Chapter 8
Professional Development Simulations for K12 Educators to Address Social, Emotional, and Behavioral Concerns in the School Setting

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8.1 Using Virtual Classrooms to Help Real Students

Imagine yourself stepping into your classroom on a Monday morning. Your students are on their way in; you greet them and, in a few minutes, begin teaching the topic of the day. However, during your lesson, you notice one of your students, Avery, seems withdrawn and isolated. You find this especially apparent because the lesson today includes a hands-on activity where the students create their own short story and illustrations to go along with it. Avery usually loves to draw and frequently asks you about art. This is Avery’s first day back in class after a few absences. You notice that Avery avoids speaking to classmates, and when you approach Avery to see how the assignment is going, you see a blank page. Avery looks exhausted and seems to be having a difficult time concentrating. You decide to set up a time to connect with the parents, speak about what you’ve noticed, and discuss whether there is anything you can do to help.

According to the 2016 Children’s Mental Health Report conducted by the Child Mind Institute, mental health disorders are the most common health issues faced by US school-aged children. One in five school-aged children have a learning disorder, such as ADHD or dyslexia, and 80% of chronic mental health disorders begin in childhood. Merikangas et al. (2010) reports that 22% of American youth will have a diagnosable mental illness with serious impairment before they reach the age of 18. The most commonly diagnosed mental disorders in children and youth ages 2–17 are anxiety (7.1%), depression (3.2%), ADHD (9.4%), and behavior problems (7.4%) (Danielson et al., 2018; Ghandour et al., 2018). For educators of students in prekindergarten and elementary school, it is especially important to be aware of warning signs of mental, behavioral, or developmental disorders (MBDD) and to be able to
effectively communicate with children who have these types of disorders. One in six children from 2 to 8 years old have a MBDD (Cree et al., 2018). Rates of mental health disorders also alter with age, with depression and anxiety being at the highest rate in adolescents ages 12–17 (Ghandour et al., 2018). The studies cited above were based on diagnosed disorders, whereas we can only imagine the number of non-diagnosed disorders that children and adolescents suffer from and don’t receive necessary mental health treatment for. The number of school-aged youth considering suicide in the last 10 years has, on average, increased 25%, with differences by gender and racial identity (Pane, 2018). This increase persists not because youth are less resilient or less capable, but because of factors such as ineffective program implementation or lack of emphasis on the impact that poor mental and behavioral health can have on student success inside and outside of school. One of the advantages of the simulations discussed in this chapter is the ease of program implementation and the ability of simulation technology to reach geographically dispersed communities.

Educators spend a large portion of time with students during their crucial developmental years. They are usually the first to notice warning signs of mental health disorders or whether students need additional support. Due to the prevalence of mental health concerns in children and adolescents, it is vital that educators have training to aid in the early identification of the signs of mental health disorders and feel confident in their ability to talk with students, as well as with parents, about their concerns regarding students’ mental health.

### 8.2 Effects of Mental Disorders on Student Achievement

Mental health disorders in children and adolescents can impact how well students perform in school. This includes difficulty socializing, lack of participation in extracurricular activities, and falling behind academically. Some disorders are so debilitating that they cause students to drop out of school, which can further impact their sense of self-worth. Failing grades, increases in absenteeism, visible mood swings, and isolation can be warning signs of mental health disorders. Both depression and anxiety make it difficult for youth to sustain friendships, which are part of a crucial support network, along with family. Maintaining grades and participating in school activities is overwhelming for some students, and when these students begin to develop mental health disorders, there may be a precipitous negative impact on their attitude and behavior without the appropriate emotional and academic support.

### 8.3 Impact of Student Mental Health on Educator Fatigue, Burnout, and Turnover

Teachers, paraprofessionals, school nurses, and staff all play a crucial role in the lives of our children. Without the proper assistance and resources, both within a school and within the local community, there is an overwhelming amount of
pressure that school personnel face, especially due to ambiguity surrounding who is responsible for taking action to address the mental health of a student. Teachers’ schedules are increasingly constrained, revolving around meeting state standards, lesson planning, classroom management, grading, professional development requirements, meeting with students and parents, and after-school activities. With the culmination of teaching students that either suffer from mental health or behavioral disorders, along with demanding work schedules and lack of a work-life balance, teaching becomes less of a job with concrete hours and more of a lifestyle with sacrifices that sometimes go unacknowledged. Oftentimes we see teachers sacrifice their own mental health to continue the balancing act that is teaching.

