ECHO IDAHO

K12 School Nurses

Management of Mental and Behavioral Health Part 2

1/14/26

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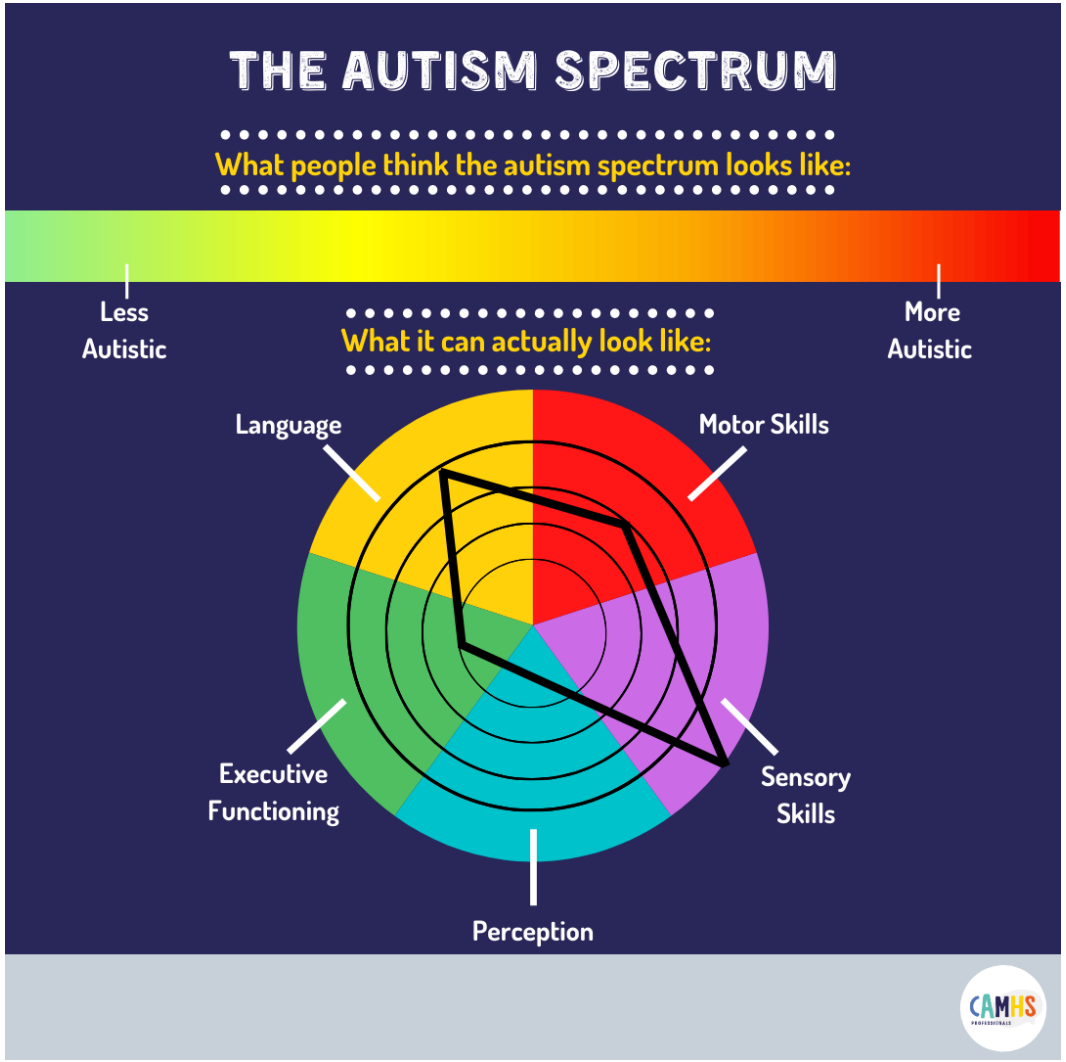
Learning Objectives

- Review DSM V criteria for autism spectrum disorder and formal thought disorders (i.e., psychosis)
- Explore the pressure to stay connected
- Explore social media's impact on the wellbeing of today's youth
- Identify strategies to support the wellbeing of youth in this digital age

- School nurses will be able to recognize behavioral, emotional, physical, and academic signs of trauma in children, and implement trauma-informed strategies to support affected students within the school setting.

WHAT IS AUTISM?

- It is a neurodevelopmental disorder characterized by impairments in communication, behavior and social functioning beginning in childhood.
- As in its name “spectrum” refers to a wide range of symptoms, skills, and levels of disability.



Our changing conception of autism / ASD

DSM-3 (1980)

Diagnostic and Statistical Manual of Mental Disorders

Mental Disorders

Neurodevelopmental Disorders

Pervasive Development Disorders

Infantile Autism
- Onset before 30 months
- Lack of responsiveness to other people
- Gross deficits in language development
- Resistance to change
- Attachment to inanimate objects

Childhood Onset PDD
- Onset after 30 months
- Gross impairment in social relationships
- Anxiety and panic attacks
- Inappropriate fear or rage reactions
- Resistance to change
- Oddities of motor movement and speech
- Hyper-sensitive to sensory stimuli

Atypical Autism
Distortions in the development of multiple basic psychological functions that are involved in the development of social skills and language and that cannot be classified as either Infantile Autism or Childhood Onset PDD

In DSM-1 (1952) and DSM-2 (1968), autism was not listed as a disorder. Autistic behaviour was mentioned only as part of the description of childhood schizophrenia.

VaccineEvidence.com

DSM-4 (1994)

Pervasive Development Disorders

1. Impairments in social interaction
2. Impairments in communication
3. Restricted, repetitive and stereotyped patterns of behavior, interests and activities

Autistic Disorder
- Onset before 36 months
- Two or more impairments in social interaction
- One or more impairments in communication
- One or more manifestations of restricted behaviours
- A total of 6 or more impairments

PDD-NOS (Not Otherwise Specified)
Severe and pervasive impairments in at least one of the three areas of diagnosis for Autistic Disorder, but the criteria are not met for any of the specific PDDs

Asperger's Disorder
- Two or more impairments in social interaction
- No impairments in communication
- One or more manifestations of restricted behaviours
- No delay in cognitive or language development

Childhood Disintegrative Disorder
- Regression in multiple areas of functioning after at least 2 years of apparently normal development.
- Clinically significant loss of previously acquired skills such as language, social skills, bowel or bladder control, play and motor skills and cognitive abilities.
- Impairments after regression in at least two of the three areas of diagnosis for Autistic Disorder.

Rett Disorder
- Onset of deceleration of head growth between 5 and 48 months
- Loss of previously acquired hand skills, social engagement and language skills
- Poorly coordinated gait and trunk movements.

