OFFICE OF SUICIDE & VIOLENCE PREVENTION

NOVA SOUTHEASTERN UNIVERSITY

SUMMER 2021 NEWSLETTER

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In this issue: A Closer Look at Suicide & Violence in Youth

SVP EVENTS & HIGHLIGHTS

FEATURED HIGHLIGHT:
SVP'S FYE PROJECT: SUICIDE PREVENTION TRAINING FOR NSU'S UNDERGRADUATE FRESHMAN

In Fall 2020, SVP piloted the First Year Experience (FYE) Project, in which suicide prevention training was provided to all incoming undergraduate NSU freshman. The mission of this project is to create more comfortability in talking about suicide and to increase awareness about the warning signs of suicide. This knowledge can literally make the difference between life and death because suicide is 100% preventable! SVP is excited to offer this project again in Fall 2021 and provides a big thank you to Dr. Kevin Dvorak, the Faculty Coordinator for FYE and the staff at the Learning and Educational Center for their collaborative efforts on this important endeavor. There are few universities that offer suicide training to their undergraduate students and we are proud that NSU has taken the actions to ensure that our students are equipped with the information to help prevent suicide. Keep on the look out for more information about the 2021 roll out in our upcoming newsletters!

RECENT & UPCOMING EVENTS:
SVP HAS BEEN BUSY PROVIDING WORKSHOPS AND CONSULTATIONS THE UNITED STATES

- Dr. Poland facilitated two workshops on the implementation of Florida STEPS: School Toolkit for Educators to Prevent Suicide
  - Sponsored by the Florida Department of Education and Institute for Small and Rural School Districts in Florida.
- Drs. Poland & Ferguson provided suicide prevention training in the military population to NSU's SURV Club.
- Dr. Poland has had recent consults with:
  - Missouri School Board Association, the Maine School Safety Center and with two different school districts that tragically lost students to suicide, Rockwood school district in Missouri and the Vail school district in Arizona.
- Dr. Poland and one of our former SVP doctoral residents, Dr. Hilsman, provided parenting sessions on suicide prevention for the Pembroke Pines Charter Schools and American Heritage Schools.
- Dr. Poland will be the keynote speaker on suicide prevention and educators making the difference in the lives of their students at the Utah Charter School Conference in June.

#MSDStrong Three Years Later
Trauma and Grief in Communities after Mass Violence

By Claudia Rodriguez, MS

February 14, 2018 is a day that is etched in the memories of South Floridians. It was one of the worst tragedies ever to occur in that area, the mass shooting inside Parkland's Marjory Stoneman Douglas (MSD) High School that took the lives of 14 students and three staff members. This year marks the three-year anniversary of that tragedy. On Feb 12, 2021, Dr. Melissa Brymer, presented a webinar focusing on understanding the trauma and grief in communities after a mass violent event. Dr. Brymer is an NSU College of Psychology Alumni and is the Director of Terrorism and Disaster Programs of the University of California, Los Angeles (UCLA)/Duke National Center for Child Traumatic Stress and its National Child Traumatic Stress Network. The presentation, titled #MSDStrong Three Years Later Understanding the Complexity of Trauma and Grief in Communities After Mass Violence, was hosted by Nova Southeastern University's College of Psychology. It focused on understanding mass violence, strategies for supporting communities after traumatic events, as well as ways to increase support for all those affected.

Dr. Brymer highlighted multiple key concepts to understanding mass violence. One of these included the interplay of trauma and grief for the survivors, their families, and friends. She pointed out that many times in therapy, trauma is the primary focus, leaving little room to attend to the grief. She provided a great example of how resilience is seen differently for those that experience trauma vs. those that experience grief. Those that experience trauma can "bounce back" because their reactions and symptoms may resolve, but with the loss of a loved one, recovery looks far different. Family and friends find ways to honor their loved ones and make meaning of what their loved ones signified in their life.

The impact of the initial tragedy can have long lasting effects months to years after a mass violence event by those directly affected and those in the surrounding community. Some of these effects include on-going mental health problems, such as depression, anxiety, substance abuse, and post-traumatic stress. Additionally, during the anniversaries of these events there is a risk for increase suicidality due to the increased negative emotions surrounding the date. Another impact is how the community's protective shield gets affected during these violent tragedies. A school is supposed to be a safe environment for all students, teachers, and staff, and when these types of tragedies happen it violates that fundamental purpose.

Dr. Brymer noted the important positive impact a community can have on survivors by providing connectedness and provided long lasting mental health services. She also noted the critical role of trauma and loss reminders, e.g., anniversaries of the event, and the importance of remembering those who were lost as means to ensure they are never forgotten. These memorial events are essential to help survivors recover after a mass violence event. Providing support for communities after mass violence is essential in order to buffer against the above-mentioned risks. Dr. Brymer emphasized the importance of supporting current and past students of MSD, parents, faculty members, and surrounding community members that were affected by the shooting. After mass violence, some of those impacted do not experience the effect of the trauma until years later. This is why increasing community support for years after the traumatic event is essential.

Dr. Brymer spoke about multiple barriers to receiving mental health services directly after the violence and in the years following. She shared that she has interviewed a number of individuals who were affected by past school shootings, all of whom noted that while mental health services were offered, they weren't sure of what they needed. Further, some victims shared that they did not take advantage of the services because they thought someone else may have been in greater need. This points to the importance of providing ample and clear guidance regarding mental health resources to victims in the aftermath of school shootings.

**To learn more about Dr. Brymer and the important work she does at UCLA/Duke's National Center for Child Traumatic Stress and its National Child Traumatic Stress Network please look to the personal interview following this article.*

Three years have passed since the MSD mass shooting tragedy.
It's essential to remember the importance of community check in with those affected,
and never forget those that were lost.

Here are the names of the individuals who lost their lives in the MSD tragedy.
We honor and remember them:

Alyssa Alhadeff (14), Martin Duque Anguiano (14), Nicholas Dworet (17), Jamie Guttenberg (14), Luke Hoyer (15), Cara Loughran (14), Gina Montalto (14), Joaquin Oliver (17), Alaina Petty (14), Meadow Pollack (18), Helena Ramsay (17), Alex Schachter (14), Carmen Schentrup (16), Peter Wang (15), Scott Beigel (35), Aaron Feis (37), and Chris Hixon (49).

Interview with Dr. Melissa Brymer

By Scott Poland, EdD & Elizabeth Hislman, PsyD

What is your role now at UCLA? (EH)

We are part of what's called the National Child Traumatic Stress Network funded by SAMHSA, the Substance Abuse Mental Health Services Administration. It's a child trauma network that currently has one hundred centers funded across the country, and we will have an additional 17 that will be funded as of June 1st of [2020]. Our mission is to improve the access and quality of care for all types of child trauma. So we're talking about physical abuse, sexual abuse, medical traumas, and community violence. At UCLA, we are part of the national center, so we coordinate those one hundred centers that are working together. We're half-located at UCLA and half-located at Duke University. So we're a bi-coastal, national center. My role is the Director of Terrorism and Disaster Programs. And so what that means is that when there are natural disasters, such as Hurricane Maria, or any of the wildfires that have been going on in California, or after something like terrorist attacks or school shootings, we send out resources that are important for providers, mentors, parents, and anyone who might have been impacted by those events.

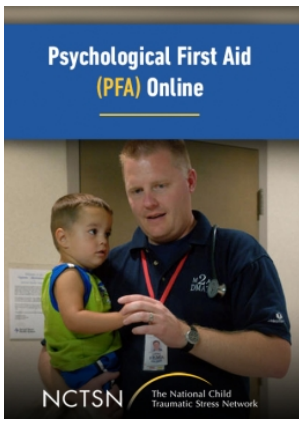
We try to coordinate with the local communities. We first see if we have a center that is close by to help to provide support. If we don't, we try to work with our numerous partners that we have across the country. So, part of my job is to make sure that we help these communities after those type of events. I was the lead adviser to Sandy Hook in Newtown, Connecticut for the Newtown school districts to help them coordinate their recovery efforts. We also made sure that our centers in Connecticut were also involved in supporting that community in their recovery. I also helped to develop a training initiative which thinks a lot about disaster mental health.

