



Autism and Mental Health: Comorbid Crossroads

1/26/2022

Presented by

Dr. Peter Faustino
School Psychologist



Hosted by

Dr. John Kelly
& George Dayton

Agenda

Introduction	1:00 pm EST (5 minutes)
Presentation	1:05 pm EST (45 minutes)
Q&A	1:50 pm EST (10 minutes)

Who is eLuma?

eLuma

- ▶ Dedicated to solving problems in the areas of special education and mental health
- ▶ Provides live services online with dedicated therapists
- ▶ Founded in 2011
- ▶ Comprised of 300+ dedicated team members
- ▶ Over 29,000 students served in 36 states
- ▶ Follow us on Twitter @eLumaTherapy
- ▶ Follow us on Facebook facebook.com/elumatherapy/



The Webinar

A few facts:

- ▶ Part of our Webinar Series, "Creating Better Mental Health and Wellness in Our Schools."
- ▶ Recording link, Slide Deck and Certificate of Attendance will be sent after the webinar.



The graphic features a green header bar at the top. Below it, the text "eLuma Webinar Series" is centered. Underneath, the title "Creating Better Mental Health and Wellness in Our Schools" is displayed in a larger font. A row of five circular headshots of speakers is shown, each with their name and date below. At the bottom, a teal bar contains the eLuma logo, the dates "Jan 12 - Feb 9, 2022", and the text "Watch in-person or on-demand".

eLuma Webinar Series

**Creating Better Mental Health and Wellness
in Our Schools**

				
John Kelly 1/12	Eric Rossen 1/19	Peter Faustino 1/26	Benjamin Fernandez 2/2	Todd A. Savage 2/9

 eLuma **Jan 12 - Feb 9, 2022** Watch in-person
or on-demand

The Presenter

Dr. Peter Faustino

- ▶ Dr. Peter Faustino has been working with adolescents as a School Psychologist for more than 25 years.
- ▶ He is currently the NYS Delegate; Northeast Regional Representative for the National Association of School Psychologists. He also serves as a member of NASP's Government and Professional Relations Committee advocating for children's mental health at the state and national level. Within NYS, he is past President of the NY Association of School Psychologists and the current president of Westchester County Psychological Association.
- ▶ He maintains collaborative partnerships with Autism Speaks, Child Mind Institute, and Bring Change to Mind.
- ▶ Dr. Pete maintains a private practice with the Developmental Assessment and Intervention Center (DAIC) in Bedford Hills, NY; Greenwich, CT specializing in adolescent behavior, anxiety disorders, and autism.



Dr. Peter Faustino

Autism and Mental Health: Comorbid Crossroads

January 2022

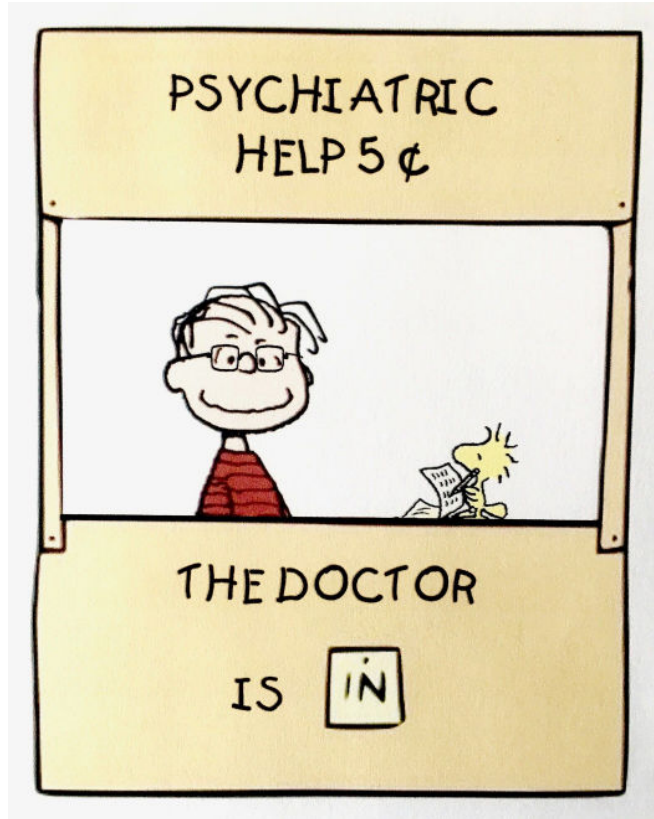
Presented by

Dr. Peter Faustino
School Psychologist

Learning Objectives

1. Locate “**new to you**” and “ideally **free resources**” for future professional development,
2. Understand ways that **Disability turned Diversity** is the future of autism and the key to helping improve students’ and families’ lives,
3. Encourage a **kinder, diverse, and more inclusive** world!

Disclosure





#AutismActions



Top

Latest

People

Photos

Videos



Peter Faustino @Dr_Faustino · Dec 7, 2021



Must Read!

