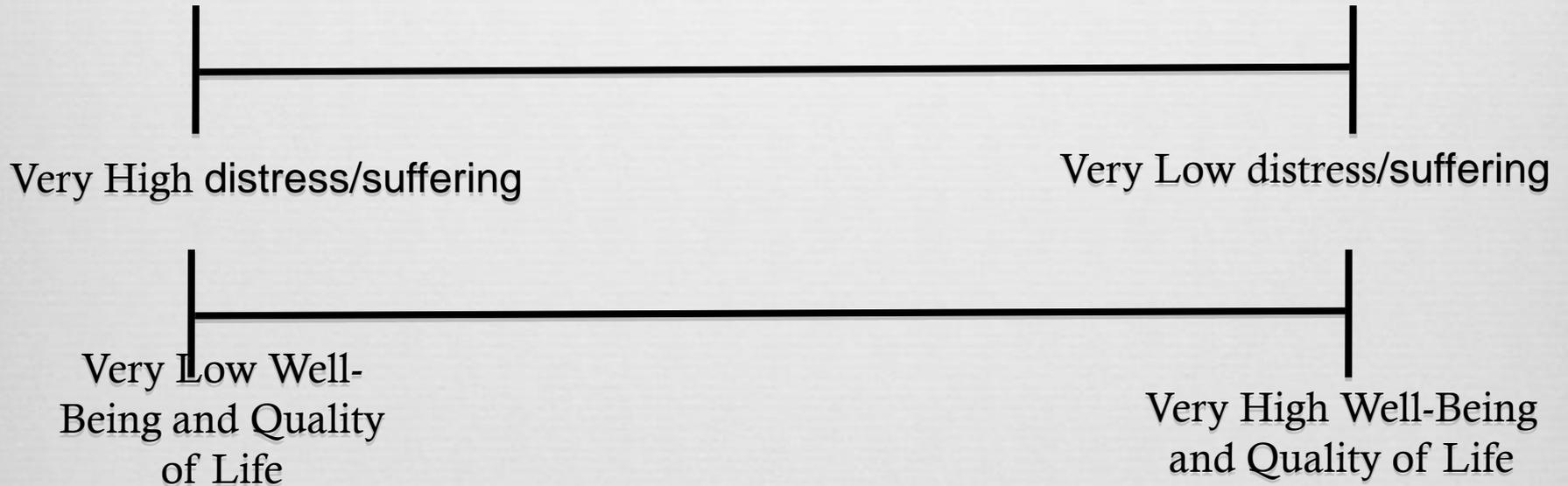


# Modern View of Mental Health

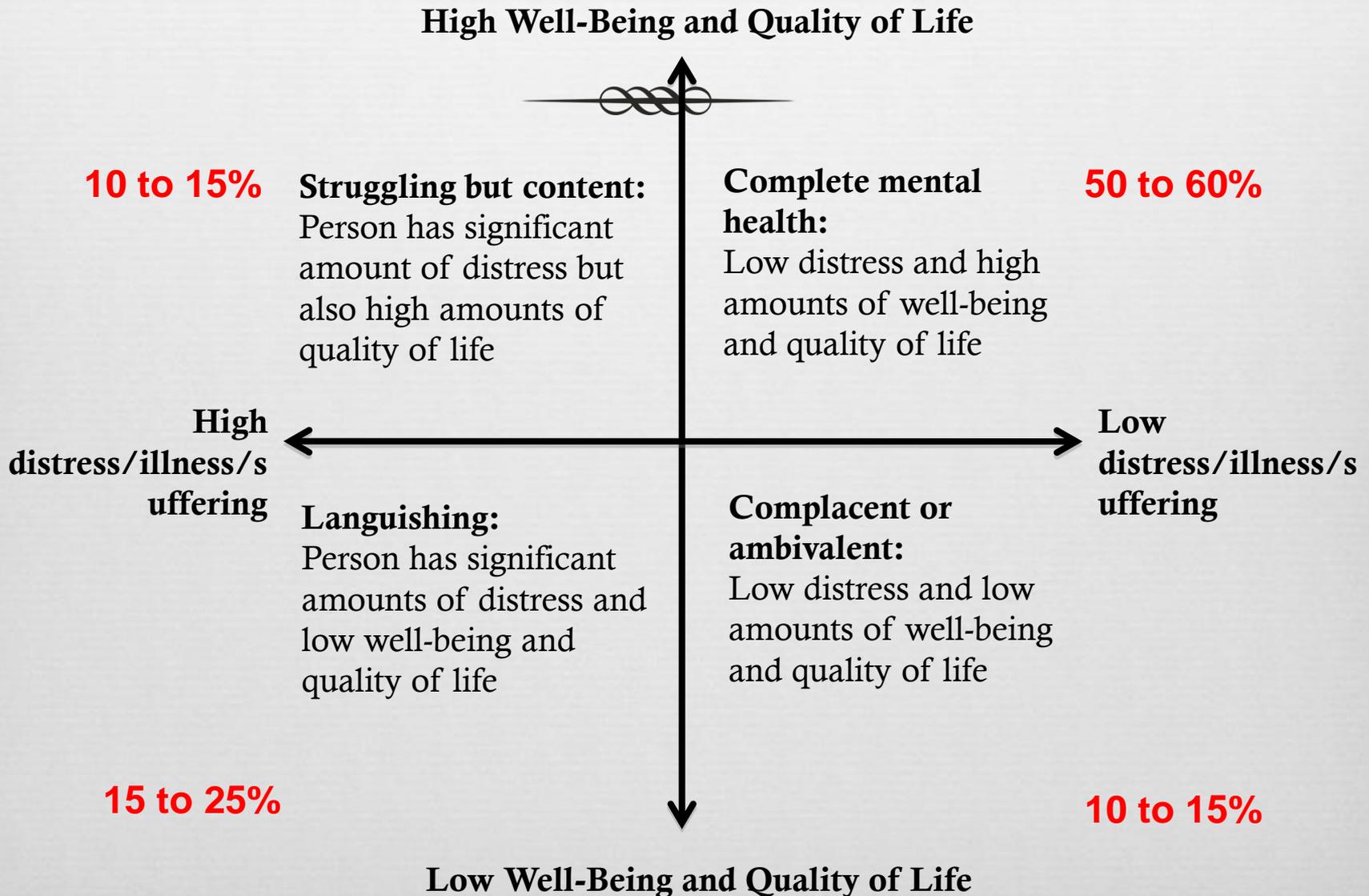
## Dual Continua of Mental Health



### Dual Continua View of Mental Health



# Breakdown of the Dual Continua of Mental Health



# Resilience Defined

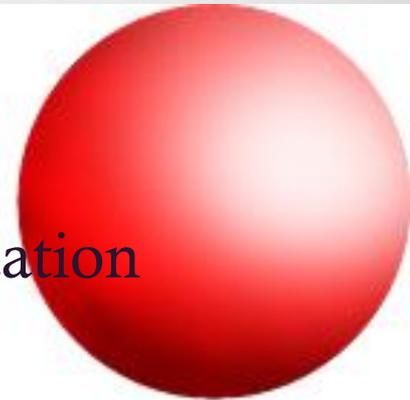
☞ **Resilience:** the ability to survive and thrive in the face of life's daily ups and downs, curve balls, and stressors.

## ☞ **Survive:**

- ☞ Navigate stressful situations successfully
- ☞ Bounce back after a challenging, adverse situation
- ☞ Minimize life suffering

## ☞ **Thrive:**

- ☞ Ability to flourish in life
- ☞ Optimize well-being and life satisfaction
- ☞ Be as effective as possible in everything you do



# Number of Resilience Factors and Life Satisfaction



LIFE SATISFACTION ITEM:  