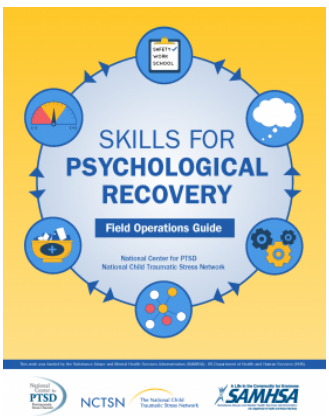
We think about whether there are interventions that would be available to help communities recover after these events, both short term and long term. I've, personally, helped to create two interventions. One is called Psychological First Aid (PFA), which is an immediate intervention that is for both children and adults. It has been widely used and adopted by many federal agencies, as well as nonprofits. Once we created that intervention, we then made sure that there were training opportunities. There's been an e-learning course that has been taken by over 100,000 users both in the U.S. and internationally. We also created mobile apps to help assist in that early response, as well as a training program.

The second intervention that we created was called Skills for Psychological Recovery (SPR). This intervention was developed for the intermediate period after a disaster. So when the community begins to settle during the period following the Psychological First Aid intervention, we provide a skill-building intervention for those individuals who might be in some type of distress but not to the extent that they require treatment. We made sure that this intervention was not just for mental health providers, because when there is a large enough disaster, we need to make sure that mental health providers are able to treat the most severe who have significant distress or impairment that may develop into a diagnosis, but not everybody will be in that category. Prior to this, there was no intervention that fit that middle ground where people might have some distress and are needing some support but are not either motivated or needing a formalized treatment.

So, the skills for psychological recovery, from a skills-building, strength-based model, are those types of skills that might help people in getting through this stressful time. So thinking about how we make sure that people have good problem-solving skills and make sure that they're able to think through problems that may not be able to be resolved like they would have been before the event. When we're under lots of stress, the first thing that we take out of our schedules are those things that help our well-being or help us form and maintain connections with others, which are protective factors. So, we want to make sure that people integrate positive activities back into their lives, those things that help us with our well-being and help us to maintain the energy we need to get through those tough times. We think about things such as making sure that our social connections remain healthy and that there may need to be a rebuilding of connection because of the event and people relocating.

There are times that people have to form new connections to form those support systems that are needed to help them with their recovery. Another piece of that is managing reactions. We know that people can be triggered or have reminders when they are thinking about the event, and, in response, can have a whole host of different types of reactions such as bereavement, anger, PTSD-type reactions, depression, or anxiety. We want to have people thinking about what skill sets can help them to reduce their levels of distress and plans that can be put into place for the types of triggers that can occur, such as an anniversary or birthday, so that they can better cope with those reactions.





Retrieved from https://www.nctsn.org/resources/psychological-first-aid-pfa-online & https://www.nctsn.org/resources/skills-for-psychological-recovery

The last part of that is thinking about times in which our thoughts may be getting in the way and preventing us in moving forward in our recovery, because sometimes we need to focus on helpful thinking and the ways in which our thoughts are influencing our feelings. SPR is currently used by FEMA and the Substance Abuse Mental Health Services Administration for crisis counseling purposes and is being adopted by other groups including the Office of Victims of Crime, amongst others, so that we can better support people in the intermediate period following these kind of large scale events. In addition, we try to train clergy, school professionals, and other professionals who are leaders in the community who then can also connect with the mental health providers. Like PFA, we think about what the training needs are and make sure that we build capacity in both interventions.

The last big piece that I do is research. It's important to always evaluate and test whether what we're doing is effective and to make sure that we're not doing harm. We always need to think about policy and whether there are gaps in our current knowledge that need to be evaluated so that we can continue to improve our support for families after these events.

You will probably be pleased to know that Psychological First Aid is required in some of our crisis courses. I'm curious what the e-learning course is like? (SP)

It's a six-hour course and it is self-paced so that you can continue to work on it over time because it will save where you've left off. We're currently in the process of updating the e-learning course. So, probably by the summer we'll have a new advanced PFA course. With that, we'll also have a PFA for general disasters and are going to add on some modules for if you're working in a school. The school modules look at how you would think about PFA from an educator's point of view and working within an education system, because the core actions remain the same, but how you implement them is different in a school setting versus a hospital setting, for example. So, we'll make sure that there's a school component that will be added on to the next course.

What about the Skills for Psychological Recovery? Is that available via e-learning? (SP)

We will have an e-learning course that will be out, hopefully, by February 1st and if not then by March 1st, which will be a five- hour course. We're still in the process of finalizing and testing out everything. So, I'm excited how that's turned out. There's also a certificate for both courses that can be submitted to you for proof that the students have completed the course. And for both courses, there are built-in components that they must get through before they can get their certificate, ensuring that they can't go straight through to the test or anything.

Earlier, you talked about all of the centers that are affiliated with you and the main people at UCLA and Duke, but is there a center in Florida? (SP)

We have several centers in Florida. Some of them are in Miami, such as the Kristi House, which deals more with sexual abuse. I can give you a list of who is currently funded. We also have what's called affiliates, which are centers that had been previously funded with us but want to remain active in our work. We have 150 affiliates as well, such as the Jewish Community Services of South Florida and Florida State University's Center for Child Stress and Health. They work a lot with farmers and young children, examining the role of the additional stress that migrant families are exposed to. We also have the Children's Home Society of Florida in Pensacola and Orlando, which has different centers across Florida that looks at child welfare issues. So, we had several different centers focused in Florida that are addressing the different types of traumas which we support.

Can you tell us about what led you to this field? I know you did your dissertation focused on the aftermath at Santana High School, but can you give us some little background about how you gravitated to trauma work? (SP)

I can both blame, as well as thank, Dr. Van Hasselt for part of my passion. When I was at Nova, I had the opportunity of working with Dr. Van Hasselt. At that point, I was interested in domestic violence and thinking about more chronic, personalized traumas. I also had the opportunity of working with Dr. Faust, who helped to open my eyes about the impacts of trauma on young children. I was able to work at Jackson Hospital at a child abuse crisis center where we evaluated children for whom there had been allegations of physical abuse, sexual abuse, or neglect. Those experiences helped me to appreciate the complexity of working with trauma. When we're talking about trauma when working with domestic violence populations, we must work with both the offenders and the victims. Many of the offenders had histories of child abuse and were exposed to many types of traumas, and, for most of the traumas that these offenders experienced, they never received treatment or support.

So sometimes when we're working with the criminal populations, we have to take a moment and think about what sort of experiences may have influenced how they got here. Those experiences motivated me to delve further into trauma work and I ended up doing my internship at UCLA to work with Dr. Robert Pynoos, who is a pioneer in child trauma. He helped me to gain further knowledge about childhood trauma. He had done one of the first research studies in 1984 on a school shooting at an elementary school playground. I was at Nova prior to Columbine, and some of our earlier work has really transpired since I left Nova, but my foundation with all my mentors at Nova allowed me to get to where I am now in my career.

Psychological Aid:
https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa

Skills for Psychological Recovery:
https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa

I was pleased to be on your dissertation committee, could you review your findings from Santana for us? Also, have you had the chance to continue with that type of research? (SP)

Santana was a school shooting that happened in March of 2001, after Columbine. We were able to learn some from Columbine and integrate those findings into our work with Santana. Within the Santana School District, there actually had been a second school shooting two weeks after the first. There were no deaths in the second incident, but there were injuries. So, we wanted to make sure that when we're providing support for one affected school, that we consider other schools in the area that also might have children who are at-risk. And so, within the school district of Santana, it's important to think about doing a screening for the entire school population.

Because it was in March, we first screened all of the seniors, because they only had a few months before they graduated. It was important for us to think about ways to provide even brief support to seniors who might be distressed and were needing support. We were set in September to screen the rest of the school's population, which had to be delayed due to 9/11. Santana is in the San Diego area and, although there were no individuals in that school who lost family members to 9/11, San Diego is a large military community. So we had children who were concerned about their families being deployed during that time, and we needed to make sure we provided support to these children as well.

We saw that being triggered by what happened on 9/11 had made them think about what they experienced on March 5th. We tried to make sure that educators in the community understood that just because a student was at the school, doesn't necessarily mean that they are going to develop PTSD. You want to look at level of exposure, such as who was in the vicinity where the incident took place or had a role that put them at increased risk. For example, we found that some of these students provided first aid to the injured or were right near the perpetrator.
It was important to think about exposure as well as looking at PTSD and depression. And we wanted to look at grief, because two students were killed in the incident. We also wanted to look at if there were children who were more at risk for suicidality due to depression, who were indicating that they may have some suicidal concerns. So, we wanted to make sure that those children received immediate evaluation and support.

