



Rogersville City School Academic Counseling Wellness Plan 2020/2021

Academic Counseling Plan Counselor and Coordinated School

Rogersville City School currently has an estimated 650 pre-k - 8 students with one school counselor and one Coordinated School Health Coordinator (CSHC). Regardless of whether each student attends school virtually or in-person, each student will have access to our counselor and CSHC.

- Students will be able to reach their counselor via phone call, email, remind app, or in-person (virtual) for academic advising, emotional well-being, or for any need that arises.
- Our counselor will be able to schedule individual and group counseling/advising meetings will continue to be held each year based upon need.
- Our counselor and CSHC will provide support for health and safety, mental health needs, and other supports for the whole child. Our RCS counselor and CSHC will strive to provide whole child support to help ensure each student is healthy, safe, engaged, supported, and challenged. RCS has a virtual calming area for students to access <https://tinyurl.com/y2fnmunt>
- Our counselor and CSHC is providing teachers with characteristics of trauma and anxiety students may exhibit by condensing the Tennessee Schools: *PREPARE Toolkit* released by the TDOE <https://tinyurl.com/y2zq5fyd>

Whole Child Supports and Wellness Checks

Wellness checks are what a teacher does every day - assessing their students academically, socially/emotionally, and behaviorally to ensure they are ready to learn. Wellness checks are similar to attendance procedures and can occur as follows:

1. During virtual learning, wellness checks will occur daily (prek - 8) through student participation in a phone call or 'chat' feature with a teacher, students participating in synchronous (live).
2. During hybrid learning, wellness checks will occur daily (prek - 8) through student participation virtual lessons (live or recorded), complete assignments, and participation in the overall learning experience. Attendance will be recorded daily based on the following factors: if a student attends school as scheduled, complete assignments.
3. During 'typical' learning, wellness checks will occur (prek - 8) through direct teacher observation through-out the day.

COVID has caused a shift in students' lives. Unpredictability and lack of a formal schedule (among other factors) can produce behaviors in students that are associated with trauma. A recommendation from a teacher with one or more of the characteristics displayed (two to three weeks unless extreme) by the student as noted below ; a contact with a student's family will be made by administration, counselor, CSHC, nutrition, or SRO. Information below is from the *Tennessee Schools: PREPARE* resource <https://tinyurl.com/y2zq5fyd>

Typical Trauma Responses by Developmental Age Preschool-Age Children Emotional

- Irritability, depression, and/or anger
- Fear of being alone
- Fear of re-occurrence of traumatic event

Cognitive

- Excessive worry thoughts about themselves and those around them

Behavioral

- Difficulty eating/sleeping
- Developmental regression (such as toilet training)
- Clingy behavior
- Common to reenact trauma through play
- Recurrent daydreams or flashbacks of the event
- Nightmares

Elementary-Age Children (5-11) Emotional

- Irritability, depression, and/or anger
- Fear of being alone
- Excessive worry (e.g. that event will reoccur)
- May feel helpless and powerless
- Recurrent daydreams or flashbacks of the event
- Nightmares

Cognitive

- Belief that they caused the event or could have prevented it
- Difficulty with attention to school or homework
- Thoughts that school or the world is not safe
- Questioning death and dying Behavioral
- Lack of interest in usual activities, withdrawal
- Increased somatic complaints (e.g., stomach aches, headaches, etc.)
- Changes in academic performance

- Sensitive or jumpy to loud noises or trauma reminders
- May regress in developmental skills (e.g., baby talk, toilet training, tantrums)
- May reenact trauma through play Increased activity level
- Aggression
- Difficulty sleeping/eating

Preadolescence and Adolescence (12-18)