**“MY LIFE IS GOING WELL”**



# Ingredients to becoming healthy, happy & resilient person



- Developing helpful and optimistic thinking
- Seeking “good” social support
- Good sleep
- Clarifying values and doing what matters most
- Management of intense negative emotions
- Regular exercise
- Role models
- Mindfulness-based practices
- Problem-solving skills
- Purposefully practicing gratitude
- Grit and perseverance
- Scheduling time for recreation and relaxation
- Receiving mentoring
- Cultivating positive emotions
- Healthy, balanced diet



# Mental Health Problems: The Numbers



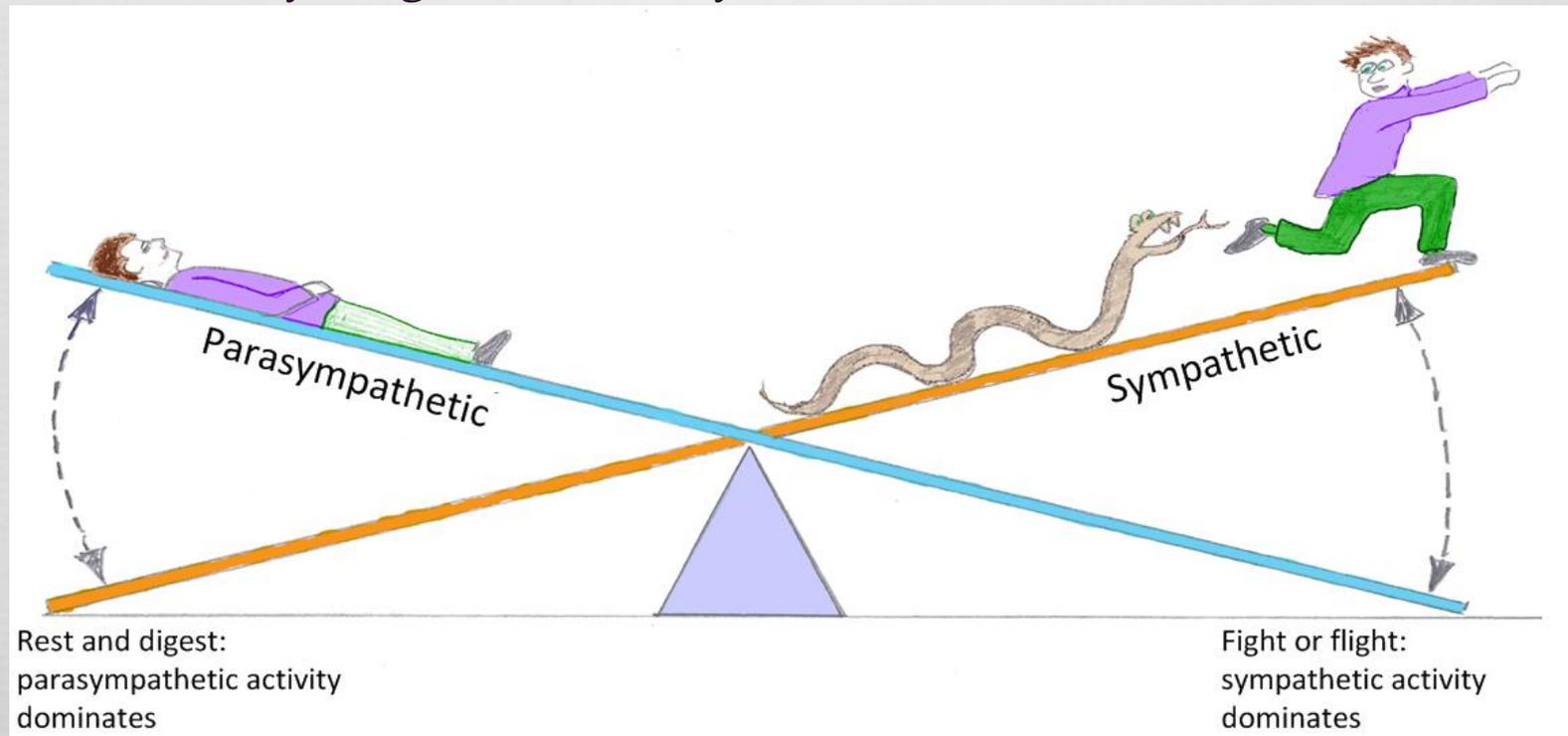
- ❧ 20 to 30% of students have a diagnosable mental health disorder
- ❧ When referred to agencies outside of the school, only 10 to 15% of the children who need MH services get them
  - ❧ Versus, when MH services are provided to the school, over 90% of referred student receive them