It was also important for us to look through and make sure that this was done at Columbine. We wanted to create a plan to help the children at the time of the anniversary, which is a time that suicidal risk is actually higher. We needed to make sure that each student with a history of depression, who might've been greatly influenced by the school shooting, had somebody that would reach out to them or that they had somebody or several people on their list that they could go to if they were struggling during that time.
And that was a way that we were trying to reduce that risk of suicidality. With the research, we did see that there were elevations of PTSD, especially for those children who had high exposure. Exposure made a difference. So where they were, what they saw influenced their level of PTSD.

Is there any research that demonstrates more youth suicide attempts or deaths after exposure to a school shooting? I mean, it seems logical that this would be a very stressful event, but do we actually have that research? (SP)

It's not systematic, and I would expand that it's not just youth suicide, it is a community-wide increase of suicide, especially around anniversary times. So, when you mentioned Columbine earlier, there was actually an increase seen in parent suicide in Chardon, Ohio. There were parent suicides and substance use overdoses, that may or may not have been with the intent of suicide, on both the perpetrator side and the victim side. So looking at that exposure, I think it's important for us to not just think of the students, but of the families that have been significantly impacted during those times.

Those are great points. It would seem like common sense would tell us to increase our suicide prevention efforts in the school, as well as in the entire community. But, as my experience has been, schools don't really want to do much in the way of suicide prevention. (SP)

At Newtown we were able to bring in Signs of Suicide (SOS), because there was a student suicide in the middle school a few months after the tragedy. Thinking about the number of kids that show signs of suicide at the SOS program, you get a lot of false positives, which for us was fine. With everybody on the screener who was considered at risk for suicide, we made sure that we had enough counselors available for their support. Where we didn't do enough preparation was in getting the mobile crisis teams prepared for what we were doing, which was our fault.
We had an increase of calls during that time in terms of hospitalizations, because we had a lot of kids that had been suffering and no one knew. Some of them did need hospitalization or immediate crisis intervention. So we actually tracked for six years the number of mobile crisis calls in Newtown for youth, and you could see the elevation during that time. But that elevation spiked, and that spike was because we implemented, for the first time, the SOS program and had all these kids that had been at risk who had never been supported and were needing immediate support. And so that can be understood, because we implemented the program at that point, but you can see that the number of mobile crisis calls did increase.

So, with Newtown, I did look what important factors may be indicators that the youth could be at risk. Attendance did not seem to differentiate who was at risk. So, we looked at chronic absenteeism, those kids who were out of school more than 10% of the time during the school year, and found out that those rates increased. We found the number of reports to the Department of Children and Families increased in the years afterwards, as well as the number of mobile crisis calls. So we could think about those ways in documenting who was at risk, including the increase of special education referrals, especially with the older kids, which is not something that you would typically see in schools. As we began to implement trauma-informed practices in schools and some forms of support systems were in place, we began to see a decrease. So I'm happy that ended up being in the final report for SERV, our ways of documenting the data for those at risk. It's not research, we just used the data that was part of the school district to show some of the consequences of these incidences.

**If you were in charge of a doctoral clinical program,
what would you really like the clinical students to learn about trauma and intervention? (SP)**

I think the piece that I'm pushing is that we don't do enough on grief. Grief and loss is something that all of us will inevitably have to experience. But there isn't grief and bereavement training. And if we do it, it's a very basic supportive type of training. I think we need to do a better job of dealing with the loss because the trajectory of losses is different than trauma. So for the trauma, we can talk about resiliency. We can recover. Resiliency is a bouncing back. For families that I work with who have had a death of a loved one, you don't bounce back from your child being killed at school. They learn to adjust, and they learn to find meaning, but they don't bounce back from it.

Dr. Pynoos used to tell me, and I didn't get it until Newtown and some of these other experiences, people's emotionality is at the same level as their pain. And so it's important that we help our trainees with addressing that important intensity of emotionality and make sure that they get the support that's needed as mental health providers. We have to be concerned about our own secondary trauma from doing this work, and I'm not sure we prepare well for this. In my NIH project, besides thinking about the trials, an area that we are not doing a good job on is helping them grieve. In many of the families across these 10 different incidences, the death notifications were handled in extremely poor ways. People thought that these families were being taken care of, but they really did not get the services or support that they needed. And I don't know if many are doing a good job training to really help in that area. So, I hope that we can do a better job of that.

How can we prepare psychology students for these roles? (EH)

I think part of it would be, if you think about some of our early practicum experiences as a student, that we're usually dealing with the most intensive mental health needs, because our community mental health centers are ones that tend to have a lot of complexity. There's still the issue of access where mental health services are hard to come by. So, community services are the one area where people can get services. With that, how do we make sure to build in time for some of those case management situations and allow, not just the supervisors, but for the students to begin networking with the different service providers that are touching our client's lives.

Sometimes, because it's all centered on direct service, we don't get those opportunities, and it would be great to have at least a portion of your caseload where you can have the chance to get those opportunities. It would be helpful to receive more encouragement from supervisors to reach out to the educators and the child welfare agencies that these kids might be involved with and helping to begin that navigation. Even with help in explaining to others what we do, it's a skill set that's part of that navigation we can learn early on, even in the practicum experiences that are set up.

I also, although I was specializing in trauma, think that one of the best things about Nova is the diversity of experiences you receive. That helped me to keep my ideas broad. So I ended up getting a job at a detox hospital so that I could get the experience and knowledge of how substance use and abuse can influence a person. That experience has been important in my thinking about trauma, making sure that I thought through children who have developmental disabilities. So, the opportunities that I had allowed me to recognize that when I'm thinking about trauma, I also need to be thinking about culture. Thinking about some of the developmental issues that might need to be taken into account when thinking about some of those additional secondary adversity such as offender work or substance use, that we all know can be some of the consequences of trauma. I think that networking and having those practicum experiences working with those different agencies was also a way to help me to feel more comfortable with being a navigator.

I do have to say, two days after graduation, I did have the opportunity of going over to Kosovo and working in Macedonia at the refugee camp. And when I arrived, the peace treaty in Yugoslavia was signed. So I ended up being the psychosocial advisor for UNICEF in Kosovo. There I was having to think about a whole territory that was new to me and thinking what were the psychosocial needs and the different service systems? This was a jumpstart for me and really helped me to learn how to be a navigator rather quickly.

Are there any other key things you would like us to know or that you would like to appear in this article? (SP)

Well if anyone's interested in learning about some of the resources our network has, I would recommend they visit our National Child Traumatic Stress Network website at www.nctsn.org. We have so many free resources. If you go to https://learn.nctsn.org, we offer over 300 training opportunities for students that are all free, where you can learn more about various types of childhood trauma. So I recommend that the students, as well as faculty, take a look at some of our stuff. All of our products have been collaborated on by multiple centers and community providers to ensure we have diversity, as well as a community perspective.

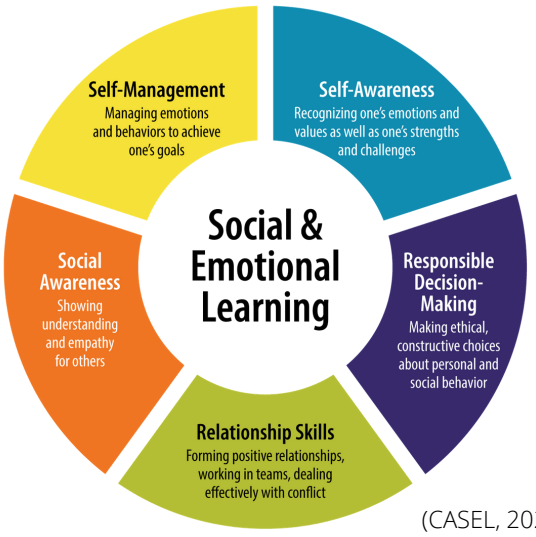
A special thank you to Dr. Brymer for her time and insight.
*edited for length and formatting

Social Emotional Learning as a School Shootings Upstream Prevention

By Katlyn Bagarella, BS & Samantha Vance, MS

More school shootings occur in the United States (U.S.) than any other country; alarmingly, recent trends demonstrate that they occur 57 times more in the U.S. than in all other major industrialized nations combined (Grabow and Rose 2018). There have been 61 reported school shootings since 2018 (Educations week, 2021) Of note, due to the current COVID-19 pandemic, school shootings have been impacted. While gun legislation has been a primary focus of many policymakers, a growing body of research supports prevention efforts that target areas such as mental and physical health, access to appropriate care and support, and socio-emotional functioning. Specifically, socio-emotional functioning as it relates to school shootings is one domain that has received limited attention across the literature.