People in teaching professions interact with students within or across various school communities; thus, it is common for school personnel to come in contact with many situations that can involve students that are in traumatic or psychologically distressing circumstances. Teachers can experience something called vicarious trauma, also known as compassion fatigue, which occurs when people have repeated exposure to individuals in distress or those that have experienced trauma. Compassion fatigue is a substantial concern for teachers because of their consistent interaction with students and adds to the overall feeling of burnout among educators. Compassion fatigue and burnout share many symptoms such as feelings of physical and emotional exhaustion, irritability, weight loss, headaches, difficulty sleeping, and poor job satisfaction that is reflected in feelings of cynicism and resentment toward a job. According to a 2018 report by the National Association of Elementary School Principals, an increase in the number of students experiencing trauma correlated directly with an increase in the amount of teachers and administrators at risk for developing compassion fatigue (Elliot et al., 2018). Due to heavy workloads and hectic schedules, it is not uncommon that teachers are subject to developing mental health concerns that contribute to teacher attrition.

Of 22,730 teachers who left the profession in 2013, the categories in which they rated their current occupation as better compared to when they were teaching were (1) recognition and support from managers, (2) social relationships with colleagues, (3) safety of their work environment, (4) influence over workplace policies or practices, (5) control over their own work, (6) manageability of workload, (7) ability to balance personal life and work, and (8) having a sense of personal accomplishment (U.S. Department of Education, National Center for Education Statistics, 2014). A recent survey conducted by the American Federation of Teachers that surveyed 5,000 educators found that 61% of educators indicate that they find work “always” or “often” stressful (American Federation of Teachers, 2017). Teachers also indicated that they feel either bullied, harassed, or threatened on the job, with 35% identifying a principal, administrator, or supervisor as a bully and 50% indicating that the bully was a student. Teachers have less influence in school-wide or district-wide decisions that directly impact their day-to-day activities in their classrooms. Most teachers have little to no influence over budget decisions, and almost half of teachers state that they have little to no opportunity to share their input when school districts determine professional development content.
Managing stress and participating in self-care is essential for teachers to minimize feeling burnt out and helps to improve mental health. If teachers can better identify, talk to, and, if necessary, refer students in psychological distress to support services, then teachers themselves will be better equipped to manage their own stress associated with classroom management. One of the goals of the pre-K12 simulation suite is for teachers to practice evidence-based communication strategies, such as emotional self-regulation and mentalizing, which will help them to ameliorate the effects of having distressed or traumatized students in their classrooms. Strategies for self-care include making sure to get enough sleep, meditating regularly, trying to exercise, and expressing your emotions about stress or anxiety with someone you feel comfortable with. It is especially important to incorporate these seemingly small self-empowerment strategies into our daily schedules now because of the Coronavirus pandemic, a global health crisis that has caused educational disruptions for 1.6 billion learners in over 190 countries (United Nations, 2020). Engaging in positive mental and physical health activities is crucial for teachers to create a balance between teaching and personal life, which can grow blurrier due to the demanding shift to online learning. For those fortunate enough to be able to teach and learn remotely, this comes with its own hardships, one of which can be feeling detached from students and work, and could lead to higher levels of educator burnout, however more research is needed to understand the lasting impact of the pandemic.

8.4 Teacher Mental Health and Its Impact on Student Achievement

The importance of teacher mental health cannot be underscored. As evidenced by a 2016 report on teacher stress and health by the Robert Wood Johnson Foundation and Penn State University, teacher stress is associated with high turnover, which can result in lower achievement for students and higher costs for school districts. In a survey of over 78,000 students in 160 schools, high teacher engagement was correlated with higher levels of student engagement and better achievement (International Board of Credentialing and Continuing Education Standards, 2019). Students have lower test scores and difficulty adjusting socially when their teachers are overwhelmed and feel disengaged from their job because they have no alternative way to cope with their stress.

Adverse effects of poor mental health for teachers and students impact entire school communities. As students continue to face mental health issues, teachers continue to have increased difficulty managing behavioral problems in their classrooms, which are exacerbated when not all schools have the funding to provide their teachers with the resources they need to support their students, themselves, and their colleagues. By advocating for role-play simulations as professional development tools, such as those described in previous chapters, entire school communities will
benefit from the early identification of students in distress and their referral to treatment, and we can help to decrease teacher turnover, lessen student and teacher absenteeism, and improve school environments for teachers and students alike.