# Understanding Mental Health and When Problems Emerge



# Definitions

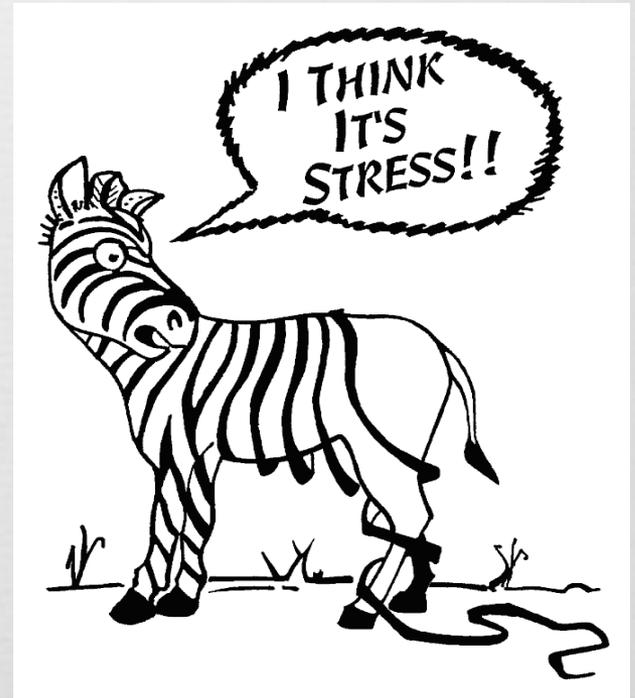
- ☞ **Homeostatic balance** (a state of **homeostasis**): having an ideal body temperature, an ideal level of glucose in the bloodstream, an ideal everything
- ☞ **Stressor**: anything that knocks you out of homeostatic balance



# Why Don't Zebras Get Ulcers?

## Perceived and Actual Non-Life-threatening Stressors

- ☞ Stress is **an unavoidable fact of life.**
- ☞ The vast majority of stressors **are not life threatening** in any way.
- ☞ Humans can generate stress by anticipating it—whether or not it occurs, and whether or not it's merited.
- ☞ We don't have to experience something to be stressed out by it (perceived stressors).

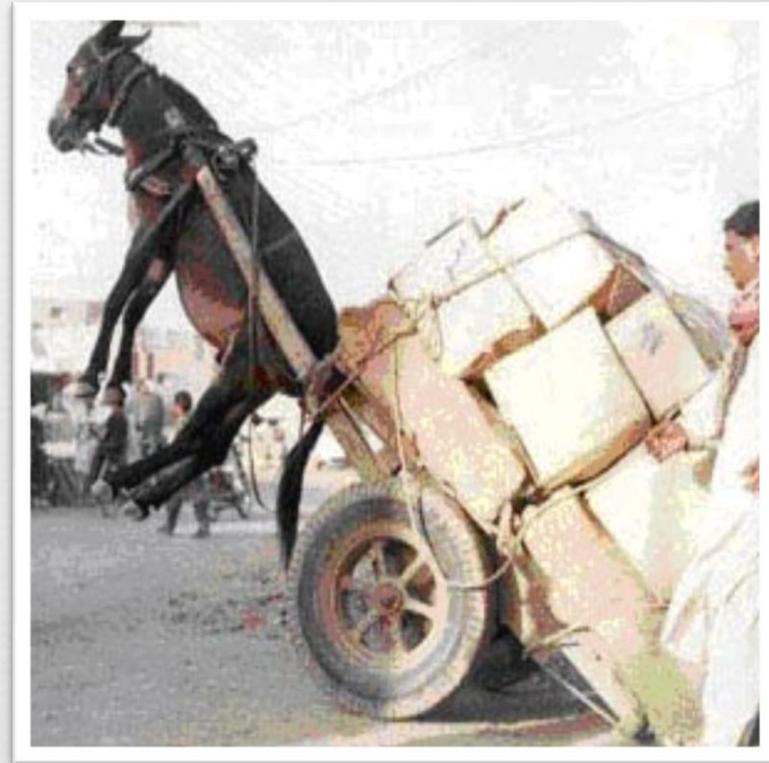


# When Stress Becomes Too Much

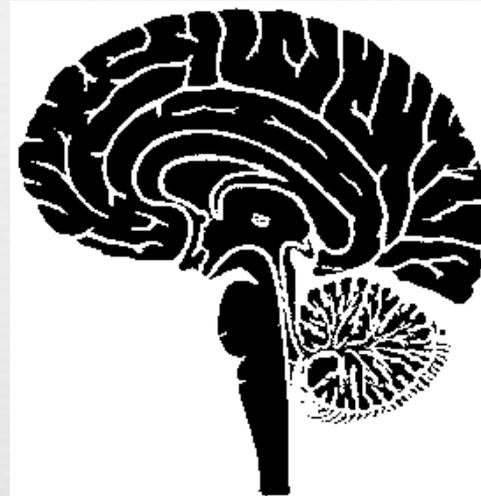
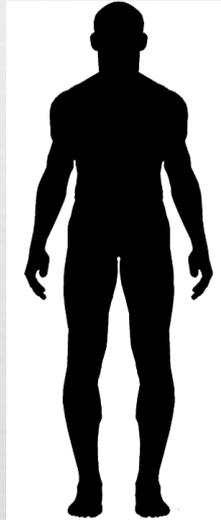


☞ **Allostatic load:** the wear and tear on the mind and body that results from either too much stress or inefficient management of stress.