Social and emotional learning (SEL) is the process through which social-emotional competence develops (Meyers et al., 2019). Social-emotional functioning allows individuals to understand and manage their own emotions, display empathy for others, and develop positive interpersonal relationships (Berman et al., 2018). This is of particular interest as it relates to school shooters, as a number of socio-emotional risk factors have been identified, including historical aggression, uncontrolled anger, depression and suicide ideation, discipline problems, and feeling rejected and bullied. Research has found that there are about 47 common traits of school shooters that increase the risk factor for their behaviors (Keatley, Mcgurk, & Allely, 2020). Implementation of social-emotional programs may be aid in buffering the severity of symptoms for school shooters.



(CASEL, 2021)

Research has demonstrated that enhancing positive function skills can act as a mediator to the behavioral risk factors linked to violence, ultimately decreasing the likelihood of violent acts, such as school shootings, and emphasizing a critical area of prevention for this population (Keatly , Mcgurk, & Allely, 2020). A majority of school shooters are current or former students of the school where they commit shootings (Riedman and O'Neill 2020). Therefore, it is vital that schools take action and actively work to create a positive and strong community and environment within their schools.

Recent literature found that implementing social emotional learning (SEL) programs into the curriculum can help create a healthy and supportive school environment. In fact, a number of schools across the nation have begun to incorporate such programs and have reported positive outcomes including enhancement of students' interpersonal skills, emotion regulation, and connection to school (Durlak et al., 2011). These programs have varied in their content, structure, and implementation and while they have demonstrated effectiveness in increasing the overall emotional stability and well-being of students, there is much to be known regarding best practices for use.

One of the common themes throughout these programs is an emphasis on emotional skill building and support. A review of SEL programs will help to identify common components for best practices and successful implementation. Thus far, we have found that there are a number of common factors including:

- student social emotional competence
- inclusive school environment
- student-teacher relationship.

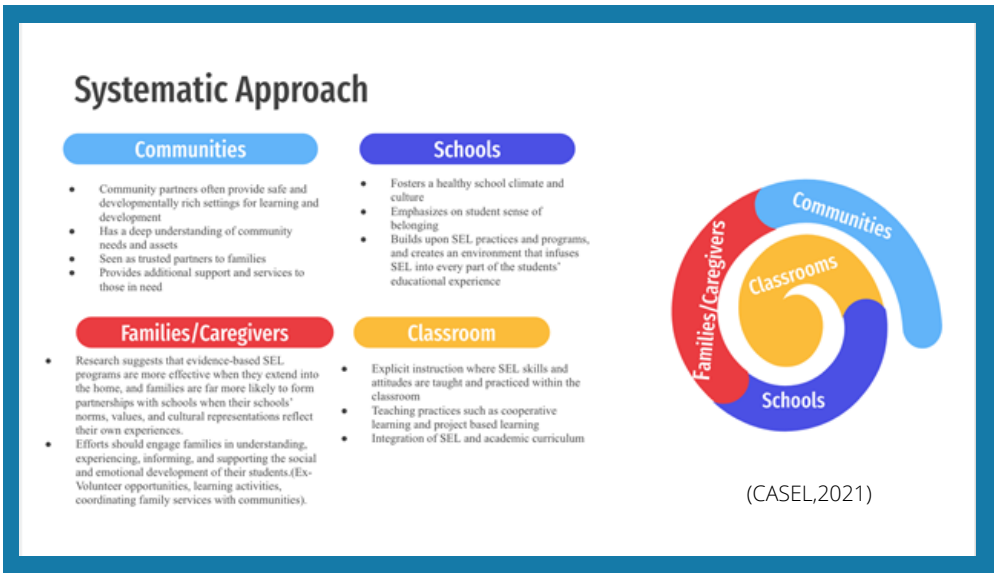
These factors are critical to create a well-rounded SEL program and are especially important to consider for students within the context of the COVID-19 pandemic. School personnel have become increasingly concerned for their students' social-emotional well-beings. Early research suggests that more than 20% of students exhibited symptoms of anxiety and depression after just 1 month in quarantine (NASP, 2020). Many students who were receiving mental health or behavior supports have not been able to access needed services, thus exacerbating problems. Over the past year, many more students have experienced unprecedented levels of disruption and stressors (NASP, 2020). In light of this, a call for schools to take action on providing social emotional learning is needed now more than ever.

There are many different factors that can contribute to social and emotional competence in children. With that being said, social and emotional competence does not always occur automatically and its development is associated with the quality of early learning environments. Children with social and emotional deficits may exhibit difficulty connecting with teachers and classmates, develop internalizing behavior problems (e.g., depression, anxiety, withdrawal), or use physical aggression to convert their needs.

Through repeated positive experiences and exposure to SEL, children can learn techniques to manage emotions, recognize the emotions of others and get along with peers. Research findings suggest that all students should receive a minimum of 30 minutes per week of explicit instruction related to SEL as part of their educational scope and sequence. It is also suggested that SEL curriculum be implemented as early as Preschool and go all the way until 12th grade. Preschool in particular is an important period of social and emotional development, as children are beginning to distinguish between positive and negative feelings and are learning to regulate their emotions (Gunter et al., 2012).

A major contributor to the foundation of a successfully implemented SEL program is The Collaborative for Academic, Social, and Emotional Learning (CASEL), which is an organization that provides high quality, evidenced based social emotional learning knowledge for educators and policy learners to use to enhance the experiences and outcomes for all PreK-12 students (CASEL, 2021). CASEL suggests a model that focuses on an authentic school-family-community partnership that creates learning environments and experiences that feature trusted and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluations (CASEL, 2021). The curriculum addresses five areas of competence which includes, self-awareness, self-management, social awareness, relationship skills and responsible decision making. A more detailed description of each competency can be seen in the visual below labeled "Social Emotional Learning (SEL) Competencies."

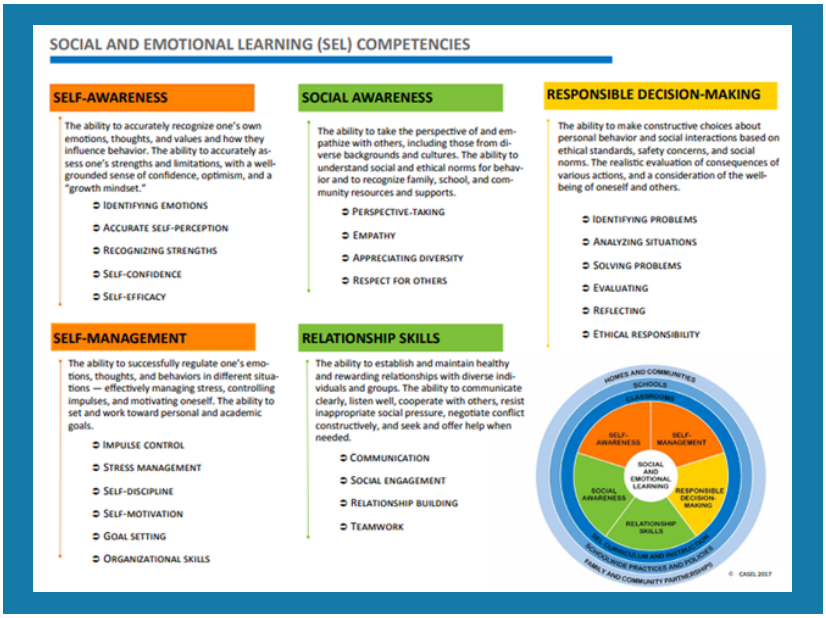
The framework takes on a systematic approach where classrooms, schools, families, and communities each contribute to molding students into social emotional competent individuals. A breakup of how each setting should contribute is provided below.



(CASEL,2021)

Many other programs have integrated the CASEL framework into their own curriculum. In fact, there are a multitude of families of victims of school shootings who have created programs in memory of their children. Some examples are Rachel's Challenge and Choose Love Movement. Rachel's Challenge was created by the family of Rachel Joy Scott, who lost her life to the Columbine shooting in 1999. It is a evidenced based framework for positive climate and culture in schools. It provides an emphasis on connectedness as a foundation to creating safe academic and social emotional achievement. Another example, The Choose Love Movement, was created in memory of Jesse Lewis, a six-year-old boy who lost his life in the Sandy Hook Shooting. The Choose Love Movement is a free PreK- 12 SEL program that focuses on a four part formula: Courage, Gratitude, Forgiveness and Compassion in Action. More information about the programs can be found at https://rachelschallenge.org/about-us and https://chooselovemovement.org/.