DSM-5 (2013)

Autism Spectrum Disorders (ASD)

A. Persistent deficits in social communication and social interaction
B. Restricted, repetitive patterns of behavior, interests, or activities

	Social Deficits	Restricted Behaviors
Severe (Level 3) Requiring very substantial support	- Severe deficits in verbal and nonverbal social communication - Severe impairments in functioning - Very limited initiation of social interactions - Minimal response to social overtures from others	- Inflexibility of behavior - Extreme difficulty coping with change - Restricted/repetitive behaviors markedly interfere with functioning in all spheres. - Great distress/difficulty changing focus or action.
Moderate (Level 2) Requiring substantial support	- Marked deficits in verbal and nonverbal social communication - Social impairments apparent even with supports in place - Limited initiation of social interactions - Reduced or abnormal responses to social overtures from others.	- Inflexibility of behavior - Difficulty coping with change - Restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. - Distress and/or difficulty changing focus or action.
Mild (Level 1) Requiring support	- Without supports in place, deficits in social communication cause noticeable impairments. - Difficulty initiating social interactions - Clear examples of atypical or unsuccessful response to social overtures of others. - May appear to have decreased interest in social interactions.	- Inflexibility of behavior causes significant interference with functioning in one or more contexts. - Difficulty switching between activities. - Problems of organization and planning hamper independence.

Social (Pragmatic) Communication Disorder
Meets the social deficits criteria of ASD, but not the restricted behaviours criteria

Medications used in students with ASD

- *Abilify (aripiprazole)
- *Risperdal (risperidone)
- Zyprexa (olanzapine)
- Haldol (haloperidol)
- Thorazine (chlorpromazine)
- Depakote (valproic acid)
- Lamictal (lamotrigine)

*Indicates Medication with FDA approval

ASD: What to look for in the classroom?

Hoping to Avoid

- Lethargy/Fatigue
  - Can become severe to the point of sleeping in class, zoning out, “zombifying”
- Increased appetite
  - Hyperfixated on food, to point of aggression when food not given
- Weight gain
  - >10% total weight gain in six months or less considered unsustainable
- Akithisia → restlessness
  - Think quite literally “ants in the pants”
- Tardive dyskinesia
  - Presents as abnormal facial movements, specifically around the tongue and mouth
- Severe skin reaction
  - Specific for Lamictal (lamotrigine)

Hoping For

- Decreased aggression
- Cooperation
- Responsive to redirection

Remember

- There is no such thing as a magic pill
- Hope is for improvement not resolution
- Must maintain realistic expectations
- Once stability is achieved for 3-6 months, we taper off of medication

ASD: What can you do?

- Ensure the student has adequate support
  - IEP/504
  - Appropriate classroom pull-outs (ABA, Speech, OT, PT, etc…)
  - Paraprofessional support
- Provide feedback to the parents
  - Both POSITIVE and negative
  - Gentle in your approach with observations

Psychosis

- Psychosis is defined as the severe disruption of thought and behavior resulting in the loss of reality testing.

- Although the primary symptom in schizophrenia, may be present in mood disorders, neurological disorders and intoxication

Psychosis

- Psychotic-like experiences are described by
  - Approximately 8% of adolescents (13–18 years old)
  - Approximately 17% of children (9–12 years old)

DSM-5 Criteria for Psychosis (Schizophrenia)

- ≥1 of the following 4:

1. Delusions
2. Hallucinations
3. Disorganized speech

Must include one of these 3!

4. Grossly disorganized or catatonic behavior

- Disturbance persists for:
  - > 1 day but < 1 month (Brief psychotic disorder)
  - > 1 month but < 6 months (Schizophreniform)
  - >6 months (Schizophrenia)

Epidemiology

- Prevalence of Schizophrenia is 0.6-1%
- <4% of all Schizophrenia cases are EOS
- Estimated prevalence of EOS is < 0.02 %
- 1.4 M : 1 F in EOS; equalizes 1:1 in adults
- COS rarer than EOS

Non-psychotic presentations misdiagnosed as psychosis in children & adolescent

- Normal Overactive Imagination, imaginary friends
- Vivid fantasies (normal or as in ASD)
- Perseveration and lack of emotional reciprocity in ASD
- Depression or bipolar with psychotic features
- Obsessions in OCD, Thoughts in Anxiety
- Dissociative experiences and hypervigilance in PTSD
- Transient, stress-related paranoid ideation or severe dissociative symptoms in BPD
- Grief
- The above presentations/disorders are more common in youth than true psychotic illness (schizophrenia)

Clues that hallucinations are non-psychotic

- Symptom reports that are
  - Situationally specific (e.g., only hearing voices when angry or at bedtime)
  - Overly elaborate and detailed
  - Occur absent of more overt evidence of thought disorder and disorganized behaviors
  - Not interfering with functioning
  - Not affecting social and academic life
  - Not accompanied by delusions

Psychosis: What can you do?

- Show empathy towards the student without providing reinforcement
  - Sometimes these complaints are more “attention seeking” and therefore indicate an alternative problem
- Recommend follow-up with PCP to ensure full work-up
- Consider having them meet with school counselor vs outside counselor for support/exploration
- Collaborate with parents

Understanding Trauma in Children

- Trauma can result from abuse, neglect, loss, or exposure to violence.
- Children may respond differently depending on age, development, and support systems.
- Trauma impacts emotional regulation, behavior, learning, and physical health.
- School nurses play a critical role in early identification and support.

Behavioral and Emotional Indicators

- Sudden changes in behavior: withdrawal, aggression, or hyperactivity.
- Anxiety, depression, irritability, or frequent emotional outbursts.
- Difficulty forming relationships or trusting adults.
- Signs may be subtle and fluctuate depending on the school environment.

Physical and Academic Indicators

- Frequent unexplained injuries or somatic complaints (e.g., headaches, stomachaches).
- Poor concentration, decline in academic performance, or school avoidance.
- Sleep disturbances or signs of hypervigilance during the school day.
- Increased visits to the nurse's office for minor complaints.

School Nurse Response and Support

- Observe, document, and report concerning patterns to appropriate staff.
- Create a safe, consistent, and supportive environment for the student.
- Collaborate with teachers, counselors, and families for holistic care.
- Facilitate access to trauma-informed resources and interventions.

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Summary

- Trauma can significantly impact a child's behavior, emotions, physical health, and learning.
- Key indicators include sudden behavioral changes, emotional distress, unexplained injuries, and academic difficulties.
- School nurses are essential in observing, documenting, and responding to these signs.
- Collaboration with teachers, counselors, families, and access to resources supports trauma-informed care.
- Early recognition and consistent support can improve a child's well-being and school success.