- ☞ Not turning off the stress response when it is no longer needed
- ☞ Response to perceived stressors that never even happen
- ☞ Inability to manage the intensity of stressors in the moment



# Negative Impact of High Allostatic Load



## On our body:

- Headache
- Muscle tension or pain
- Cardiovascular
- Fatigue
- Change in sex drive
- Stomach upset
- Sleep problems

## On our mind:

- Anxiety
- Restlessness
- Lack of motivation
- Memory problems
- Irritability or anger
- Sadness or depression

## On our behavior:

- Angry outbursts
- Avoidance of important activities
- Overeating or undereating
- Social withdrawal
- Drug or alcohol abuse

# Cognitive Fusion



- ❧ Fusion is the idea that thoughts are inextricably linked to emotions and behavior
- ❧ Thoughts dictate and command actions



# Intense Negative Emotions Make People Stupid

Being highly emotional is generally incompatible with being rational or logical (i.e., poor decisions & regrettable behaviors)

People do silly, stupid and potentially harmful things under the influence of emotions

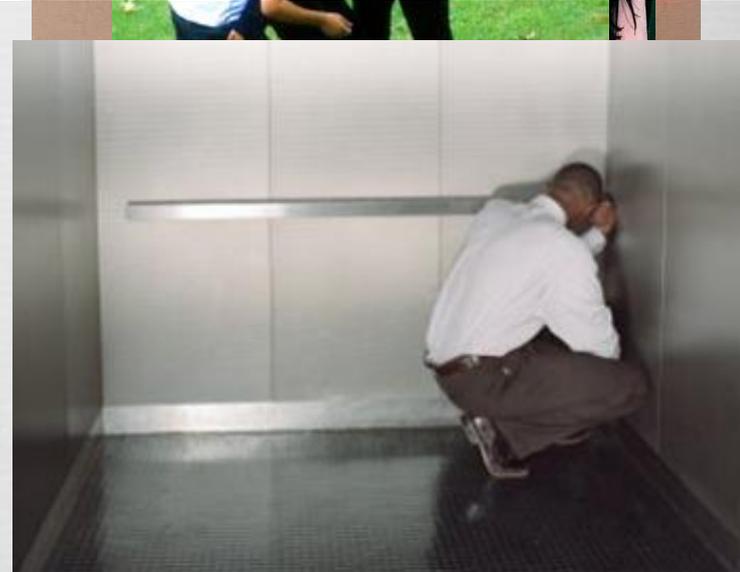
- For the sake of love
- Road rage
- Drink a little too much with friends
- Hurt one's self or others when upset



VS.

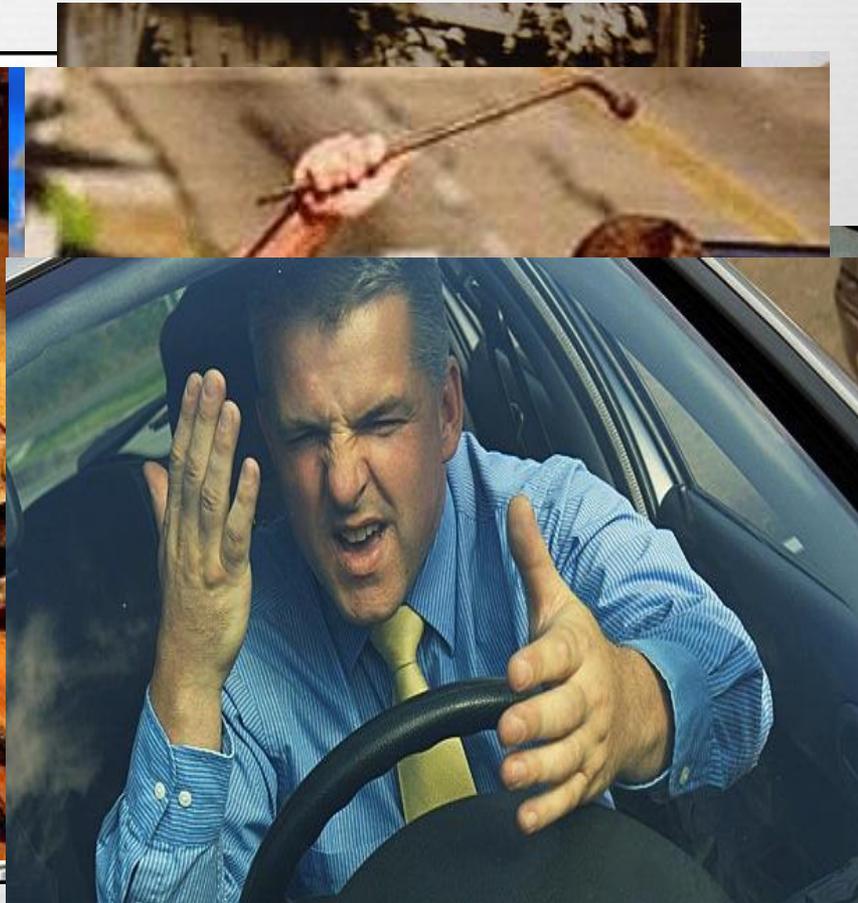


# Normal to Impairing



© www.hairycutting.com  
Worry/anxious  
Sad/upset about

Does the emotional reaction fit the situation??????