The image below provides more information about the best practices and recommendations in the different components of SEL programs (e.g., self-awareness, social awareness, responsible decision-making and more):



Elementary School Suicide:
How Young are Children Affected & How To Talk About it

Catherine Ivey, MS & Carolina Vega Suarez, MS

When Should Start Talking About Suicide with Children

In the United States (US), suicide is currently the second leading cause of death in youth ages 10–14 years (Nation Institute of Mental Health, 2020). Specially, the number of emergency clinic visits and hospitalizations for suicidal ideation and suicide attempts in this age group has doubled over the last decade (Burstein, et al., 2009; Plemmons, 2018). Adolescent suicide and the risk factors associated with this age group have been well investigated, however, the research on elementary school aged suicide remains scarce. This is an issue that has been voiced in the literature for the past twenty years (Fish et al., 2000, Sheftall et al, 2015, Aye et al., 2020, Janiri et al., 2020). The explanations as to why there is limited research on elementary school aged suicides includes elementary school suicide rates and child development. First, it is statistically rare, occurring at a rate of .17 for every 100,000 youth compared to an adult rate of 13.93 per 100,000 (American Foundation for Suicide Prevention, 2019). Secondly, given developmental considerations of very young children, suicide is never coded as a cause of death for children under the age of four. Further, theoretical arguments insist that young children do not have the cognitive maturation to understand the permanence of death. Thus, there are questions about the legitimacy of suicide in preadolescent children.

What remains clear across the literature, is that our understanding of pre adolescent suicide needs to expand (Aye et al., 2020). Elementary school suicide remains within the top 15 leading causes of death in children ages five to nine (CDC, 2020). Further, different from adolescents, elementary school–aged children are rapidly and continuing to develop, thus, the risk and volunerabiltiy factors found for suicide and suicide attempts in adolescents may not fully generalize to this age group (Shaftell et al., 2016). Moreover, through continued research, our understanding of elementary school suicide may develop also. Doctor Janari and her colleagues (2020) recommended that "prompt identification of childhood suicidal ideas and behaviors and interventions to minimize childhood suicidal risk are crucial steps in shifting developmental trajectories to better functional outcomes." This may indicate a need for increased research in this population so parents, adults, and schools can best implement effective preventive practices for elementary schoolers.

Thus far, research findings have highlighted patterns in rates over time as well as specific risk and protective factors associated with this population. While elementary school suicide is within the top 15 leading cause of death in children ages 5-9, there are some patterns that have been observed within this rate over time. Notably in 2016, Sheftell and colleagues found that the suicide rate for Black children has significantly increased over the past 30 years, and conversely, has decreased in White children. Further, in a recent study conducted by Janari and colleagues (2020) found that eight in every 100 children ages 9 through 10 experienced suicidality. Further, children with family conflict were up to 75% more likely to experience suicidal ideation and psychopathology was associated with five times more likely to experience suicidality. Child-reported suicidality was also associated with greater screen time, which is consistent with previous literature (Oswald et al., 2020). This is especially important because 98% of children aged eight years or younger have access to internet-connected devices and have over two hours of screen time per day. (O'Connor, 2020 & Przybylski et al., 2019). Of note, Janari et al., (2020) explained, suicidal ideation and behaviors in childhood predict adult psychiatric morbidity. Regarding protective factors, Janari and colleagues (2020) found that greater parental supervision and positive school engagement appeared to mitigate the likelihood of child-reported suicidality. (Janari et al., 2020).

Overall, increased awareness regarding these vulnerabilities may prevent suicides, but may also prevent the negative consequences for long-term outcomes for children. This emphasizes the importance of increased suicide prevention and awareness at an earlier age, but also raises further questions as to how and when children should be educated about suicide.

Recommendations for Parents, Clinical Practitioners, & School Personnel

Talking about suicide with children presents a difficult situation for parents, teachers, health providers, spiritual leaders, and all around them. It is a topic that is often ignored or avoided due to feelings of discomfort or fear of making things worse. However, discussing and exploring the child's emotions, thoughts, and reactions, as well as providing reliable and accurate information and facts related to suicide, can serve as a powerful tool (American Academy of Pediatrics, 2013). It assists children to be informed of what is reality versus fictional, what are some myths and facts, and how and where to find help or resources either for them or others. It could also serve as a prevention strategy given that it opens a safe space to query further about the child's needs, concerns, and experiences (Singer et al., 2018). Different agencies, such as the U.S. Department of Veterans Affairs, have put forth the effort in understanding further suicide in children and adolescents and develop evidence-based strategies and recommendations to aid in the process of talking about suicide with this population. These recommendations will be summarized below.

According to the U.S. Department of Veterans Affairs (2020), when approaching a discussion about suicide with a young child, the first step is to consider the child's developmental level and their ability to understand such a complex topic. Such considerations can inform a parent when it is appropriate to explore this topic and how to best approach it. It is highly recommended to seek support from a mental health professional when discussing this topic, especially if there are concerns about the child's emotional well-being. It should be noted that children may have difficulty expressing their emotions and thoughts associated with suicide, resulting in increased behavioral reactions, such as tantrums or sleeping disturbances. Additionally, given their potentially limited understanding of suicide, children may experience feelings of guilt, blame, and hopelessness. Therefore, several strategies could be considered when experiencing this difficult situation and contemplating having a conversation with the child.

General Strategies for Discussing Suicide	
Pre-K:	• Choose a private and comfortable setting • Become aware of how much your child is capable of handling • Use simple words • Be honest and direct with your child • Avoid unnecessary details
Elementary-Aged:	• Query for any emotions, concerns, and thoughts that may arise • Find creative ways (e.g., playing together, reading books, or through art and music) to help the child explore their reactions, especially when having difficulty expressing their feelings and fears
Secondary-Aged:	• Become aware of what they have heard from others • Invite them to ask questions • Involved other family members and friends • Continue with their routines • Seek professional help (e.g., family therapy) • Give physical and verbal comfort and affection

Unfortunately, the research and school-based prevention programs are limited, placing significant pressure on teachers and school staff, especially during the aftermath of a suicide (Singer et al., 2018). However, there are a few suicide prevention programs designed for children that incorporate age-appropriate skills and support (Wyman, 2014). For example, teachers within the Pre-K and Elementary years could use the Good Behavior Game, which consists of socializing two groups (i.e., first and second graders) to diminish aggressive or inappropriate behaviors (Wilcox et al., 2008). Studies have shown that students who participate in this intervention are less likely to report suicidal ideation and attempts (Wilcox et al., 2008), probably due to the social support received from other students. Riding the Waves is another program appropriate for 5th-grade students, where elementary school counselors address issues related to emotional development, depression, and anxiety. Also, Look, Listen, Link is a prevention program designed for children in 6th, 7th, and 8th grade, where students learn about stress, anxiety, depression, and suicide prevention

In recent years, technology is being used as crisis helplines to offer support and help to those experiencing suicidal ideation (Sindahl et al., 2019). As a prevention strategy, these helplines provide services, such as counseling, to children with suicidal ideation. Studies have found that children contacting these helplines not only seek help associated with suicide concerns but also for other problems, including mental health, relationships, difficulties with parents, and loneliness, among others (Sindahl et al., 2019). There are some limitations regarding the use of helplines. For example, Sindahl et al. (2019) found that some children contact these hotlines multiple times, suggesting an unhealthy reliance on these services and interfering with seeking other professional resources. Moreover, only a few children report immediate improvement in well-being, suggesting insufficient help to address such a complex situation and the need for further interventions. Nonetheless, there are some positive impacts, including connecting with the child through empathy and assisting in developing a plan on how to proceed, specifically in telling a trusted adult about their current emotions and thoughts. Consequently, helplines might be a first step to aid a child in distress and suicidal ideation, but additional services are necessary to prevent suicidal behaviors.

For more information on Elementary School Suicide Prevention Programs, visit these discussed resources:
- Riding the Waves: https://www.crisisconnections.org/riding-the-waves/
Look, Listen Link: https://www.sprc.org/resources-programs/look-listen-link-health-curriculum-middle-school

Remote Learning in the time of COVID-19: Creating increased risk for students?