Emotional

- Increased feelings of anxiety and worry
- Worries about the trauma reoccurring
- Survivor's guilt (i.e., belief that he/she could or should have prevented the traumatic event)
- Repetitive thoughts about death and dying
- Changes in sleep/and or appetite
- May feel that school, or even the world, is not safe
- Irritability, anger, and/or depression Have difficulty seeing themselves as having a future
- Inability to concentrate
- All or nothing thinking (e.g., people are all bad or all good)
- Overgeneralization of the event (e.g., school will never be safe again)
- Behavioral changes (e.g., increased anger, may become more aggressive)
- Changes in academic performance Withdrawal, avoidance of trauma reminders
- Lack of interest in activities Increased risky behaviors (e.g., alcohol and drugs)
- Absenteeism
- Increased somatic complaints Increased startle response to certain noises or other trauma reminders
- Intrusive thoughts about the trauma
- Frequently talks about the details of the event
- Denial of impact of the event
- Daydreams or flashbacks about the event
- Nightmares

Cognitive

- Excessive worry thoughts about safety and the safety of those around them Inability to concentrate
- Thoughts and statements about death and dying, including suicidal thoughts
- Denial of impact of event
- Survivor's guilt
- All or nothing thinking, overgeneralization

Behavioral

- Lack of interest in previous activities and social events
- Difficulty sleeping/eating
- Aggression/anti-social
- Changes in academic performance
- Sensitive or "jumpy" with loud noises
- Withdrawal/isolation
- "Risky" or impulsive behaviors (e.g., alcohol and drugs)
- Often feel a need to discuss the event in detail
- Somatic complaints (e.g. stomach aches, headaches, etc.)

Typical' Trauma Reactions

Common psychological effects of trauma exposure:

- Recurrent dreams/nightmares
- Intrusive thoughts or flashbacks
- Sleep and/or appetite disturbance
- Diminished interest in activities
- Exaggerated startle response
- Memory and concentration difficulties
- Avoidance of activities which recall the event
- Disturbing images or memories of the event
- Feelings of detachment
- A pattern of reenactment in behavior or play

Physiological aspects of trauma exposure

- "Fight or flight" hormones – emergency system
- Opiate system may be activated
- Can vacillate between "flooding" and "numbing"

Common cognitive distortions of traumatized children

- I should have been able to keep it (the traumatic event) from happening.
- My family will never be okay again.
- I will never get back to normal/be happy again.
- The world will never be safe again.
- I can't trust anyone anymore.
- School will never be safe again.
- It's my fault.

Suggested Proactive Building Resilience Activities

Suggestions of healing activities for children in the aftermath of trauma, grief, and loss:

Note: Not all of the activities in this section are appropriate for all situations

Preschool:

- Allow for reenactment play with puppets or "dress ups."
- Encourage drawing, painting, and expressive arts.
- Help children make memory books to work through grief and loss.
- Read aloud age-appropriate books with healing themes.
- Encourage children to participate in making wreaths or cards for family.
- In the aftermath of a natural disaster, the class can work on a mural of what happened, and later, draw the rebuilding of the community.
- Preschool children can and should be offered a discussion time similar to a debriefing, but the time frame will be short and the steps simplified.
 - For example, going around in a circle sharing what you heard, and secondly, what you felt or thought, will likely be all that they can attend to.
- They do need information about typical trauma reactions put in a framework that they can understand, as many of them will have trauma related symptoms and need reassurance that their experience is normal (nightmares, flashbacks, startle responses, etc.).
- Preschool children may need to work on activities as they talk (drawing, play dough, etc.).

Elementary:

- Stimulate discussion through expressive arts, such as painting and drawing.
- Have students publish stories in the classroom of survival in the aftermath of natural disasters (e.g., how did they take care of themselves?).
- Have the class create a mural about their strength and survival.
- Encourage play reenactment with toys, dress-ups, puppets, etc.
- Read aloud, or have children independently read, stories with similar themes that offer hope for the future.
- Have children bring in newspaper articles about other children from around the world who have experienced similar or different disasters.
- Create a sentence completion assignment that encourages students to express their thoughts and feelings:
 - "The hardest part for me was....."
 - "The scariest part for me was....."
 - "I found out I was strong when....."
- Hold group discussions utilizing group debriefing skills but remember elementary students will not be able to tolerate as long of a discussion as adolescents.
 - Plan to talk with students for 30 minutes or so, and then move on to an activity.

