



**ISS**

SINGAPORE CAMPUS

# Counselling Resource Guide for Teachers

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**Realising Potential**



## **Introduction**

As 'front liners' in supporting student welfare these guidelines aim to help teachers strengthen their understanding of some of the issues that may face adolescent students. The information is not exhaustive but will hopefully suggest some things to look out for as ISS pastoral care leaders. Each section lays out some symptoms to watch out for then describes either strategies that teachers may like to try or strategies that counsellors use to support students. Indications are given when teachers should not attempt to address issues but to pass them on to counselling staff.

We believe this document is a living document and, as such we aim to add and/or amend the information as we develop our services. Please feel free to make suggestions as to how we can better support you in your role as homeroom teacher. My grateful thanks to Angelia Toh, counsellor, for compiling this information.

Thank you for all that you do for our community.

Margaret Alvarez

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This manual is a resource for teachers. If you see students exhibiting symptoms or indicators of any of the below issues it is important to consult the School Counsellor. For certain areas such as self-harm, suicidal ideation, depression, alcohol/substance abuse etc. refer to the Child Safeguarding Process Chart for specific steps to be followed.

### **Typical Issues faced by adolescent students that teachers may encounter**

1. Stress
2. Anxiety
3. Low self-worth/self-esteem,
4. Depression
5. Sexual Orientation and Gender Identity
6. Self-harm
7. Suicidal Ideation
8. Eating Disorders
9. Alcohol/Substance Abuse

## 1. Stress

Stress is a physical response that combines physical reactions, hormone release and the body thinking it is at risk or under attack. It is normal to experience some level of stress, and in normal doses can be beneficial in helping individuals prepare for upcoming experiences or situations (exams, interview, performances, life changes, etc.).

- ✓ Headaches and low energy
- ✓ Upset stomach or nausea
- ✓ Insomnia
- ✓ Body aches and tense muscles
- ✓ Rapid heartbeat
- ✓ Sweaty or trembling hands
- ✓ Stuttering
- ✓ Increased or decreased appetite
- ✓ Frustration and irritability
- ✓ Isolation
- ✓ Severe mood changes
- ✓ Difficulty managing small changes or problems

### Strategies for coping with stress

- ✓ Listen and validate their emotions or feelings
- ✓ Reassure the student that stress can be a part of normal life
- ✓ Do mindfulness activities to take a break from the negative mental state, leave that stressful moment/place for a moment and take slow, deep breaths to regulate heart rate
- ✓ Encourage sufficient rest
- ✓ Help them make a schedule for their day/week with a list of things to accomplish
- ✓ Exercise and healthy eating
- ✓ Get social support from friends and/or family

If symptoms appear serious or continue for a longer period of time (2 weeks) or if stress is to the point of interfering significantly with daily functioning, contact a counsellor immediately.

## 2. Anxiety

Anxiety is a state of unease, apprehension and fear that feels beyond one's control and interferes with daily living or life. Anxiety is the most commonly diagnosed mental health issue among children and adolescents. There are a number of different anxiety disorders: Generalized Anxiety, Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, Panic Disorder, Social Anxiety, Separation Anxiety, and many Specific Phobias.

- ✓ Excessive worrying
- ✓ Very hard on one's self
- ✓ Seeking constant approval or reassurance
- ✓ Disruption to one's daily life functions
- ✓ Interrupted sleep
- ✓ Visibly nervous in front of others
- ✓ Physical responses: heart pounding, body shaking, trembling, sweating, shortness of breath, sense of choking or chest pains, tingling or numbness.
- ✓ Restricting social interactions or limiting them to digital media/technology
- ✓ Substance abuse to cope with anxiety

Strategies for supporting students with anxiety

- ✓ Encourage the student to talk with someone they trust.
- ✓ Assure them their feelings are real and remind them the anxiety will pass.
- ✓ Encourage exercise
- ✓ Keep a journal to become aware of triggers and things that help reduce the anxiety
- ✓ Avoid caffeine and eat healthy
- ✓ Decide on a mantra or saying they can repeat when they feel anxious
- ✓ Sit, take slow, long breaths and help them feel physically safe.

### 3. Low Self-Esteem

Individuals with low self-esteem have feelings of inadequacy, incompetence, unworthiness or a general sense that something is wrong with them.