# The Amygdala Hijack

- ∞ A term coined to describe the process of losing rational, logical thinking when becoming emotionally upset
  - ∞ The amygdala takes over dominates thinking and behavior and essentially interferes with prefrontal cortex functioning (e.g., self-regulation, weighing consequences, thinking clearly)



# Mental Health Disorders



# Activity



- ❧ Define the disorders:
  - ❧ Anxiety
  - ❧ Depression
  - ❧ Trauma
  - ❧ Anger/conduct
  
- ❧ What is impairing about these disorders?

# The Problems: Anxiety Disorders



## ∞ Prevalence

∞ 6-15% for children and adolescents

∞ 2.0-12.9% Separation anxiety

∞ 5.0-10.0% GAD

∞ 3.0-10.0% Specific phobia

∞ 0.5-2.8% Social phobia

∞ 1.0-2.0% OCD

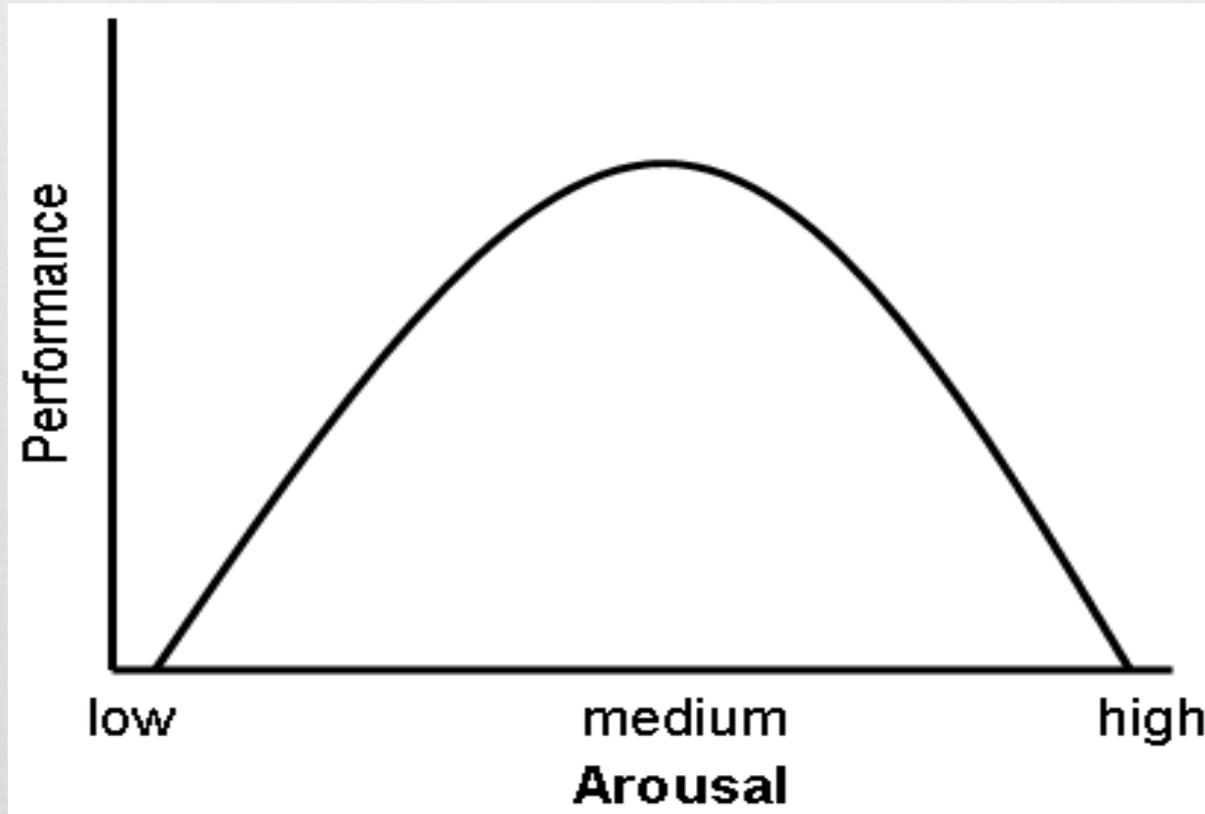
# What is anxiety?



- ∞ Fear = reasonable response to a threat
- ∞ Anxiety = unjustified or unreasonable fear
  - ∞ All about paying attention to potential threat/harm
- ∞ Activation of the sympathetic nervous system
  - ∞ Fight,
  - ∞ Flight,
  - ∞ or Freeze
- ∞ Results in two batches of behavior that allow the anxious person to control her environment
  - ∞ Avoidance behaviors
  - ∞ Oppositional behaviors

# Yerkes-Dotson Curve

## Anxiety and Performance



# Disordered Anxiety as a false alarm



## ∞ Real fire

- ∞ Fire alarm goes off when there is a fire
  - ∞ Presence and/or severity of anxiety is justified by the situation (credible danger)

## ∞ False fire alarm

- ∞ Fire alarm goes off BUT no fire
  - ∞ Presence and/or severity of anxiety is not warranted by the situation (no real danger)



# Evolutionary Perspective



Oh crap!!!! I  
better get  
out of here!



Look at the  
furry kitty!!  
I want to  
play.