"Useful categories like profound autism can bring attention to the different needs of different people." [#AutismActions](#)



By this definition...

An expert is a person who
has made all the mistakes
which can be made, in a
narrow field.

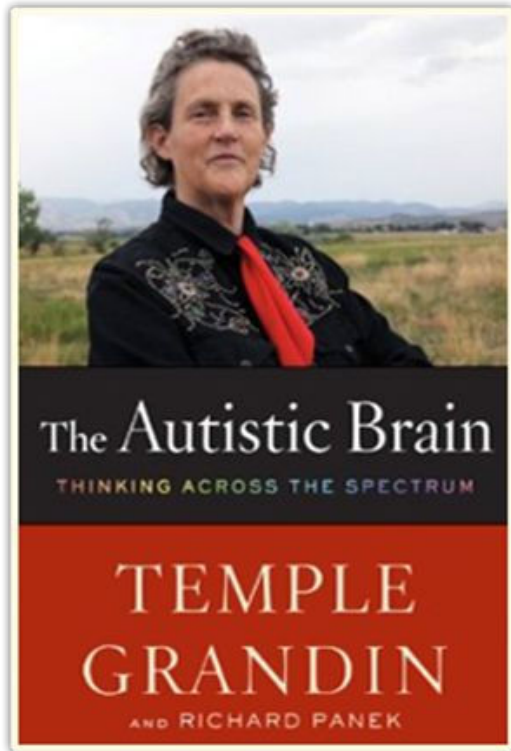
Updated from Niels Bohr, Danish physicist, Nobel Prize for Physics in 1922

Quick Note: Not here today to Diagnosis...

Linus Biotechnology received a breakthrough device designation from FDA for a test to help diagnose autism spectrum disorder (ASD). The experimental test, StrandDx-ASD, is designed to detect molecular biomarkers that Linus developed using its exposome and biological response sequencing platform. Using a strand of hair, the test will assess the likelihood of ASD in children up to 18 months of age, and help with the diagnosis of people aged 18 months to 21 years.

The goal is to accelerate the diagnosis of ASD. Currently, physicians rely on behavioral observations and typically diagnose people around 4 years of age. Diagnosis occurs much later in some people, depriving them of the benefits of early intervention.

But we are here... To Elevate Your Perspective!



Autism Spectrum

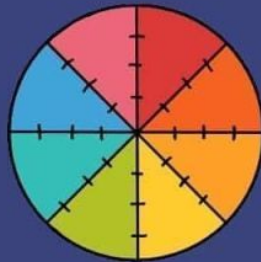
The Autism Spectrum is **NOT** linear



less autistic

very autistic

The Autism Spectrum looks more like:



- Social differences
- Interests
- repetitions
- sensory sensitivities
- emotional regulation
- perception
- executive functioning
- other

Terms like "high functioning", "low functioning" and "Asperger" are harmful and outdated.

Autism_sketches

Pre-Pandemic, ASD and Mental Health

January 2020

Overall, 32% of parents reported that their child had experienced a mental health crisis during the last 3 months. In the younger group, elopement (88%) and self-injury (81%) were the most frequent behaviors contributing to crisis; physical (60%) and verbal (42%) aggression were the most frequent crisis behaviors in the older group.

Correlates of crisis included younger age, increased parental depressive symptoms, and lower family quality of life. Approximately 75% of individuals in crisis had seen a psychiatrist or behavioral therapist/psychologist within the last 3 months and 25% were not engaged in any mental health treatment.

In summary, mental health crises were quite prevalent in this online sample of youth with ASD.

Mental Health Crisis Assessment Scale (MCAS)

Date Completed: _____

Age of Child (in years): _____

Section 1: Please rate the following behaviors for your child **over the past 3 months**. The behaviors are listed in the first column and examples of those behaviors are listed in the second column.

Behaviors	Examples of Behaviors	Not a problem	Minor problem	Moderate problem	Severe problem
1. Injures or hurts <u>self</u>	Bangs head, bites self, hits self with object, picks skin	0	1	2	3
2. Physically aggressive <u>towards others</u>	Hits, kicks, pushes, spits , or grabs others	0	1	2	3
3. Verbally aggressive <u>towards others</u>	Yells, screams, curses, threatens	0	1	2	3
4. Destroys property	Breaks furniture, puts holes in wall(s), damages his/her toys or games	0	1	2	3
5. Elopes	Runs away, suddenly wanders	0	1	2	3
6. Dangerously impulsive	Suddenly grabs steering wheel, inserts object into electrical outlet	0	1	2	3
7. Unhappy	Crying, gloomy, sad, feelings of hopelessness, not interested in usual activities	0	1	2	3
8. Nervous	Fearful, worried, tense, panicky, clingy, anxious	0	1	2	3