By Sitara Rambarran, BS & Christina Castellana, BS

The current COVID-19 pandemic has revolutionized traditional forms of learning worldwide. In fact, globally, over 1.2 billion children are out of the classroom and are not physically attending school (Li & Lalani, 2020). As a result, schools locally and internationally have transitioned to teaching remotely via various online e-learning platforms. The unanticipated shift has become necessary to reduce the risk and rates of the virus transmission among students, teachers, school staff members, and their external contacts. Indeed, the "new normal" is not normal. Countries around the world are trying to adjust to the disruptions in the education landscape caused by the COVID-19 pandemic (Cobo et al., 2021). Thus, this article seeks to highlight the impact of virtual school on children in the context of suicidality. Relevant news stories regarding youth suicides that have taken place on an online learning platform in the context of the COVID-19 pandemic will be reviewed. Lastly, recommendations for best practices for virtual school and intervention online will be discussed.

Virtual school refers to an educational program that takes place in a virtual environment and is a very flexible term that's certain to continue evolving. Its meaning may overlap with many other similar terms, including online school, online education, online learning, remote education, remote learning, and distance learning (Dictionary.com, n.d). Students are able to participate in classes via popular digital platforms including Google Classroom, Microsoft Teams, Zoom and Blackboard. Here, they may spend countless hours attending virtual classes sitting behind their laptop or desktop computer, in addition to time spent completing homework assignments and studying for exams. Now, even the most physically active students may be confined to a sedentary lifestyle. Though there are several benefits to online learning, the pandemic that has plagued the education system for more than a year has led to numerous challenges for all who participate in remote learning, particularly the students. The primary difficulties experienced by students are social isolation, stress, anxiety, depressive symptoms and virtual learning fatigue coupled with a lack of motivation and burnout. Overall, these factors can cause an increased risk for suicide (APA, 2020).

Online school can cause students and faculty to experience social isolation due to the lack of in-person social interaction (Northenor, 2020). While school is an educational setting, it is many students' source of social engagement . School allows for youth to easily engage with their peers, socialize, and express themselves. While this can still occur via an online platform, the opportunities to do so are limited and can be laborious with slow internet connections. Further, they differ in the sense of connectedness that in person interactions offer. For example, teenagers may worry about changes in their friendships as a result of prolonged isolation (Northenor, 2020). Students may even feel lonely, unmotivated, or discouraged without regular social interaction (High Focus Centers, 2020).

Additionally, online learning can impact students' development of fundamental communication skills (Northenor, 2020). Hence, social isolation can cause higher rates of negative outcomes for the mental and physical health of individuals (Northenor, 2020).Depression and anxiety tend to be fed by uncertainty, isolation, stressors and loss (Monzingo, 2020). All of these factors have been more prevalent during the pandemic (Monzingo, 2020). Given that depression is the number one cause of suicide, this increase in depression and anxiety has led to concerns (Monzingo, 2020).

Moreover, the impact of the pandemic and remote learning can trigger mood disorders such as depression. The rates of depressive symptoms have increased during the pandemic due to students missing their normal social activities like moving between classes with friends or small talk with a teacher before class starts (Northenor, 2020). Many students may experience stressful emotions, including feelings of sadness or hopelessness. These students may feel overwhelmed and may not be able to cope in an effective manner or have a realistic outlook for the future.

Furthermore, many factors concerning online school can cause increases in stress and anxiety among the students (High Focus Centers, 2020). These factors include the lack of face to face communication experienced in online school, heightened anxiety about keeping up to date with schoolwork, and difficulty concentrating or staying focused while at home. Additionally, the act of being on live video in front of peers can lead to its own anxieties (High Focus Centers, 2020). Another important contributing factor is that when learning virtually, students may take fewer breaks than they did when in person (i.e., moving from class to class or lunch in the cafeteria). The opportunity for frequent breaks is important, as they aid in facilitating mental breaks and brief periods of relaxation. Remote learning may not allow for this downtime as there can be less or shorter breaks in between classes as well as an increased number of assignments with shorter deadlines, which can lead to increased stress.

Spending a significant amount of time online can result in virtual learning fatigue. An entire day of video interactions is mentally draining since our brains are unable to process information in its usual way (High Focus Centers, 2020). Through in-person interactions, our brains process many non-verbal cues. However, it is difficult to detect these cues through an online platform and thus our brains must work harder to interpret the information that they're receiving. This can cause extra mental fatigue (High Focus Centers, 2020).

Moreover, the impact of the pandemic and remote learning can trigger mood disorders such as depression. The rates of depressive symptoms have increased during the pandemic due to students missing their normal social activities like moving between classes with friends or small talk with a teacher before class starts. Feelings of sadness or hopelessness may accompany stressful emotions in students. They may view the pandemic as never ending with no positive effect. Asynchronous classes can mean lack of daily structures or schedules. Hence, there may be little to no incentive for students to have regular bedtimes or wake up at a reasonable time which can easily result in fatigue.

Further, college students who are not in the same time zone as their school may also be forced to wake up later or earlier to attend classes, which can disrupt their circadian rhythm and make it difficult to fall asleep, wake up on time or feel well-rested (Wirth, 2020). This disruption and poor sleep can have adverse effects on students and can impact their mood or concentration.

Additionally, the demands of distance learning have left students feeling unmotivated and burnt out. Many reasons can contribute to students' lack of motivation, including limited structure and no set schedule for their daily activities along with the presence of a physical space dedicated to work. These factors can result in difficulties keeping track of assignments or tests, resulting in a potential drop in academic performance.

In the context of COVID-19 and the related virtual learning, it has been exceedingly difficult for students to maintain the usual mindset when it comes to schoolwork. When students are forced to complete school in their homes and have limited opportunities of fun to look forward to, it becomes increasingly grueling for them to put full attention and effort into academic tasks. (Michailoff, 2020). Furthermore, a lack of internal and external motivation can also cause increased feelings of burnout and affect the mental health of students. This can be especially challenging in virtual learning, as many students report that they receive more assignments than what would be given in person. It appears that many aspects of online school lead students to feel burnt out. From the lengthy video calls, to social isolation, the confusion of new learning methods, with assignments and quizzes piling up, students begin to struggle. Hence, students become overworked, overloaded and overwhelmed, and ultimately experience burn out.

The combination of the COVID-19 pandemic and the resulting need for online schooling has placed students at greater risks of social isolation, stress and anxiety, depressive symptoms, fatigue, and lack of motivation. The majority of students have experienced some amount of stress during this time and these stressors make teens more vulnerable to mental health issues (WHO, 2020).

Among the many adverse issues discussed, one of the most concerning relates to the increased rates of suicide observed in the youth population. Before the pandemic, suicide was a cause of concern among teenagers in the US. Stark statistics reveal that the national suicide rate for individuals ages 10 to 24 has increased 57.4% between 2007 and 2018 (Chuck, 2021). It is likely that this number has continued to rise, especially in the context of the pandemic. In fact, in recent months, many suicidal children have been showing up in hospital emergency departments, and more kids are reportedly in need of inpatient care after serious suicide attempts (Chatterjee, 2021).