=



# The Problems: Depressive Disorders



- ❧ Prevalence of Major Depression:
  - ❧ 3% in preadolescents
  - ❧ 15-20% in adolescents
  - ❧ Girls > Boys in adolescence
  
- ❧ Prevalence of Dysthymic Disorder:
  - ❧ ~3% of children and adolescents
  - ❧ Equal in males & females during childhood/adolescence

# Beck's Cognitive Triad of Depression

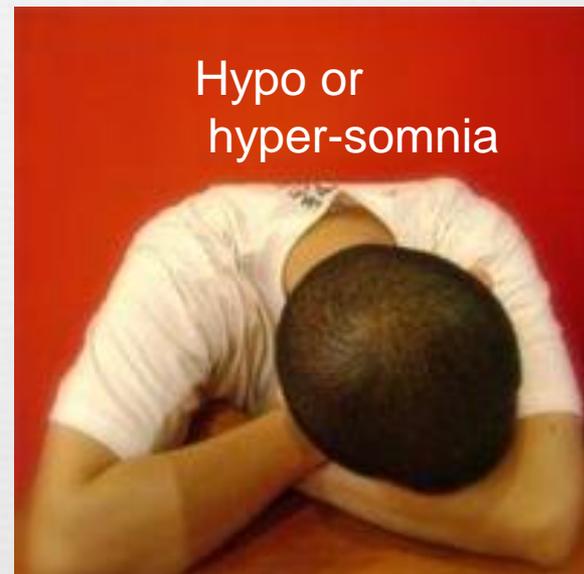
- ∞ **Negative view of the self** (e.g., I'm unlovable, ineffective, nothing I do is right)
- ∞ **Negative view of the future** (e.g., nothing will work out, the future looks bleak)
- ∞ **Negative view of the world** (e.g., world is hostile, others are out to get me)

# What is depression?

I suck....  
My future  
sucks....  
The world I live in  
sucks....



Glass is  
half empty



Hypo or  
hyper-somnia



Behavioral inactivity  
- loss of interest



Irritability

# Lack of Response-Contingent Reinforcement



- Withdrawal from pleasurable activities in life → results in less contact with reinforcing experiences → person feels worse about self, future, life and is less motivated



# Learned Helplessness

Dogs that were chained down and shocked eventually learned to give up and didn't flee when unleashed



Lack of response-contingent-reinforcement.....what did you say?????

# The Problems: Trauma-Related Disorders



- ∞ Prevalence of trauma-related disorders
  - ∞ 2-5% of children and adolescents
  - ∞ Fewer than 20% of children with a history of exposure to a traumatic event develop a disorder (Costello, Erkanli, Fairbank, & Angold, 2013)
- ∞ Sex differences
  - ∞ Girls 2-3 times more likely than boys

# Trauma “Wears a Groove” in the Developing Brain



- Because brain is in a chronic state of fear-related activation, brain more easily triggered into the “fear” track
- Fear-related activation includes:
  - hypervigilance, increased muscle tone, focus on threat-related cues, anxiety, and behavioral impulsivity (Perry, 2000)

# Overactive Alarm System: Triggered by Trauma Reminders



Trigger sets off an alarm response to a “here and now” situation as though it is the trauma that occurred “there and then”

# Common Triggers

- ❧ Unpredictability (“what’s going to happen??”)
- ❧ Transitions
- ❧ Sudden change
- ❧ Loss of control
- ❧ Feeling vulnerable or rejected
- ❧ Loneliness
- ❧ Sensory overload
- ❧ Confrontation
- ❧ Embarrassment or shame
- ❧ Praise, intimacy, and positive attention (from ARC, Kinniburgh & Blaustein, 2005)

# The Problems: Anger-related Disorders

## ❧ Prevalence of Oppositional Defiance

❧ 3 – 10 %

❧ Characterized by defiant, oppositional attitude to authority figures

## ❧ Prevalence of Conduct Disorder

❧ 3 – 10%

❧ Characterized by aggressive behavior and general violation of rules and social norms

## ❧ Prevalence of ADHD

❧ 5 - 10%

❧ Characterized by inability to regulate self while attempting to complete task or attain goals (impulsivity, hyperactivity, distractability)

# Key Symptoms of ODD and CD



- ❧ Frustration and anger when told 'no' or when an unfavorable request is made
- ❧ Faulty interpretation and meaning making (hostile attribution) to neutral stimuli
- ❧ Defiant and noncompliance to adult requests
- ❧ Limited empathy and understanding how behavior negatively impacts others

(Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)

# Commonalities Across the Emotional Disabilities

- ❧ Thoughts
    - ❧ Irrational beliefs
    - ❧ Faulty automatic thoughts
    - ❧ Attentional biases
  - ❧ Emotional responses
    - ❧ anxiety, depression, anger, emotional dysregulation
  - ❧ Behavioral responses
    - ❧ Avoidance behaviors
    - ❧ Oppositional behaviors
    - ❧ Aggressive behaviors
    - ❧ Poor coping strategies
  - ❧ Physiological/Somatic responses
    - ❧ Accelerated heart rate
    - ❧ Flushed face
    - ❧ Shortness of breath
- 

MENU of Evidence-based Supports

**Targeted/  
Intensive**  
(High-risk students)  
Individual Interventions  
(3-5%)

**Selected**  
(At-risk Students)  
  
Small Group or  
Individual Strategies  
  
(10-25% of students)

**Universal**  
(All Students)  
  
School/classwide, Culturally Relevant  
Systems of Support  
(75-90% of students)

Tier I Menu:

- Intentional approach to positive relationships
- School-wide PBIS
- SEL curriculum
- Proactive classroom management (Good behavior game)

# Ingredients to Promoting Student Social, Emotional, and Academic Success



- ❧ Establish and maintaining **positive relationships** so all students feel a sense of belonging and connection to school
- ❧ Create a **positive, structured, predictable and safe environment** for all students
- ❧ **Rigorous, effective instruction to teach students academic, social, emotional, and behavioral skills** that enable school and life success
- ❧ **Promote student agency** in order to cultivate a sense of purpose, positive mindset, and motivation in students
- ❧ Make sure **all students receive the supports they need** to be successful (needs-driven lens & framework)

# Plate is Too Full

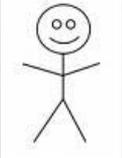


**Promoting Social-Emotional Well-being is the plate**

It's all about the **LENS** through which one interprets situations



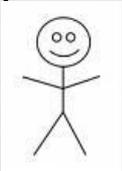
Typical child



Darn it! I stepped in dog poop. I better clean it off so I can go to school.