- ✓ Feeling inadequate, incompetent or unworthy
- ✓ Constant worrying
- ✓ Difficulty accepting criticism
- ✓ Lethargy or fatigue
- ✓ Pessimistic
- ✓ Isolating self from peers or seems to have few peers
- ✓ Belief that they cannot achieve goals
- ✓ May need a lot of affirmation and encouragement from others

#### Strategies for supporting students with low self esteem

- ✓ The student may feel discounted or ignored. Confirm that their ideas and feelings are important and valued.
- ✓ Get students to set their goals and welcome their proposed solution. This will restore their pride and confidence.
- ✓ Explore what they want and where in their life are safe places to fulfill what they need. Ex. If they want friends, help them identify someone they have seen or talked with that they could invite to sit with at lunch or talk with in class.
- ✓ Usually desperate for people's approval, wanting to please others or thinking that everyone else is much better than they are. Place this in perspective. Stress that all of us need some form of approval, and that the more we like and believe in one's self, the more what others think will not matter quite as much. Constantly seeking approval from everyone is a very ambitious goal. Even if you do get the approval of some, it will not be constant. Explore with them what they like about themselves and when they feel most positive (personality characteristics, actions or physical features).
- ✓ Avoid telling students what to do, as this will not motivate them.

#### 4. Depression

A person experiencing depression will experience intense emotions of anxiety, hopelessness, negativity and helplessness, and the feelings stay with them instead of going away." Mental Health Foundation

- ✓ Restless and irritable
- ✓ Feeling or statements of worthlessness, hopelessness and helplessness
- ✓ Persistently sad for an extended period of time
- ✓ Loss of appetite or over-eating
- ✓ Lethargy or fatigue
- ✓ Difficulty concentrating and making decisions
- ✓ Thoughts of death or suicide
- ✓ Loss of interest in things they used to enjoy
- ✓ Has stopped spending time with friends/family
- ✓ Major change in behaviour, engagement, homework completion, etc.
- ✓ Feelings of guilt or low self-worth

#### Strategies for supporting students suffering from depression

This information is only to give you an idea of techniques used. At all times contact counselling staff if you have any indication that a student is suffering from depression.

- ✓ Validate feelings so that the student feels understood. E.g. "Yes, it must be tough to.... Show acceptance instead of persuading the student to change his/her view or trying to cheer or entertain. Avoid telling them "not to feel that way" or to "pull themselves up" and instead acknowledge how hard things seem for them right now.
- ✓ Cognitive Behavioral Therapy (CBT) – effective for depression. Assumption is our mood is related to our thoughts. Negative, dysfunctional thinking affects our sense of self and behavior. CBT aims to identify negative thoughts and evaluate their validity and replace them with healthier ways of thinking.
- ✓ Ask about changes to routines, major life events or health related issues (illness, drug use, medication changes).
- ✓ Engage student in identifying the last times they were happy and what that was like for them. Guide them in deciding on small steps they can do today to move a step closer to their vision of happy.
- ✓ Positive reinforcement, regular check-ins and encouragement.
- ✓ Consider things that can be taken "off their plate" to reserve their energy for important responsibilities.
- ✓ Encourage their expression of depression, as this would be an outlet for "letting go" before working on coping strategies. When thought patterns and behavior are changed, the mood changes.

## 5. Sexual Orientation and Gender Identity

Sexual orientation is, “an enduring emotional, romantic, or sexual attraction one feels toward men, women or both.” APA.org It is the same as sexual activity. Gender identity is the psychological experience of being male or female.

It is important for educators to know their own limitations or beliefs in regards to any issue. Suspend personal judgment in order to be available for the student. If you are uncomfortable or have strong opinions on sexual orientation or identity, let the student know you care about them, but you think they are better talking with the counsellor about this topic. This area is complex and students in need of support should be referred to the counsellor.

## 6. Self Harm

Self harm is often different than suicidal ideation, so we do not automatically assume a teen is suicidal if they are self harming. The result that an individual is attempting to reach through self-harming is what usually determines whether an action is self harm or suicidal behaviours. **Consider all self-harming actions seriously and contact the counsellor and school nurse.**

- ✓ Burns on the body from cigarettes, erasers or other objects
- ✓ Cuts on wrists or other parts of body- often attempts made to cover this up
- ✓ Risky behaviours such as excessive drinking, doing drugs, physical challenges that put them at risk
- ✓ Hitting or punching things
- ✓ Pulling hair

Strategies for supporting a student who self-harm

- ✓ Help them identify and name the feelings they want to experience
- ✓ Discuss alternative outlets for pain or need to feel something such as hitting a pillow, throwing a stuffed toy, holding an ice cube
- ✓ Always have the student cover any cuts or marks on their body so that they are hidden from others.
- ✓ Do not encourage the student to share with friends or lots of others about their experience. Refer them to the counsellor.