Adolescent and Digital Use: The Statistics

Approximately 95% of adolescents in the United States have AT LEAST one mobile device of their own

89% of adolescent own a smartphone

Children (ages 8-12): approximate time spent viewing media for non-school purposes = 4.6 hrs/day

Approximately half (48%) of 11-year-olds report owning a mobile phone, with 85% of adolescents reporting the same by age 14

Adolescents (ages 13-18): approximate time spent viewing media for non-school purposes = 6.67 hrs/day

1 in 3 users of the internet worldwide are under the age of 18

Adolescent and Digital Use: The Statistics

17% of highest users expressed poor body image vs. 6% of lowest users

10% of the highest use group depressed suicidal ideation in the past 12 months vs 55% of the lowest group

41% of teens with highest social media use, rate mental health as poor or very poor vs 23% of those with lowest use

60% of highest frequency users report low parental monitoring and weak parental relationships AND poor to very poor mental health, compared to 25% with igh parental monitoring and strong parental relationships

YouTube, TikTok, and Instagram account for 87% of social media time

What factors shape the mental health of young people?

Add your thoughts to the chat box

Protecting Youth Mental Health: The U.S. Surgeon General's Advisory, 2021

Adolescents and Digital Use: The Statistics

41% of teens with highest social media use, rate mental health as poor or very poor vs 23% of those with lowest use

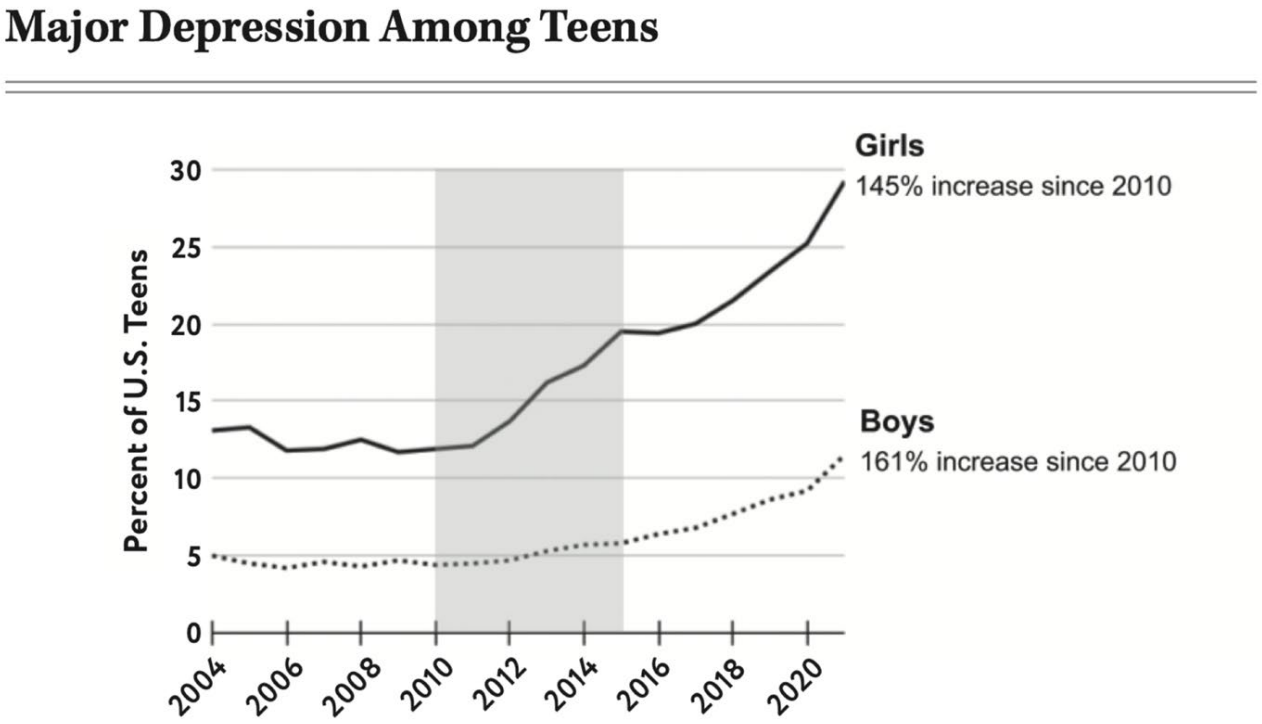


Figure 1.1. Percent of U.S. teens (ages 12–17) who had at least one major depressive episode in the past year, by self-report based on a symptom checklist. This was figure 7.1 in *The Coddling of the American Mind*, now updated with data beyond 2016. (Source: U.S. National Survey on Drug Use and Health.)[3]

Adolescents and Digital Use: The Statistics

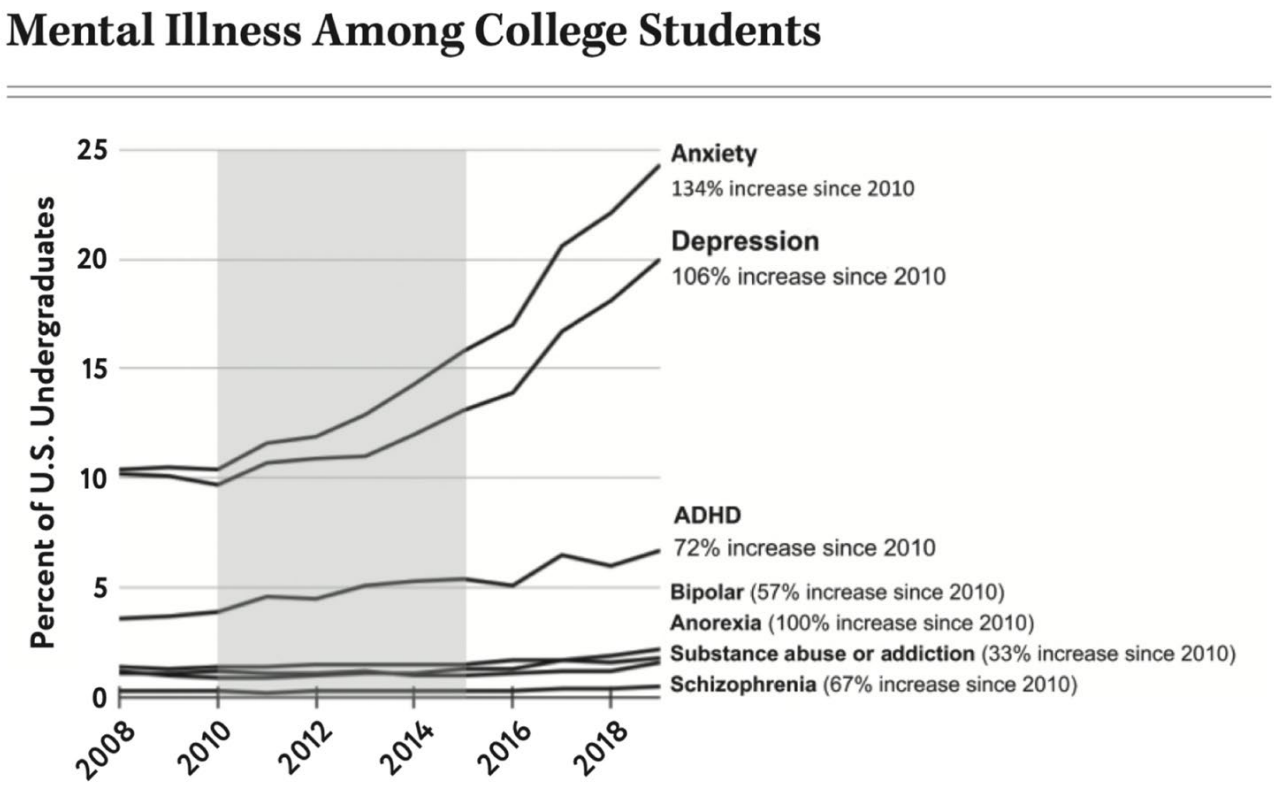


Figure 1.2. Percent of U.S. undergraduates with each of several mental illnesses. Rates of diagnosis of various mental illnesses increased in the 2010s among college students, especially for anxiety and depression. (Source: American College Health Association.)[9]