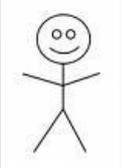
Depressed child



Of course, I step  
in dog CRAP.  
How symbolic. I  
can't do  
anything right. I  
am a piece of  
crap.



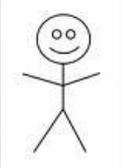
Anxious child



OMG! This is horrible! I can't go to school. Everyone will call me stinky dog poop boy!!!



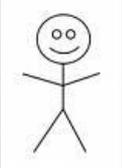
Aggressive child



@#\$\$%# dog!! I bet the owner made the dog poop here on purpose. If I saw the owner, I'd kick his butt.



Child with ADHD



Hmmm..something  
felt squishy. Oh  
look at that bird.



# Typical Student



MON020113 [RF] © www.visualphotos.com

“I wonder what they are laughing at. I wish I knew.”



# Anxious Student



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“They have to be laughing at me. Do I have a bugger hanging? Do I stink? What is it? I hate lunch.”

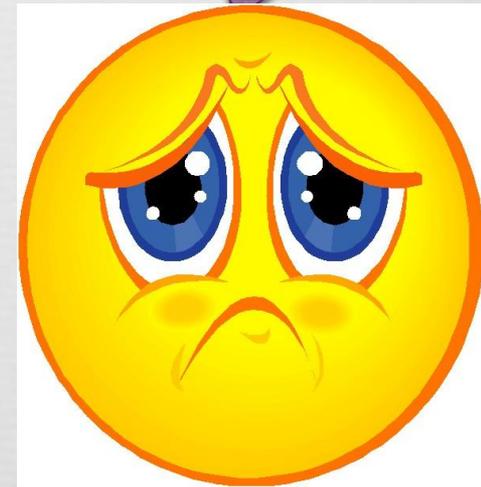


# Depressed Student



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“I knew it. Nobody likes me. I suck. School sucks. What is the point to all of this. I hate everyone and everything”