### 8.5 Mental Health Culture in Schools

School climate is a combination of the educational environment, feelings of school safety, and connectedness between parents, teachers, and peers. Research shows that overall school climate is positively associated with literacy about depression and negatively associated with stigma (Townsend et al., 2017). This means that the more people know and understand about mental health, namely, risk factors and symptoms of depression, and the less stigma that people have about mental health, the more positive the school climate tends to be. Depression literacy and positive peer relationships foster an environment that helps encourage treatment-seeking and instills better communication practices. The notion of positive school climate is supported by the CDC’s Whole School, Whole Community, Whole Child (WSCC) model. This model emphasizes how important it is for school communities and parents to be heavily involved in their children’s health behaviors and development (Centers for Disease Control and Prevention, 2019). School communities play a vital role in the promotion of children and adolescent health and safety and are critical in helping students establish healthy behaviors that will support their future education, professional careers, and families. As more people become literate about student mental health and more confident in gatekeeping behaviors, the culture within the school system will begin to shift to better support student mental health and wellness.

### 8.6 Influence of Stigma and Culture in Help-Seeking Behaviors

Resistance to help-seeking can stem from stigma against mental health support. There are certain stigmas about mental health disorders and treatments that can be higher or lower depending on cultural identity (Biswas et al., 2016). Stigma serves as one of the major barriers to accessing support. It can also play a role in the length to which students can go to hide their mental illness or psychological distress. Cultural differences in upbringing also influence how parents and students that identify with various ethnic and social backgrounds perceive mental health conditions, whether or not they want to seek help, what type of coping strategies they choose to use, and what types of treatment options work best for them. Cultural differences can influence how effective a mental health resource is and how well gatekeepers can identify, talk to, and motivate students to seek help. Cultural
competency is an important aspect of a good mental health resource because culture influences how symptoms manifest and how effective a specific resource option can be. There is a relatively monocultural understanding of mental health because mental health theory and practice stem from Western cultural traditions and understandings of the human mind (Gopalkrishnan, 2018). Thus, it can be hard to try to explain mental health concepts and treatment options to someone who identifies with a non-Westernized culture. For example, many non-Western cultures are collectivistic and based on traditions that focus on family, while Western cultures are individualistic. Cultural differences dictate how comfortable someone is with emotional expression and how it relates to feelings of shame. As there are various interpretations of mental health that exist across cultures, when you ask your students questions about how they feel or try and interpret their behaviors, it helps to be cognizant of how cultural backgrounds (e.g., religious or ethnic) affect the way some students express their distress. For example, some may not be as willing to open up and talk about their emotions, while others could have been raised in households that do not accept having mental health disorders. Kognito’s online role-play simulations provide realistic role-plays to support motivational interviewing (MI) skills building that teaches educators to be effective cross-culturally because of the nature of this evidence-based communication strategy. In addition, the neutrality of physical appearance of a virtual human has been shown to be effective across different races and ethnicities in training gatekeeping skills.

8.7 Cost and Availability of Mental Health Care

One of the major advantages of online simulations is that they can reach large numbers of geographically dispersed teachers in a cost-effective manner. This is particularly important in today’s school climate as cost and availability of mental health care are crucial aspects when individuals make the decision to pursue therapy and counseling services. Funding to low-income Title I schools has decreased since 2010, and a number of states have cut pre-K educational per student funding in recent years, and many have had to reduce enrollment numbers (Litvinov & Flannery, 2017). Student enrollment in primary and secondary education has increased by over one million students in the last decade, but school funding has remained at what it was during the Recession in 2008 (McFarland et al., 2019). The growing rate of child and adolescent mental health disorders warrants drastic changes in how schools implement programs to increase school mental health literacy. There is also an unprecedented need for referrals to therapy and in-school counseling services. How can we close the achievement gap that exists throughout K12 education? We can start by involving our school communities in proactive professional development that is helpful for both educators and their students as evidenced by implementing role-play simulations, like Kognito’s, nationally. Partnering with members of the school community and fostering a growth mindset
across the community is an avenue that can lead to better learning outcomes and happier, safer, and better supported students.

8.8 Kognito K12 Simulations: Educators Becoming Gatekeepers

Below we describe three K12 role-play simulations developed by Kognito that have trained over 420,000 educators and school staff members. Each simulation provides users practice with using evidence-based communication tactics, such as motivational interviewing (MI), which are a part of Kognito’s learning methodology and instructional design process and are applicable to various situations that do not always deal with discussing mental health. Motivational interviewing techniques such as using reflective statements, open-ended questions, affirmations, and summarizing what someone has said can help engage students in conversations about their schoolwork or interests and can even be applied as strategies to improve communication with colleagues and family members. Kognito’s simulations are designed to teach individuals how to effectively lead conversations to drive positive social, emotional, and physical health behaviors (Albright et al., 2016). Having the ability to practice through virtual role-plays helps people build the confidence that they need to implement these conversation tactics in real-life conversations. Hands-on activities, similar to those that educators use in their teaching strategies with students, have proven to reinforce learning and help with retention of information. Kognito simulations first provide information about the topic area (e.g., mental health) and then guide learners through conversations by letting them experiment with various dialogue options. This is similar to the way that educators guide their students through exercises and prompt them to try different things to engage their brains in executive functioning and encourage students to participate in active decision-making.