Adolescents and Digital Use: The Statistics

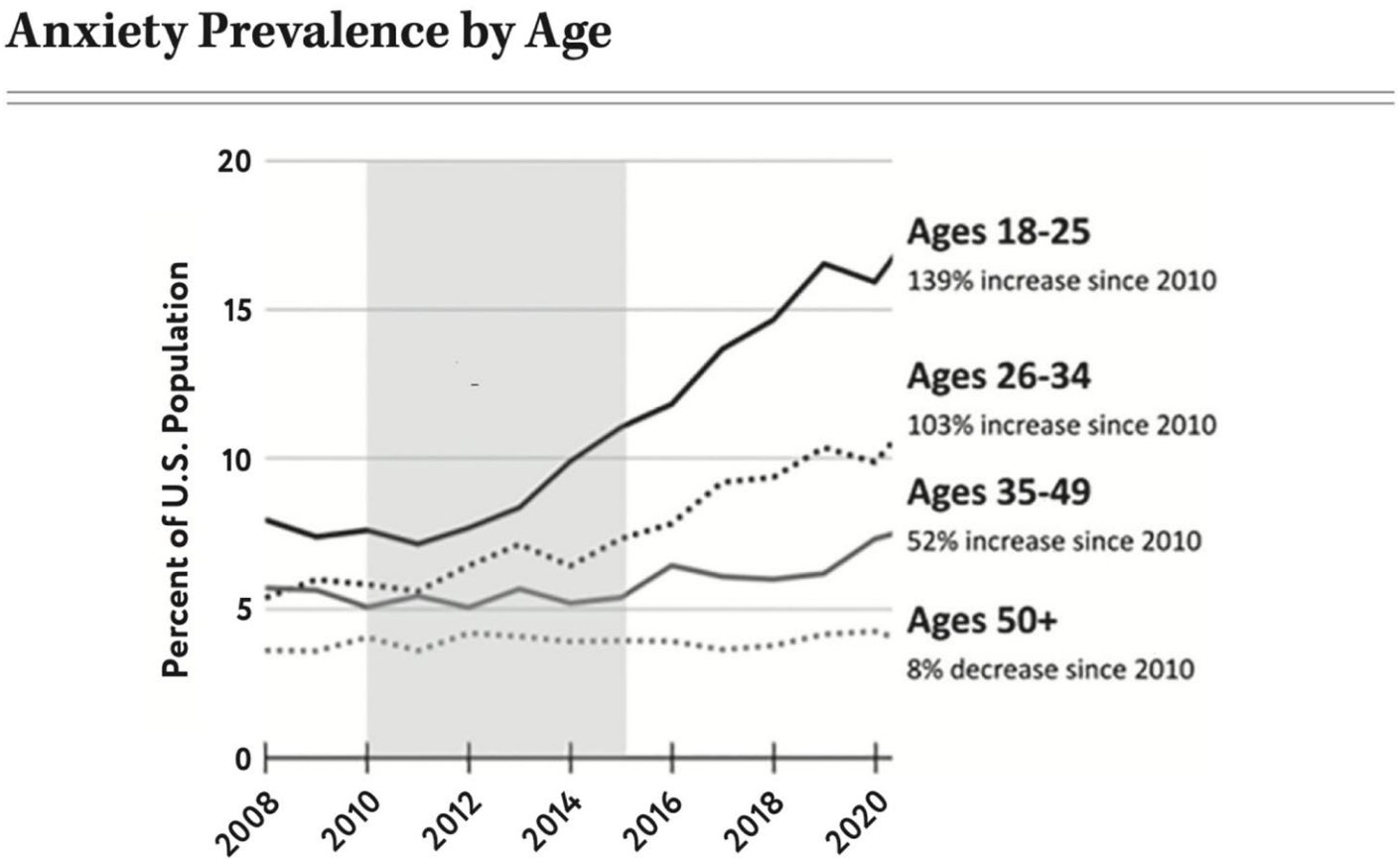


Figure 1.3. Percent of U.S. adults reporting high levels of anxiety by age group. (Source: U.S. National Survey on Drug Use and Health.)[11]

Adolescents and Digital Use: The Statistics

10% of the highest use groups expressed suicidal thinking in the last 12 months vs 55% of the lowest group