## 7. Suicide Ideation

Suicide is the second leading cause of death among young people and sometimes the warning signs are not easy to spot. Not all individuals who are depressed will contemplate suicide, however anyone who expresses suicidal thoughts or actions must be taken seriously.

- ✓ Talk of wanting to end their life or able to describe a structured plan to kill oneself.
- ✓ Expressing feelings of hopelessness; no reason to live.
- ✓ Talk about being a burden to others.
- ✓ Excessive use of alcohol or drugs.
- ✓ Behaving recklessly.
- ✓ Seeking revenge or "I'll show them" comments
- ✓ Extreme mood swings; if a teen is suddenly happier than they have been in recent weeks, it could be a sign that they have decided to end things
- ✓ Low moods that last for a few weeks
- ✓ Big changes in sleeping, eating, mood or regular routines
- ✓ Giving away prized possessions
- ✓ Previous attempts increase the risk that someone might make an future attempts.

### **Strategies Counsellors use with students with suicidal tendencies.**

Again this is for reference only, as any indication of suicidal tendencies needs an immediate counselling referral.

- ✓ Objective is to break the barrier of hopelessness and resignation.
- ✓ Approach with genuine warmth, acceptance and empathy.
- ✓ Assess the severity of the wish and the student's life situation, determine the reasons for wanting to die.
- ✓ Work with parents, teen, administration and outside providers to eliminate or reduce access to intended method.
- ✓ Suggest to student to examine options and eliminate suicide as an option.
- ✓ Identify students' support network (friends, family, teachers, guardian, 24 hour hotlines).
- ✓ Eradicate the 'I have nothing' notion – Play up on future and his/her accomplishments so far. Use the positive statements strategy. E.g. "I have parents and friends who love me", "I am almost completing High School", "I may not be the most popular guy/gal but I am among the high achievers in my cohort".
- ✓ Pursue alternative views rather than 'correct ones'. Alternative views are suggested to or most effective when generated by the student.
- ✓ Reach consensus with the students on solution of problem.
- ✓ Create a suicide pact that student signs agreeing to contact help immediately if they are in danger of harming themselves.

## 8. Eating Disorders

Eating disorders involve serious disturbances in eating behaviors and weight regulation. There are three categories of eating disorders:

1. Anorexia – drastic weight lost. This disorder comes with the idea that one can never be thin enough.
2. Bulimia Nervosa– excessive eating followed by purging to compensate for overeating. Loss of control about eating.
3. Binge-eating disorder – Extreme overeating regularly and loss of control about eating. Often binge eating is done to satisfy emotional needs.

### Anorexia

- ✓ Refuse to eat and always not hungry
- ✓ Extremely fearful of gaining weight
- ✓ Underweight
- ✓ Distorted self-image
- ✓ Excessive exercise
- ✓ Irritability
- ✓ Fear of eating in public
- ✓ Social withdrawal
- ✓ Thin appearance
- ✓ Menstrual irregularities or loss of menstruation (amenorrhea)
- ✓ Low blood pressure
- ✓ Dehydration
- ✓ Strict control and monitoring of caloric intake
- ✓ Loss of hair, thin nails, easily injured bones

### Bulimia and Bingeing

- ✓ Inability to stop eating or control what one is eating
- ✓ Rapidly eating large amounts of food
- ✓ Eating even when one is full
- ✓ Hiding or stockpiling food to eat later in secret
- ✓ Eating normally around others, but gorging when one is alone
- ✓ Eating continuously throughout the day
- ✓ Bulimic people would usually spend a considerable amount of time in the toilet after a meal.
- ✓ Overweight

**Strategies used to support students with eating disorders. Please refer any student suspected of eating disorders to the counseling staff.**

- ✓ Target the unhealthy eating/not eating by addressing the unrealistic and negative thoughts that fuel them.
- ✓ Help the student become more aware of how he/she uses food as a way to deal with emotions. Help them recognize the emotional triggers and learn how to avoid or resist them. Emotional triggers tend to relate to anxiety, depression or low self-esteem. Work to replace food and unhealthy eating patterns with healthy emotional and behavioural activities.