8.9 At-Risk for Elementary School Educators (Fig. 8.1)

At-Risk for Elementary School Educators is a virtual role-play simulation that builds awareness, knowledge, and skills about mental health and prepares teachers and school staff to lead real-life conversations with students, parents, and caregivers about any concerns that they have about students. The two conversations in the At-Risk for Elementary School Educators simulation are with Lucas, a third grader who you noticed has recently been very tired, withdrawn, and irritable in class, and Sandra, a caregiver of a fifth-grade student in your class that has become increasingly aggressive and disruptive in class. Goals for both conversations are to build rapport with the virtual human and bring up any concerns. The parent/caregiver
conversation encourages you to share information about what is going on at school and suggest resources that would be helpful to the caregiver and their child. A study conducted with 18,896 educators across 10 states who took the At-Risk for Elementary School Educators simulation shows that users were more confident and more prepared to identify warning signs in elementary school-aged children, have discussions with students to gather more information, and initiate discussions with parents of those students to encourage them to stay informed about mental health support services. Changes in student identification and approach rates increased by 36% and 16%. Educators also approached 70% more parents/caregivers to talk about their child. There were 72% more discussions about mental health support services available to a child exhibiting signs of psychological distress (Long et al., 2018). Figure 8.2 shows both behavioral and attitudinal changes previously discussed in this section. “Total Mental Health Skills” refer to the attitudinal constructs of preparedness and self-efficacy.

8.10 At-Risk for Middle School Educators (Fig. 8.3)

The conversations in At-Risk for Middle School Educators use similar conversation strategies; however, the stories behind these virtual students are relevant to preadolescents. Mariah, Jen, and Michael are all middle school students who are experiencing noticeable changes in demeanor, and your role is to build resilience, strengthen their relationships within the school community, and connect them with support services. Mariah, a new student at school, is being teased by a group of
popular girls and has become withdrawn in class. Jen is a part of the group of eighth graders that could be bullying Mariah, and you’re tasked with implementing effective techniques for broaching sensitive topics about school bullying and cyberbullying. Michael has been writing concerning entries in his class journal about a sick family member, and you practice approaching Michael, asking about thoughts of suicide and discussing a referral. A study that included 12,535 middle school educators across 34 states showed significant increases in gatekeeping attitudes, including preparedness and self-efficacy to recognize signs of distress and talk about those signs with at-risk students (Timmons-Mitchell et al., 2019). There was a 34% increase in identification, a 66% increase in conversations with students, and a 30%
increase in students who were referred to additional support. See below for the attitudinal and behavioral results for At-Risk for Middle School Educators. The results reflected in Fig. 8.4 are similar to those seen in the At-Risk for High School Educators simulation. For exact percentages reference the section titled At-Risk for High School Educators.

8.11 At-Risk for High School Educators (Fig. 8.5)

At-Risk for High School Educators also includes three conversations that have similar goals as the At-Risk for Middle School Educators simulation, which are building resiliency, strengthening relationships, and connecting at-risk students with support. The first conversation is with Rene, a senior that is showing signs of anxiety and self-harm. The second is with Joey, a freshman that lost his father and is showing signs of depression and suicidal ideation. The final conversation is with Rob, a junior with low grades, poor attendance, and disciplinary issues. Throughout these conversations you are tasked with broaching sensitive topics with the help of motivational interviewing tactics and ultimately establishing rapport with the virtual students so they can receive the support that they need. Another study that included 23,132 high school teachers and personnel across 43 states similarly showed that, after completing this simulation, there were significant increases in how prepared and self-confident users felt they were to identify warning signs of distress in students, begin a conversation about their concerns, and build enough of a relationship to suggest a referral to support services. In this study there was a 23% increase in identification, a 27% increase in conversations with students, and a 16% increase in students who were referred to additional support (Albright et al., 2019).
8.12 Conclusion

Young people are our future. Many people decide to enter the teaching profession in the hopes of inspiring young people, supporting the future of our communities and the future of this planet. It is not just the philanthropists or public servants who can make change. If it were not for teachers, we would not have researchers, scientists, lawyers, medical professionals, or economists. We wouldn’t have the courage to speak up, nor would we have the curiosity to ask why. We would not have the tenacity to say “there is a better way” or be daring enough to disagree. It is because of teachers that children become inspired, and it is because of the sacrifices that teachers make for their students that each generation is able to blossom. Our childhood teachers taught us to be inquisitive and showed us how much each of us has to offer. If it weren’t for my sixth grade homeroom teacher, Mr. Edelman, who showed me how to persevere and told me that it was okay to make mistakes and try as many times as I needed to, I wouldn’t be writing this sentence in this book. We owe it to our educators and to our youth to support them in any way we can, including addressing mental health stigma, mental health culture in our schools, and providing resources to support positive health behaviors.