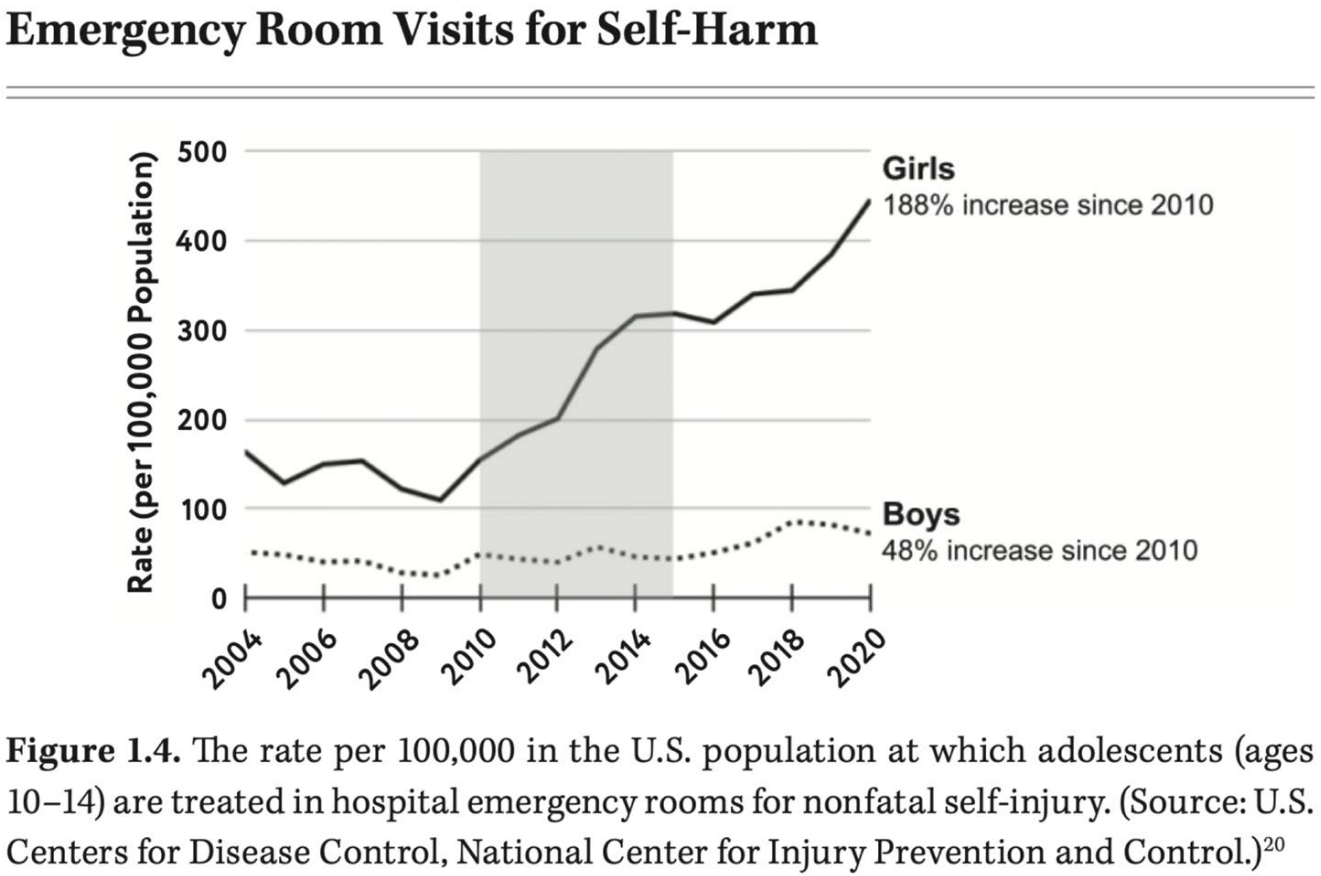


Figure 1.4. The rate per 100,000 in the U.S. population at which adolescents (ages 10–14) are treated in hospital emergency rooms for nonfatal self-injury. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)[20]

Adolescents and Digital Use: The Statistics

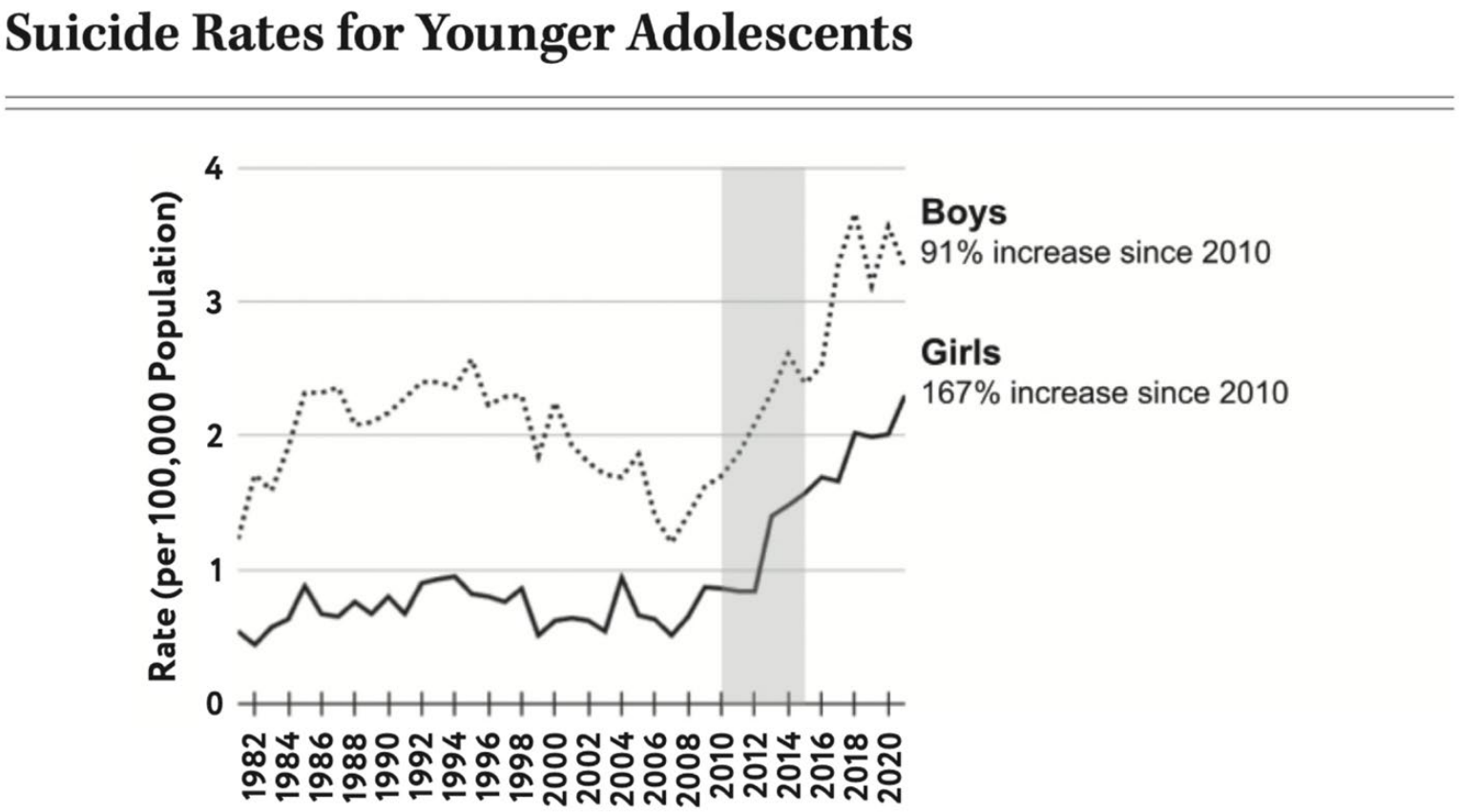


Figure 1.5. Suicide rates for U.S. adolescents, ages 10–14. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)[22]

So what is it about the area highlighted in grey?