# Anger-prone Student

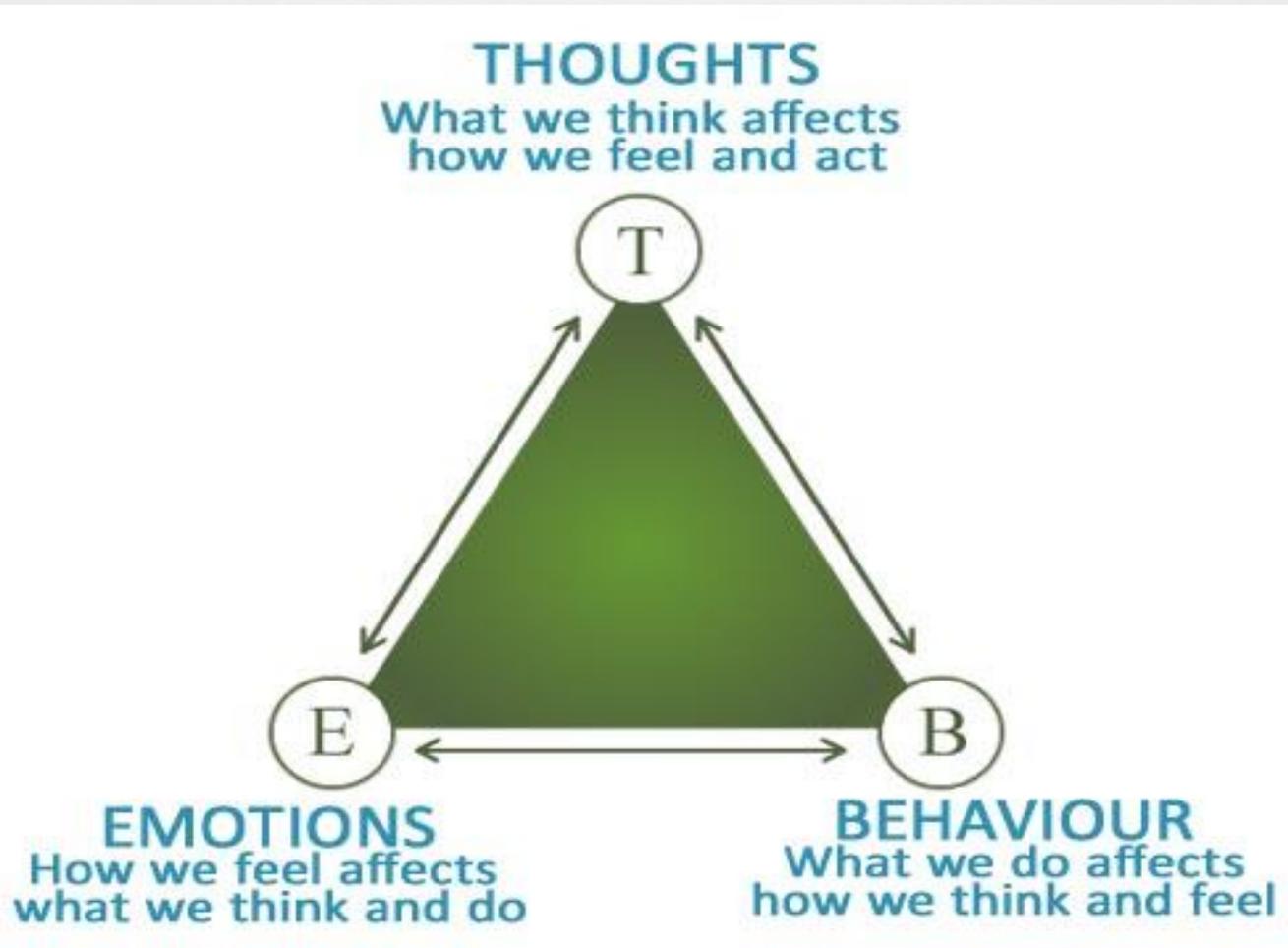


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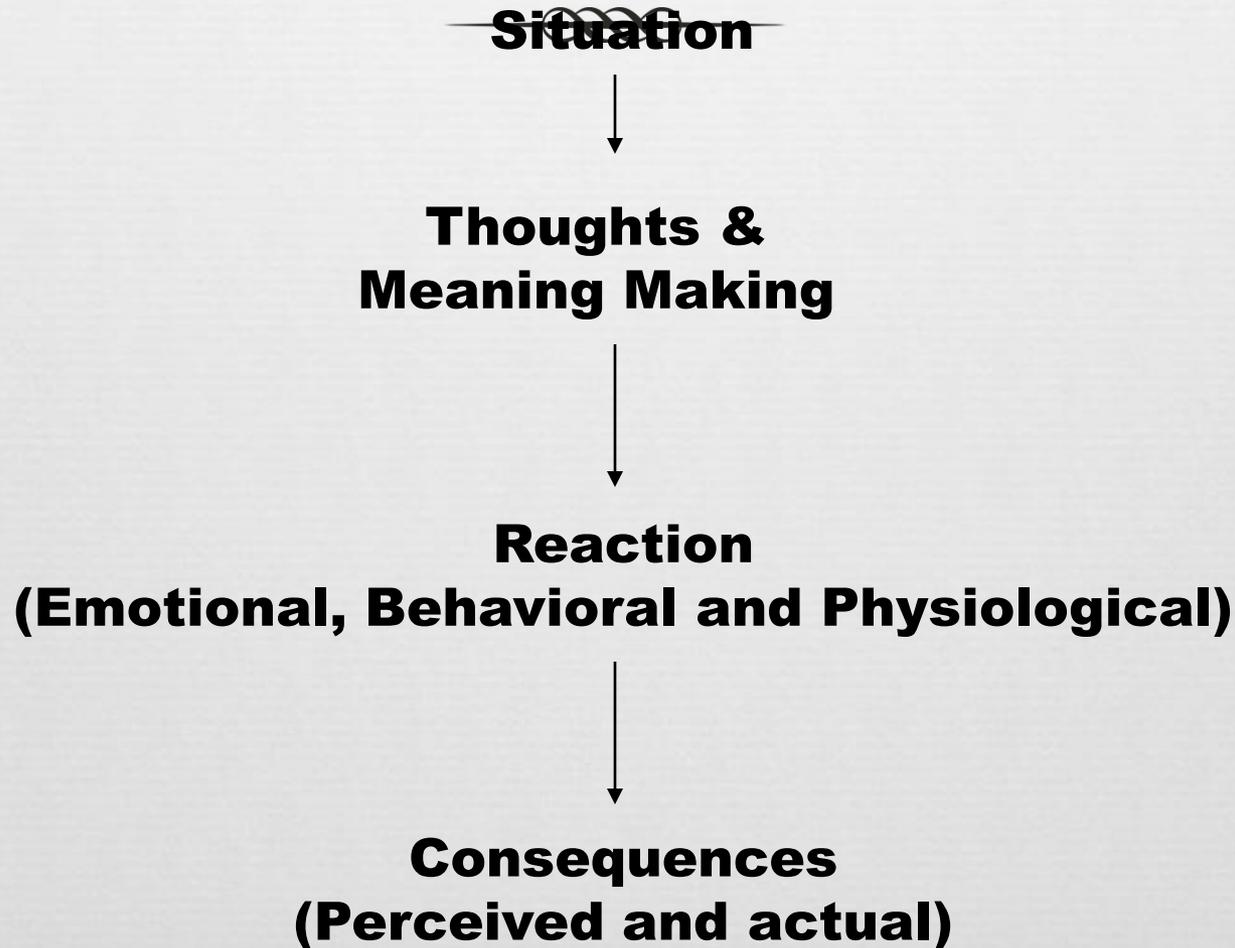
“What are those punks looking at? Nobody disrespects me. Hey, what are you looking at you freaks?”



# What is Cognitive Behavioral Therapy?



# The Cognitive Behavioral Model



# Putting the CBT Model All Together

~~Situation:~~ **Going to school**



**Thoughts & Meaning Making:** **“I hate school. Nobody likes me and people make fun of me”**



**Reaction**  
**(Emotional, Behavioral and Physiological):**  
**Butterflies in belly, tensing of body, feeling stressed and anxious, tantrums and refused to go**



**Consequences**  
**(Perceived and actual):** **Avoid going to school and stay home & access fun activities**

# The Cognitive Behavioral Model

## CBT STRATEGIES

**Situation** — ~~Awareness~~ Awareness of triggers & exposure activities

**Thoughts & Meaning Making** Cognitive restructuring (helpful vs. unhelpful thoughts)

**Reaction (Emotional, Behavioral and Physiological)** Teaching skills: relaxation, coping, problem-solving

**Consequences (Perceived and actual)** Contingency management & reactive strategies

# Unified Protocol of CBT:

## **\*The Most Important Slides\***

- 1. Psychoeducation:** normalize, externalize, and elucidate a goal
- 2. Awareness:** understanding of emotion-provoking triggers and reactions to those triggers
- 3. Emotion Regulation:** Teaching relaxation, distraction, positive self-statements, and mindfulness skills

# Unified Protocol of CBT:

## **\*The Most Important Slide\***

### 4. **Cognitive Restructuring:**

recognizing/noticing unhelpful thoughts and altering/repurposing them to be more helpful

### 5. **Problem-solving:** Teaching problem-solving and social skills

### 6. **Putting it all into Action:** Developing a plan and confronting emotion-provoking situations (exposure or behavioral activation)