References

Albright, G., Adam, C., Serri, D., Bleeker, S., & Goldman, R. (2016). Harnessing the power of conversations with virtual humans to change health behaviors. Mhealth, 2, 44.
Albright, G., Fazel, M., McMillan, J., Shockley, K., Khalid, N., & Joshi, S. (2019). The impact of a brief online professional development program for high school educators to address social, emotional and behavioral concerns in the school setting. Manuscript submitted for publication.
American Federation of Teachers. (2017). 2017 educator quality of life survey. https://www.aft.org/2017-educator-quality-life-survey

Biswas, J., Gangadhar, B. N., & Keshavan, M. (2016). Cross cultural variations in psychiatrists’ perception of mental illness: A tool for teaching culture in psychiatry. Asian Journal of Psychiatry, 23, 1–7.

Centers for Disease Control and Prevention. (2019). Whole School, Whole Community, Whole Child (WSCC). https://www.cdc.gov/healthyschools/wsc/index.htm

Cree, R. A., Bitsko, R. H., Robinson, L. R., Holbrook, J. R., Danielson, M. L., Smith, D. S., … Peacock, G. (2018). Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. MMWR, 67(5), 1377–1383.

Danielson, M. L., Bitsko, R. H., Ghandour, R. M., Holbrook, J. R., & Blumberg, S. J. (2018). Prevalence of parent-reported ADHD diagnosis and associated treatment among U.S. children and adolescents, 2016. Journal of Clinical Child and Adolescent Psychology, 47(2), 199–212.

Elliot, K. W., Elliot, J. K., & Spears, S. G. (2018). Teaching on empty: As more students suffer from trauma, compassion fatigue is becoming a problem for teachers and administrators alike. National Association of Elementary School Principals: NAESP.

Ghandour, R. M., Sherma, N. L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2018). Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. The Journal of Pediatrics, 206, 256–267.e3.

Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. Frontiers in Public Health, 6, 179.

Litvinov, A., & Flannery, M. E. (2017). Poverty and school funding: Why low-income students often suffer. https://www.theedadvocate.org/poverty-and-school-funding-why-low-income-students-often-suffer/

Long, M. W., Albright, G., McMillan, J., Shockley, K. M., & Price, O. A. (2018). Enhancing educator engagement in school mental health care through digital simulation professional development. Journal of School Health, 88(9), 651–659.

International Board of Credentialing and Continuing Education Standards. (2019). Record Teacher Turnover Tied to Lack of Mental Health Training. https://ibcces.org/blog/2019/03/27/teacher-turnover-lack-mental-health-training/

McFarland, J., Hussar, B., Zhang, J., Wang, X., Wang, K., Hein, S., … & Barmer, A. (2019). The Condition of Education 2019. NCES 2019–144. National Center for Education Statistics.

Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., … & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). Journal of the American Academy of Child & Adolescent Psychiatry, 49(10), 980–989.

Pane, N. (2018). The rate of high school-aged youth considering and committing suicide continues to rise, particularly among female students. Child Trends. https://www.childtrends.org/blog/high-school-aged-youth-considering-and-committing-suicide-among-female-students

Timmons-Mitchell, J., Albright, G., McMillan, J., Shockley, K., & Cho, S. (2019). Virtual role-play: Middle school educators addressing student mental health. Health, Behavior and Policy Review, 6(6), 546–557. https://doi.org/10.14485/HBPR.6.6.1

Townsend, L., Musci, R., Stuart, E., Ruble, A., Beaudry, M. B., Schweizer, B., … Wilcox, H. (2017). The association of school climate, depression literacy, and mental health stigma among high school students. Journal of School Health, 87(8), 567–574.

United Nations. (2020). Policy Brief: Education during COVID-19 and beyond. http://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08.sg_policy_brief_covid-19_and_education_august_2020.pdf

U.S. Department of Education, National Center for Education Statistics. (2014). Teacher attrition and mobility: Results from the 2012–13 teacher follow-up survey (NCES 2014–077).