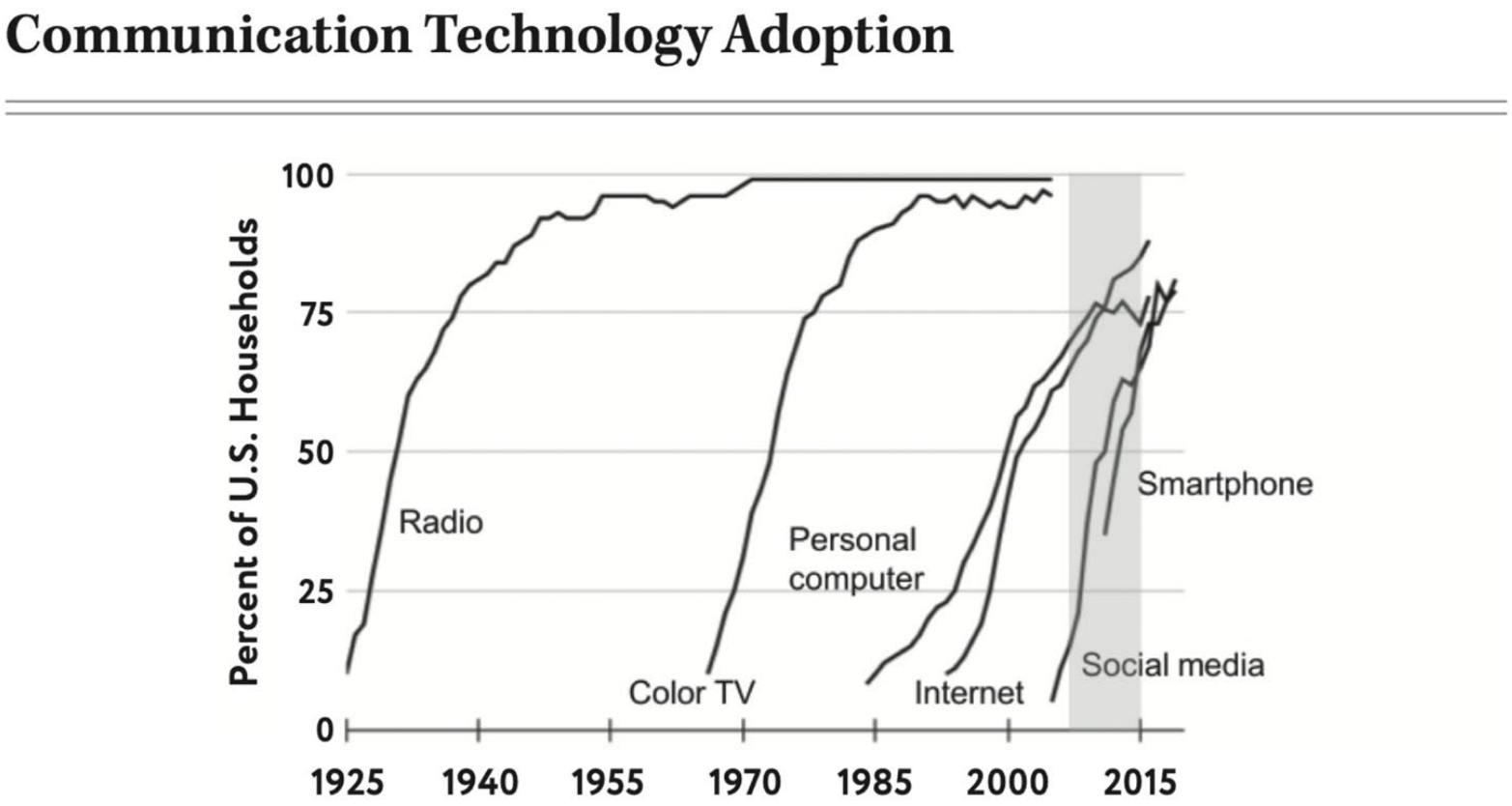


Figure 1.6. The share of U.S. households using specific technologies. The smartphone was adopted faster than any other communication technology in history. (Source: Our World in Data.)[25]

Why are we seeing an increase?

- The rise is concentrated in disorders related to anxiety and depression
  - Classed together as "internalizing disorders"
- Concentrated in Generation Z, with some spillover to younger millennials

Is there a generational divide?

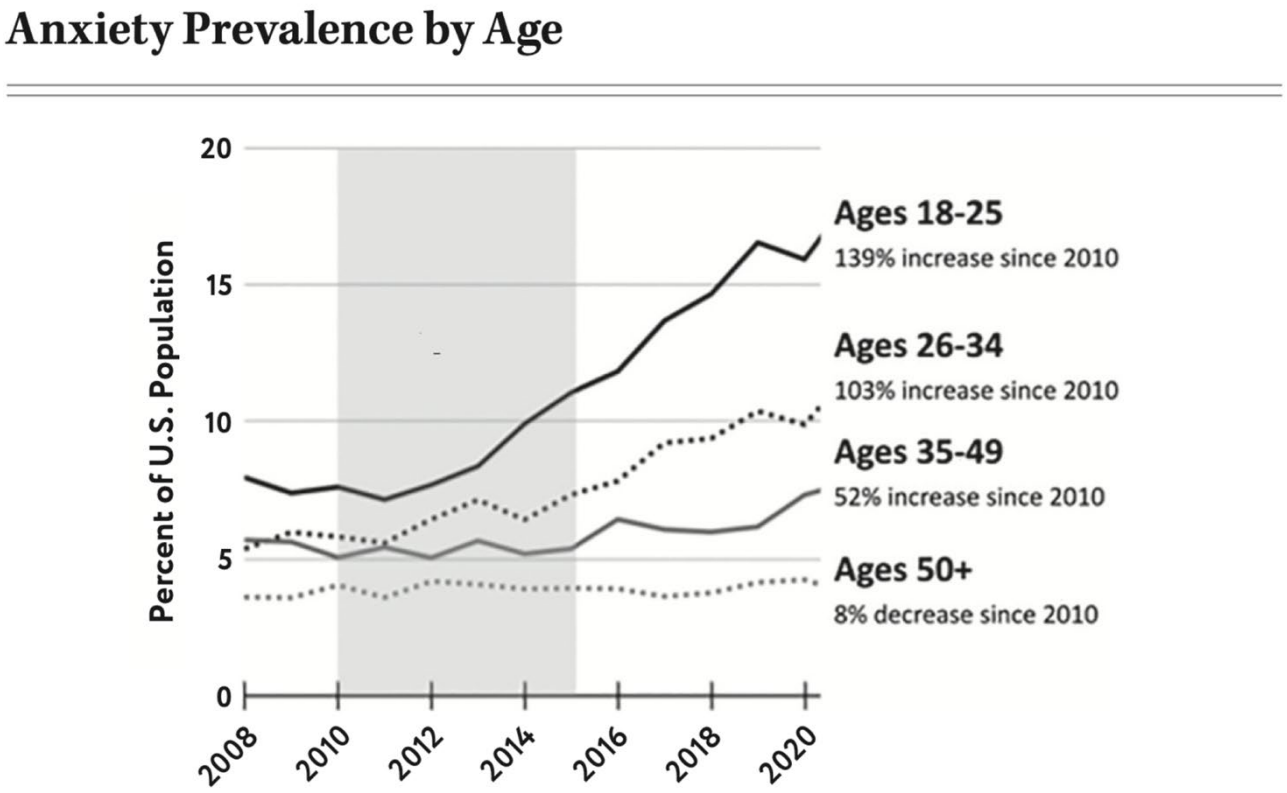


Figure 1.3. Percent of U.S. adults reporting high levels of anxiety by age group. (Source: U.S. National Survey on Drug Use and Health.)[11]

What are the concerns?