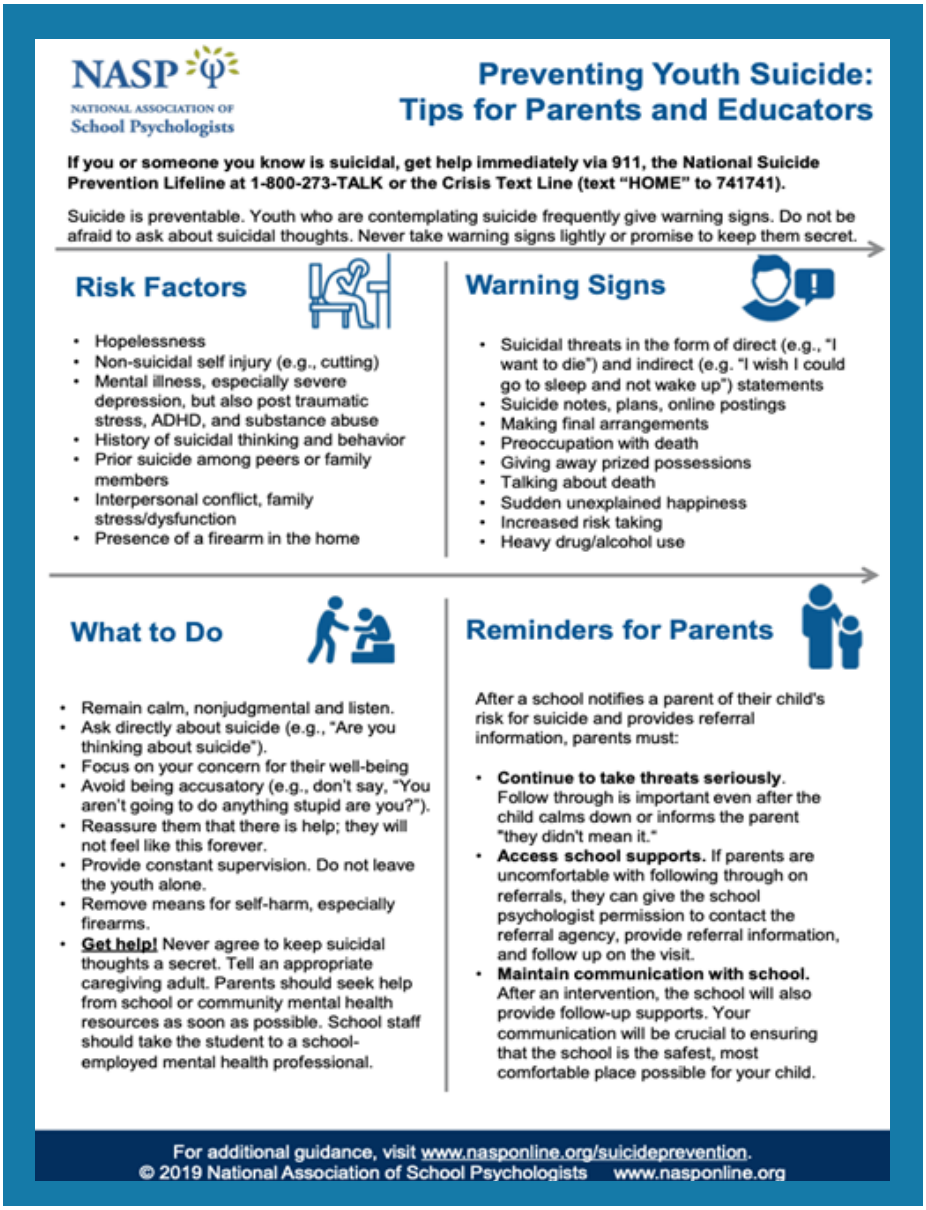
Across the country, signs of mental health crises are emerging among youths. While there is no data at this point that conclusively links teen suicides to remote schooling or any other byproduct of the pandemic, the risk has surely been exacerbated (Chuck, 2021). Unfortunately, there are a number of tragic examples in the last year to look to.

Adan Llanos, a California sixth grader attending Woodbridge Elementary School, died by suicide with a firearm during a virtual Zoom class on December 2, 2020. Adan had his microphone and camera turned off when he shot himself. His sister, who was attending her own virtual class in another room, heard the shot, found him, and alerted her neighbor and teacher, who called authorities. That afternoon, it was announced that Adan had passed away. It should be noted that Adan's family has publicly stated that this was a "freak accident" and that Adan did not intend to die by suicide (Steinbuch, 2020).

18-year-old Dylan Buckner was a high school star quarterback with a 4.7 grade point average. When the coronavirus pandemic hit, his structured life of school and football workouts turned upside down. After noticing Dylan had many symptoms of depression, his parents urged him to see a psychiatrist and Dylan began attending therapy sessions and taking an antidepressant. In September of 2020, Dylan attempted suicide. He went to inpatient treatment for a week and then continued on with therapy afterwards. On January 7th, 2020, Dylan attempted suicide again and died by suicide. Just before Dylan died by suicide, he was seen by friends and classmates on Zoom (Chuck, 2021).

Spencer Smith, a 16-year-old boy from Brunswick, Maine, died by suicide on December 4, 2020. Spencer was excited to play football at school in the fall, but when the season was canceled, it was reported that he lost interest, stopped exercising, and began taking more naps. It was reported that Spencer felt isolated and a prisoner in his house, forced to do online schooling. As a result, he began to grow apart from his friends. Spencer's father, Jay Smith, expressed that the family "did not see how deeply depressed" Spencer was, believing that he was "putting up a good front" for the family. Mr. Smith reported that Spencer left a note behind about his struggles to cope over quarantine during the COVID-19 pandemic (Sorace, 2020).

The pandemic has proven to be deadly for many. Had COVID-19 not occurred, many people who have died by suicide during this time may still be here today. It is a diseases that has killed thousands and created ripple effects of mental health struggles and in some cases, suicide. Young people are not immune to these negative impacts. However, the ongoing rise in youth suicides can be prevented. Parents should look for warning signs in their children and seek the appropriate resources to provide psychological help and support as shown in Figure 1.



In conclusion, although online learning is beneficial to keep communities safe during COVID-19, there are a number of significant negative impacts of online school and related difficulties that should be considered. Virtual school's negative effects on the mental health of students and their increased risk for suicide must be addressed. Hence, it is necessary to consider the best practices for e-learning and be knowledgeable about recognizing the risks and warning signs of suicide and other mental disorders in children, as well as conducting various interventions online or seeking resources to provide professional help.

COVID-19, Adolescents, and Self-Injurious Behaviors: How can this at-risk population be helped?

Jamie Diamond, B.A. and Zoe Rice, B.S.

COVID-19 PANDEMIC & THE INFLUENCE ON ADOLESCENTS

The COVID-19 pandemic has had an unprecedented effect for individuals worldwide. Whether people have been dwelling over financial concerns, working from home, or losing loved ones, it is likely that this virus has played an influential role in the decline of mental health across every age group. Among these areas, COVID-19 has had a significant impact on the mental health of our society, with anxiety and depression becoming more prevalent than ever before (Hasking et al., 2020). COVID-19 and the related need to socially distance has seemingly pushed everyone into unwanted isolation, thus leading to a detrimental reduction in various support systems that may have been taken for granted prior to the pandemic. As previously noted, people of all ages have been affected by these major changes; however, adolescents, in particular, have been struggling to adjust to a new normal at a young, influential age (Hasking et al., 2020). Many adolescents have been forced to spend the majority of their time indoors on various forms of technology (e.g., phones, laptops, video games, TV, etc.) due to their academics shifting to an online platform, which has consequently led them to spend less time socializing with others both online and face-to-face.

Social connectedness, peer interactions, and overall social relationships promote health and wellbeing (Lamblin et al., 2017). These areas have been inherently challenged in the past year, especially within the adolescent population. Various brain regions targeted at maintaining one's social behaviors are known to be continuously developing throughout adolescent years, thus contributing to an individual's sense of sophistication and self-identity. In addition, adolescence is a critical point in time when one may experience an increased risk for developing mental health concerns that may be fostered by the current lack of in-person social supports. Due to the crucial component one's social ability plays in the quality and quantity of various social ties developed during these impressionable years, it is necessary to examine how the COVID-19 pandemic has disrupted this formative stage. Face-to-face connectedness with others may augment risk or promote resilience for mental health concerns, which has now been extremely altered due to the pandemic (Lamblin et al., 2017).

Specifically, due to heightened isolation and lack of in person social support, the youth population has generated greater concern given that research has shown an increase in self-harming behaviors (e.g., non-suicidal self-injury [NSSI]) and suicidal ideation during this seemingly never-ending time (Hasking et al., 2020). Due to the presence of COVID-19 in our world today, it is crucial to identify and find ways to help youth, specifically adolescents, who may be turning to alternative methods to cope (e.g., self-harm), given their lack of control, isolation, and overall uncertainty about the future that lies ahead.

WHAT IS NSSI?

NSSI affects approximately 17% of adolescents worldwide. NSSI can manifest as cutting, burning, disordered eating, pulling out bodily hairs, punching the walls, and ingesting toxic substances or sharp objects. NSSI is considered to be a highly variable behavior as some adolescents engage in self-injury several times within a discrete, short-term period of time, while other individuals tend to engage in these behaviors more chronically (Hasking et al., 2020). Similar to substance abuse, adolescent self-harm has no single one cause, and it cuts across all cultural and socioeconomic levels (Advanced Solutions International, 2021). With this in mind, it is critical to acknowledge that NSSI can manifest in anyone – no matter their culture, socioeconomic status (SES), or home-life situation. However, adolescents may be at an increased risk for these behaviors during the COVID-19 pandemic. When contemplating why an adolescent may be engaging in self-injurious behaviors, it is crucial to take into account that they may be craving a way to change or control their emotional states, as NSSI behavior is typically viewed as a temporary relief from overwhelming feelings, emotional pain, or distress (Advanced Solutions International, 2021).