- ✓ Address ideas of control, perfectionism, anxiety or other co-occurring disorders
- ✓ Suggest healthier ways to deal with negative emotions. Many use food to cope with anger, self-loathing and fear – coping mechanisms. Refuse to use food to feel in control, binge for comfort or to purge as punish.

## **9. Substance Abuse**

Substance abuse is the use of drugs, alcohol or chemicals. Abuse results in physical, psychological, and emotional harm to the user.

- ✓ Change in personality and mood swings – resentful or oversensitive
- ✓ Withdrawal from family or friends. Secretive about new friends
- ✓ Increased need for more money and can't account for spending more money than usual
- ✓ Missing classes
- ✓ Excessive need for privacy
- ✓ Lack of care for or general decrease in academic performance
- ✓ Bloodshot eyes and frequent nose bleeds
- ✓ Unusual smell on body, clothes and breath
- ✓ Shakes and trembles
- ✓ Slurred speech
- ✓ Unable to focus or “spaced out”
- ✓ Disturbance in ability to function normally with life

### **Strategies used to support students that abuse substances**

- ✓ Talk about any major changes or losses in one's life
- ✓ Work on how to relax or let go without resorting to substance abuse
- ✓ Explore ways to break the addictive cycle and establish total abstinence from all mood-altering substance.
- ✓ Work with the student on coping and problem solving skills required to maintain abstinence over the long term.
- ✓ Break away from negative influences or people in the life style.

## **General guidelines when working with students**

In addition to the above mentioned challenges, there are any number of other issues students deal with in their lives. These may include academic concerns, body image, relationships, neglect and cultural classes, to name a few.

If you are aware of students facing challenges – that are not issues needing urgent attention- you might like to try to broach the issue by using some of the following techniques.

- ✓ Listen. Hear the whole story - the confusion and the clarity, the pain and the coping, the desperation and desire. Acknowledge and empathize. You do not need to solve the problem, just be a listening ear.
- ✓ Adopt the “people are experts of their own lives” mentality instead of giving advice. Giving advice implies that the counsellor is more knowledgeable about the recipient’s life/not listening/I’m tired of hearing this.
- ✓ Emphasize the student’s strengths instead of weaknesses.
- ✓ ‘Join in’ (I am with you) rather than challenge/confront – resulting in less resistance for the rest of the session.
- ✓ Collaborate for ‘treatment goals’ rather than prescribe.
- ✓ Emphasise the student’s personal responsibility for change. “We may be in this together but YOU are in charge of your life and ultimately responsible for it, for better or for worse.”
- ✓ Explore resources and ideas with children because they tend to be perceived as not having any.

If a goal is not working and not achievable by the 3<sup>rd</sup> conversation or meeting, do something different. Change frequency, location, intensity, time, sequence

### **Socratic questioning**

*Deep questioning to explore complex ideas or get to the truth of things. To open up issues or problems and uncover assumptions. Probe thinking at a deep level.*

- How or in what way is it a problem for you?
- How motivated are you to make a change?
- How often does it occur and how long does it last?
- What are others doing or saying? What stops it?
- What have you already tried to improve the problem?
- How did each of these things work?
- What other things have you thought of trying?
- How would you feel if you are involved in a similar situation?
- What do you think the character in the story would do the next time he sees the same situation as per the story”.
- How does this story apply to your life?

## Exceptions

Exploring exceptions that can lead to understanding different viewpoints or new directions.

- When does the problem not occur?
- How do your friends treat you differently when the problem is not occurring?
- In what ways might this situation be different from others you have been in?
- How might things be different in school when you begin to:
  - Pay attention in class
  - Meet homework deadlines
  - Get to school on time

## **When do you pass issues on to the Counsellor?**

- Behavioral issues that extend beyond the classroom or that occur regularly. Counsellors can help obtain a more complete picture of issues behind the misbehavior or uncharacteristic behaviors.
- When the topic or issue is beyond the boundaries of your professional or personal comfort level or training.
- Unexplained injuries, bruises, cuts or marks on different parts of the body.
- When strategies previously tried are not working.
- A problem that seems to have been brewing for a while or is escalating.
- A sensitive issue that the student is facing
- Suspected mental health issues such as self harm, suicidal tendencies, depression, eating disorders, panic attacks, etc.
- When two individuals cannot co-exist well despite efforts to separate them in class or to mediate interaction.
- Students who exhibit aggressive behavior.