- Negative impact on physical activity and physical fitness
- Decreased ability to interact with others in “real life”
- Challenges with eye contact
- Avoidance of others
- Fear of making a phone call

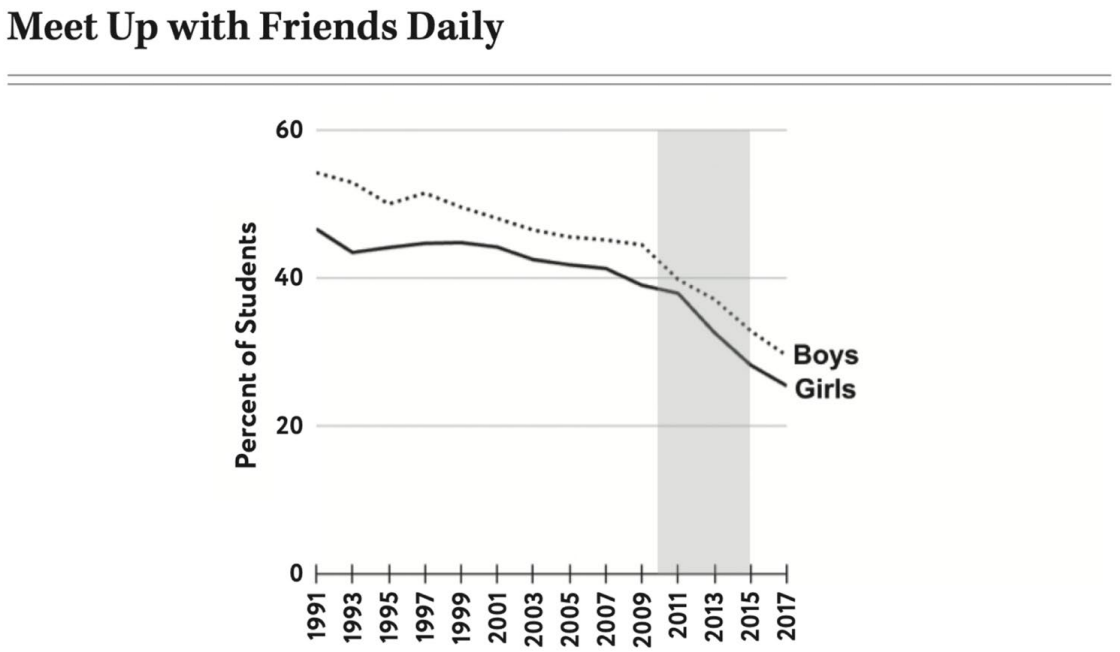
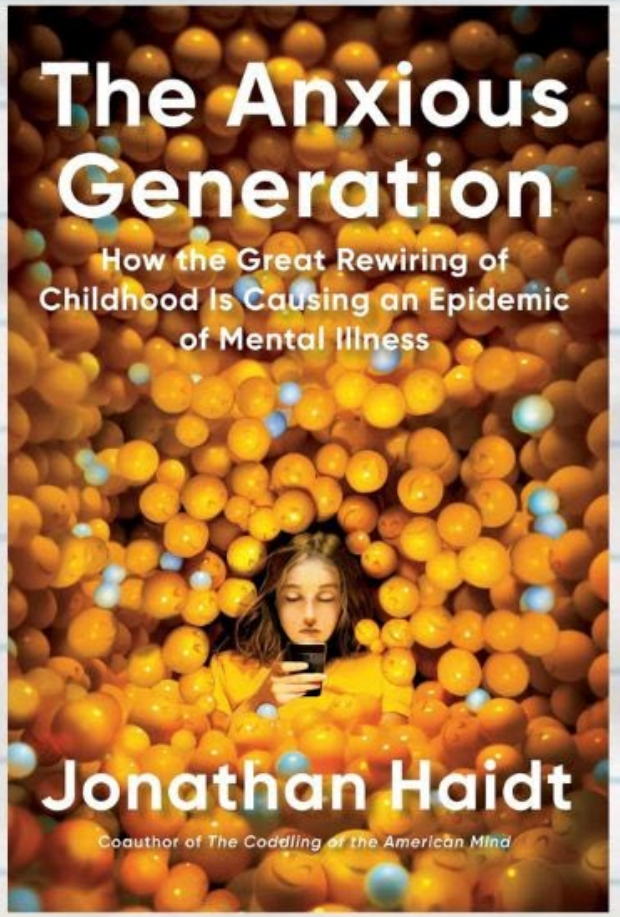
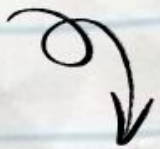


Figure 2.1. Percentage of U.S. students (8th, 10th, and 12th grade) who say that they meet up with their friends “almost every day” outside school.[12] (Source: Monitoring



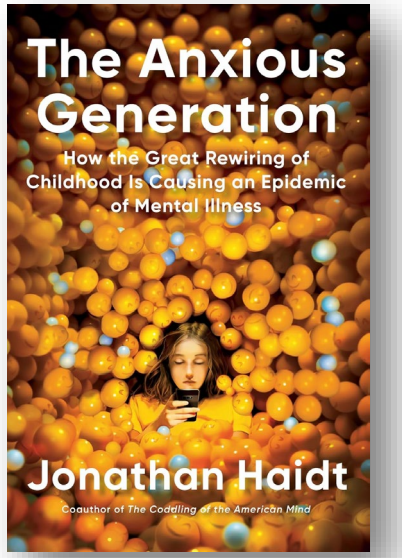
Play-Based Childhood



Phone-Based Childhood

Four Defining Features of Social Media

1. **User Profiles:** Users can create individual profiles where they can share personal information and interests
2. **User-Generated Content:** Users create and share a variety of content to a broad audience, including text posts, photos, videos, and links
3. **Networking:** Users can connect with other users by following their profiles, becoming friends, or joining the same groups
4. **Interactivity:** Users interact with each other and with the content they share; interactions may include liking, commenting, sharing, or direct messaging



So what are the pros and cons?