NSSI tends to be prevalent in both males and females, occurring more frequently among the latter. These self-harming adolescents are not all suicidal; most are just seeking relief from their emotional distress (Advanced Solutions International, 2021). There is a growing body of evidence highlighting the elevated rates for those within the LGBTQ+ community. LGBTQ+ youth have been found to be two to five times more likely to engage in NSSI compared to same-age peers internationally These youths may find themselves more isolated at home with unsupportive or rejecting family members, which may increase overall distress and result in home environments that range from uncomfortable to actively hostile. Encouraging LGBTQ+ youth to keep connections with sexual minority friends and organizations can help mitigate the effects of emotional suffering, and help prevent self-harming behavior (Hasking et al., 2020). Also, given that these individuals are already at an increased rate of isolation in their homes, one can only begin to imagine how the COVID-19 pandemic has affected this population thus fostering their isolating tendencies which can have serious repercussions.

COVID-19 & THE IMPACT ON NSSI

COVID-19 has affected 83% of youth's mental health in a negative manner due to the isolation, lack of social safety net, decrease in peer interaction, and limited mental health resources that youth normally have access to through their schools (Hasking et al., 2020). Since adolescents are within their homes more than ever in the context of the pandemic, there are opportunities for NSSI behaviors to be intentionally noticed by a parental figure, especially because an adolescent may use several different methods to self-injure (e.g., skin cutting, carving, burning, severe scratching, need sticking, or interference with wound healing [Gratz, 2003]).

Due to the stigma attached with NSSI, the hesitancy to disclose NSSI adds challenges to getting those engaging in this behavior the help and support they need (Hasking et al., 2020). Furthermore, warning signs that a child or adolescent may be self-harming might be missed if parents do not have the correct information necessary to identify these behaviors in their children. It is pertinent to provide extensive education to parents, so they are fully aware as to what the warning signs are for NSSI behaviors (Hoekstra, 2020). (See Textbox #1).

It is likely that many factors associated with the COVID-19 pandemic and related quarantine have contributed to the increased risk for adolescents and their engagement in NSSI behaviors. These individuals may be ruminating and worrying not only about themselves getting the virus but also their family members (Hasking et al., 2020). Identifying at-risk individuals and intentionally checking in with them frequently regarding how they are feeling given the sudden changes and lack of control they are experiencing during this time can play a serious role in the prevention of NSSI behaviors (See Textbox #2).

(1) NSSI WARNING SIGNS
TO LOOK FOR IN ADOLESCENTS
WHO ARE SELF-HARMING

- Cut or burn marks on their arms, legs, or abdomen
- Wearing oversized, loose, or long-sleeved clothing exclusively
- The excessive wearing of bracelets or other items around wrists
- Finding sharp objects hidden in their belongings or in their possession
- Self-isolation
- Negative encounter with peers & family conflicts for long periods of time

(2) RISK FACTORS
FOR NSSI BEHAVIORS

- Psychological distress
- Feeling emotionally disconnected from others
- Invalidation from parents
- Feeling emotionally dead inside
- Coping strategy for life stressors
- Hopelessness
- Feelings of disappointment or anger

Given how prevalent COVID-19 has been on social media and the news in general, adolescents have been able to access material that may contribute to their anxiety or depression as well as lack of control (e.g., number of people per state infected, increasing death rates, economic stressors, projected sense of helplessness, etc.). The use of technology to learn more about the world may have increased distress in adolescents. Moreover, it is likely that the increased sensitivity to, and knowledge about these issues along with little power to change these circumstances, has contributed to despair for this group as well (Kerr et al., 2021). Importantly, some adolescents may be grieving the loss of a loved one during this time which can certainly contribute to and increase the likelihood of engagement in NSSI behaviors in order to cope with the loss, along with the overarching lack of control they possess about the "new normal" they are now living in (Hasking et al., 2020).

HIGHER RISK OF NSSI & COVID-19

As mentioned, adolescents are experiencing more exposure to the internet (Hasking et al., 2020), which can contribute to their increased risk for NSSI in many ways. For example, while one may argue that school closures have led to less academic and social pressure as well as less peer conflict and bullying, it is not necessarily the case given the exponential rise of the use of technology in virtual school (Hoekstra, 2020). Technology has been seen to promote adolescents' social interactions with others due to the pandemic, while also serving to have a negative influence due to the possible bullying that could be taking place which could aid in their self-harming behaviors to cope (Hasking et al., 2020). In fact, researchers have found a strong positive association between bullying victimization, negative emotions, and digital self-harm thus suggesting a need for a closer look into how time online impacts adolescents, especially during COVID-19 (Meldrum et al., 2020).

Research has begun to acknowledge and categorize a new form of self-harming behaviors – digital self-harm. Digital self-harm refers to the anonymous or pseudonymous posting of negative or hurtful content toward oneself on the internet or other social media platforms. Specifically, this type of behavior focuses on emotional harm rather than physical harm which can be indicative of the adolescent's mental health given the subsequent negative emotions and low self-esteem that may follow (Meldrum et al., 2020). This type of NSSI has likely increased during the course of the pandemic due to elements of social isolation which have perhaps fostered self-injurious behaviors through feelings of loneliness, irritability, and depressed mood without ever leaving a visible scar (Fraga, 2021). Furthermore, it is possible that the prevalence of digital self-harm may be on the rise, especially when K-12 students and their isolation from friends is taken into consideration and how this might manifest in various mental health issues and behaviors such as digital self-harm (Meldrum et al., 2020). These individuals may be more vulnerable to this potentially harmful behavior due to their heightened use of technology paired with ongoing uncertainties associated with the pandemic (Meldrum et al., 2020).

One recent study discovered that, out of 10,000 middle and high school students in Florida, 10% of them had bullied themselves over the past year while 6% had done so in the past month (Meldrum et al., 2020). Although the phenomenon of digital self-harm is newly emerging, the effects it can have are detrimental. In fact, this form of NSSI may have been present without anyone truly knowing. A video on Tik Tok highlights a 20-year-old man disclosing that he engaged in "bullying himself" on social media in 8th grade to gain attention from others. The number of responses he received on this video were staggering as many individuals indicated they too had engaged in bullying themselves on social media platforms often noting they thought for years they were the only ones doing so. However, the reasoning behind this form of NSSI is what is crucial to grasp as this behavior is typically mirroring the same reasoning behind the engagement in more traditional self-injurious behaviors such as cutting or burning (Meldrum et al., 2020).

Due to the amplified use and advanced strides that have been made over the past decade, it is clear the pandemic has exacerbated the use of various forms of technology thus fostering the possibility of engaging in digital self-harm (Fraga, 2021). Digital self-harm is on the rise, and is still a new phenomenon in research, which raises the question on what the long-term mental health effects will be on these adolescents that engage in this NSSI and if there are any correlations with suicidal ideation as well. However, one main protective factor identified in recent research has shown that adolescents were less likely to report engaging in digital self-harm if they felt they had warm, communicative relationships with their parents. This suggests that adolescents who spend time with their parents and maintain open lines of communication to discuss emotions and experiences could help prevent digital self-harm as well other forms of NSSI (Meldrum et al., 2020)

(3) WHAT CAN PARENTS DO

TO REDUCE THE LIKELIHOOD OF NSSI IN THEIR CHILDREN

DURING COVID-19

- Demonstrate altruism as a healthy coping mechanism
- Model resilient behaviors
- Encourage child to have social contact with others to foster their support systems
- Monitor children's shifts in mood or behavior
- Acknowledge their children may be experiencing a greater sensitivity to anxiety & depression
- Implementation of family-based activities to enhance the family cohesiveness

MAIN TAKEAWAYS

COVID-19 has fostered an increase in NSSI behaviors within the adolescent population given the extreme shifts in their lives including their support systems being stripped away without notice, increased social isolation, and potential heightened anxiety or depression related to the context of their "new normal." This population is one that should be watched closely, especially during the pandemic, given their at-risk status and the associated stressors.

(4) WHAT CAN SCHOOL PROFESSIONALS DO

TO REDUCE THE LIKELIHOOD OF NSSI IN THEIR STUDENTS

DURING COVID-19

- Become educated & aware of risk factors for NSSI and suicide
- When necessary, provide coping resources/tools to assist students through emotional experiences
- Create a supportive environment within their online educational platform
- Distribute & review resources of NSSI with all school personnel
- If appropriate, effectively facilitate conversations with students' parents if engaging in NSSI behaviors
- Ensure this information is available to parents and students on the school's website, social media platforms, and in-print newsletters

Those who are in close proximity to these adolescents, such as parents or school professionals, are able to play a critical role in stopping the engagement in NSSI through the implementation of educational tips examining warning signs, risk factors, and specifics in identifying and reducing self-injurious behaviors.

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