Grades 6th to 8th:

- Older students should be offered opportunities for more thorough discussion and exploration of the details of the event and their reactions.
 - Many students may need follow-up in smaller groups.
- In the event of a natural disaster, ask students to discuss how they might help the community rebuilding effort.
- Have the students read literature or novels related to hardship, disaster, and survival.
- Encourage expressive arts, including drawing, painting, and writing about the loss or disaster.
- Have students write related science and psychology papers.
- Ask students to write about "good" that can come from pain (e.g., what have they learned? How have they grown?)
- Brainstorm ideas to make the school safer or prepare the community for disasters.
 - If students can actually activate an idea, they will regain a sense of mastery and control.
- Talk to the students directly about beliefs that can happen after a traumatic event, such as believing that the school will never be safe again, or that they will never be happy again.
 - Ask students to list these thoughts" and then have the group write challenge statements to the negative thoughts.

Coping Skills for Students

The following techniques, which are particularly well suited to combating the types of symptoms children experience after trauma exposure, have been utilized for decades and have shown to be effective in numerous studies:

- Relaxation Deep breathing, i.e., "belly breathing."
 - Teach the child to breathe in deeply so that the lower abdomen protrudes during inhalation and recedes during exhalation. Younger children can lie on the floor and put a book or stuffed animal on their lower abdomen. After the child masters this, have the child count to five slowly while breathing through the nose and count to 5 while slowly exhaling through the mouth.
 - Older children should be taught to focus on the feeling of their breath going in and out. They should be encouraged to not judge their thoughts. Tell students that it is fine if they have a distracting thought; whenever they remember to do so, they should put their mind back on the feeling of their breath.
 - Teachers and older students can be taught "square breathing." This technique encourages the participant to breathe in slowly to the count of 4, hold their breath to the count of 4, breathe out slowly to the count of 4, and then hold the breath out to the count of 4. The last section of the square, holding your breath out may be difficult at first. Participants can change that count to 2 or 3 if necessary.

- Students and teachers can be taught progressive muscle relaxation by tensing and releasing muscles throughout the body, usually beginning with toes and feet.
- Some students and/or teachers do better with breathing techniques if they have words to focus on. "Peace in, Stress out" is one that is often helpful.
- Students can also be encouraged to think up their own healing words.

Positive Thinking

Children can be encouraged to learn and practice positive thinking even in the aftermath of a disaster. Counselors can help children identify their negative thoughts and write challenge statements for them. Here are some examples:

- My school is not safe anymore.
 - Challenge: I have been in school for 10 years with no problems; this event was on one day.
- Nothing is the same any more.
 - Challenge: I still have friends and a mother that loves me.

Children can also be taught to write and practice "cheerleading" statements. Here are some examples:

- I can get through this; I'm strong.
- I lived through it, therefore I am strong and can take care of myself.
- Things are hard now, but they will get better.
- I still have people who care about me.
- The bad part is over, and I'm safe now.

Thought Stopping

In the aftermath of trauma, children can be really bothered by intrusive thoughts, images, and even flashbacks. Although it sounds remarkably simple, the technique of thought stopping can enable students to gain control over these troubling thoughts and images. Here is one way to teach thought stopping:

- Tell students that they can learn to stop their troubling thoughts about the trauma so that they can concentrate on their work or get through their day more effectively.
- First, help students identify a safe place that they can see in their mind. The safe place can be real or imagined. Note: younger students can draw the safe place to solidify the image.
- Second, tell students that they can simply tell their mind to STOP. They can even shout the word STOP in their mind.
- Third, instruct students to then "throw their mind" on their safe place image. Adaptation for the classroom setting: For the third step, encourage students to "throw their mind" on what the teacher is saying or the work that they are working on.