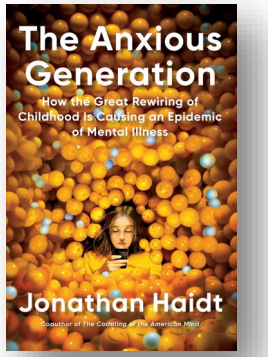
Cons

- Comparison and Envy
  - Feelings of inadequacy
  - Negative self-esteem
- Sleep disruption
  - Interferes with sleep quality
  - FOMO → Drives excessive use
  - Poor sleep = mood disturbances
- Anxiety and depression
  - Cyberbullying and other negative interactions

Pros

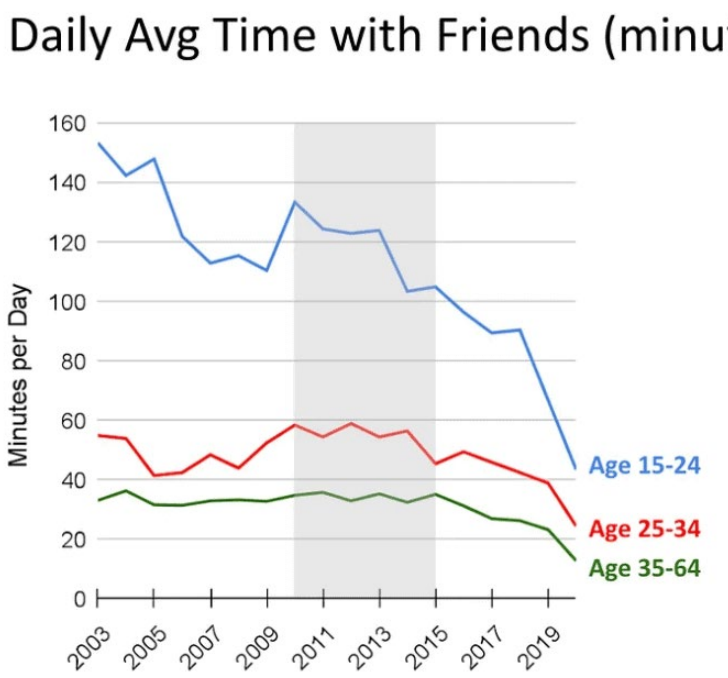
- Connection and support
  - Promotes connection with friends, family, like-minded people
  - Sense of community
- Access to Resources
  - Mental health resources
  - Coping strategies
  - Shared information
- Advocacy and awareness
  - Reduce stigma/advocate for change
  - Campaigns, hashtags and shared experiences

Foundational Harm of Social Media
#1) Social Deprivation



"Teens who spend more time using social media are more likely to suffer from depression, anxiety, and other disorders, while teens who spend more time with groups of young people (such as playing team sports or participating in religious communities) have better mental health."

(Twenge, J.M., 2017)



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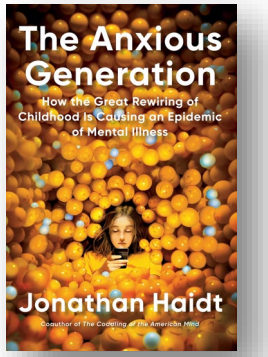
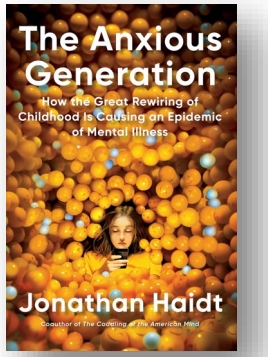
Foundational Harm of Social Media
#2) Sleep Deprivation



"…heavy use of screen media was associated with shorter sleep duration, longer sleep latency, and more mid-sleep awakenings."

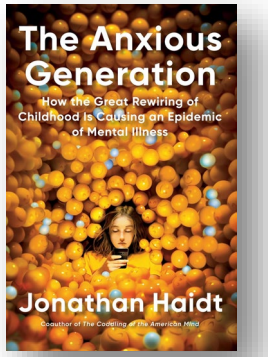
"The sleep disturbances were greatest for those who were on social media or who were surfing the internet in bed."

Foundational Harm of Social Media
#3) Attention Fragmentation



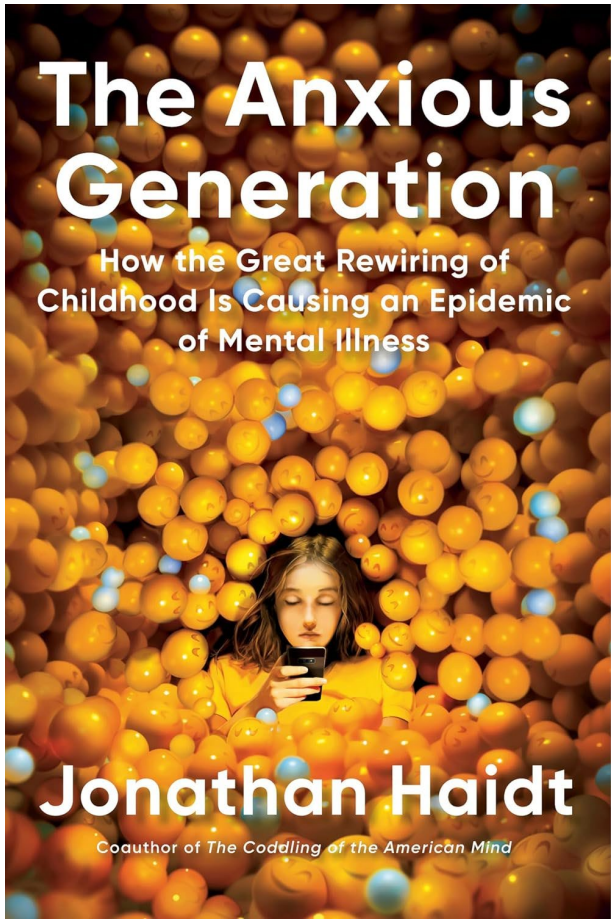
"Attention is the ability to stay on one mental road while many off-ramps beckon. Staying on a road, staying on task, is a feature of maturity, and a sign of good executive function. But smartphones are kryptonite for attention. Many adolescents get hundreds of notifications per day, meaning that they rarely have five or 10 minutes to think without interruption."

Foundational Harm of Social Media
#4) Addiction



"The behaviorists discovered that learning, for animals, is 'wearing smooth of a path in the brain.' The developers of the most successful social media apps used advanced behaviorists techniques to 'hook' children into becoming heavy users of their products."

Four Needed Reforms



Reforms that would provide a foundation for a healthier childhood in the digital age:

1. No smartphones before high school
2. No social media before age 16
3. Phone-free schools
4. Far more unsupervised play and childhood independence

What can we do to help?

- Set boundaries
  - In school: ensure that phones are put away during school hours
  - At home: limit social media use, particularly around bedtime
    - Turn off notifications during certain hours of the day
    - AAP suggests that media time should be limited to two hours or less
- Curate the feed
  - Unfollow individuals/accounts that result in negative feelings or trigger strong (negative) emotions
  - Follow accounts that educate, inspire or uplift
  - Ask yourself when viewing SM, “How am I feeling right now?”
- Practice mindfulness
  - Maintain awareness about how SM impacts mood
  - Take breaks
  - Engage in activities that foster happiness and well-being

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