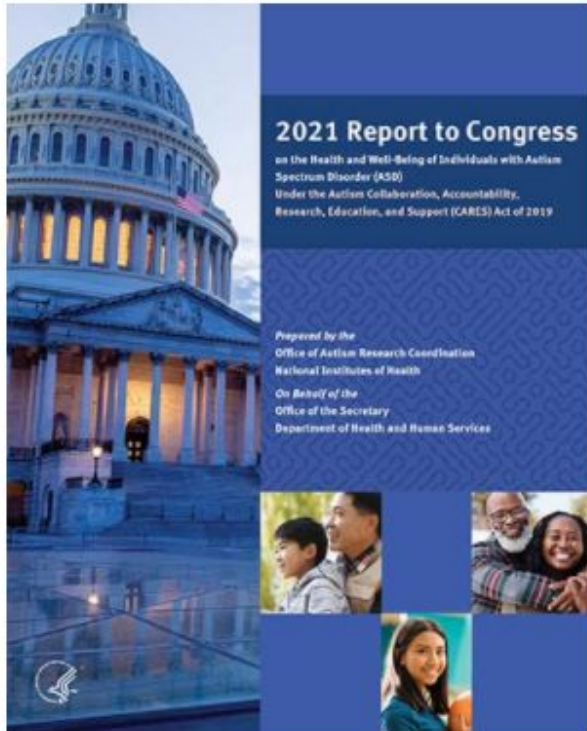
CDC - Autism Prevalence

The Centers for Disease Control and Prevention (CDC) today announced that **1 in 44** eight-year-old children and 1 in 59 four-year-old children are diagnosed with autism. This is an increase from the 1 in 54 number for eight-year-olds reported in **March 2020** and higher than the previously reported 1 in 64 number for four-year-olds.

Among children aged 8 years with ASD who had data on cognitive ability, 35.2% were classified as having intellectual disability (IQ \leq 70) and 23.1% were classified in the borderline range (IQ = 71–85). This is consistent with past reports.

“Today’s CDC information makes it clear that we are getting better at diagnosing autism and identifying it earlier, which is encouraging because research has consistently shown the value of early intervention,” said Alison Singer, Co-Founder and President of the Autism Science Foundation. “However, more than 58% of children identified had intellectual disability or borderline intellectual disability. This cohort of children with profound autism warrants more attention from policymakers and service providers, as their needs are dramatically different from those with milder forms of autism.”

Report to Congress - 2021



The members of the FIWA developed 23 recommendations to improve the health and well-being of individuals on the autism spectrum. The recommendations propose potential solutions to several critical needs, including:

- Increased federal coordination in providing services and supports;
- Improved screening and diagnostic tools;
- Optimized behavioral and other therapeutic interventions;
- Enhanced primary, preventative, and emergency care systems;
- Better treatment of co-occurring conditions;
- Recognition of caregiver mental health and support needs; and

INSAR - Suicide Risk

April 2021

Suicide in autism is a hidden crisis, overlooked by policy makers, clinicians and researchers worldwide. Population-wide studies in the US, Sweden and Taiwan show that autistic people are up to **seven times more likely to die by suicide and six times more likely to attempt suicide than the general population.**

The risk of death by suicide is even greater for autistic people without intellectual disability. It is also greater among autistic women, who are 13 times more likely than non-autistic women to die by suicide.

PRIORITY RECOMMENDATIONS: WHAT YOU CAN DO RIGHT NOW

Removing barriers to mental health services is the most important issue that autistic people and those who support them have identified. We can help remove these barriers by:

- **Explicitly identifying autistic people** and those with elevated autistic traits as high-risk groups in suicide prevention policy and clinical guidelines;
- **Developing research and clinical partnerships** with autistic people and those who support them to ensure that future training, intervention and prevention strategies are appropriate;
- **Passing legislation requiring mental health services** to provide autistic people, with or without intellectual disabilities, with services for a range of co-occurring conditions, including suicidality screening and prevention;
- **Improving systems of autism identification and diagnosis** for older children, adolescents and adults, including appropriate post-diagnostic mental health assessment and treatment;
- **Developing guidelines to ensure that service providers recognize** the high risk for suicide in autistic people and having the necessary knowledge and skills to provide appropriate treatment for them (e.g., more and longer therapy sessions, continuity of care, appropriate sensory environments, alternative formats for making emergency appointments that do not involve using a phone or meeting someone face to face);
- **Developing new ways** of delivering accessible and personalized support and treatment; and
- **Developing accreditation to recognize** mental health service providers who excel in the successful support of autistic people.

Lancet Commission

December 2021

Awareness of autism has grown monumentally over the past 20 years. Yet, this **increased awareness has not been accompanied by improvements in services to support autistic individuals and their families.** Many fundamental questions remain about the care of people with autism—including which interventions are effective, for whom, when, and at what intensity.

The Lancet Commission on the future of care and clinical research in autism aims to answer the question of what can be done in the **next 5 years** to address the current needs of autistic individuals and families worldwide.

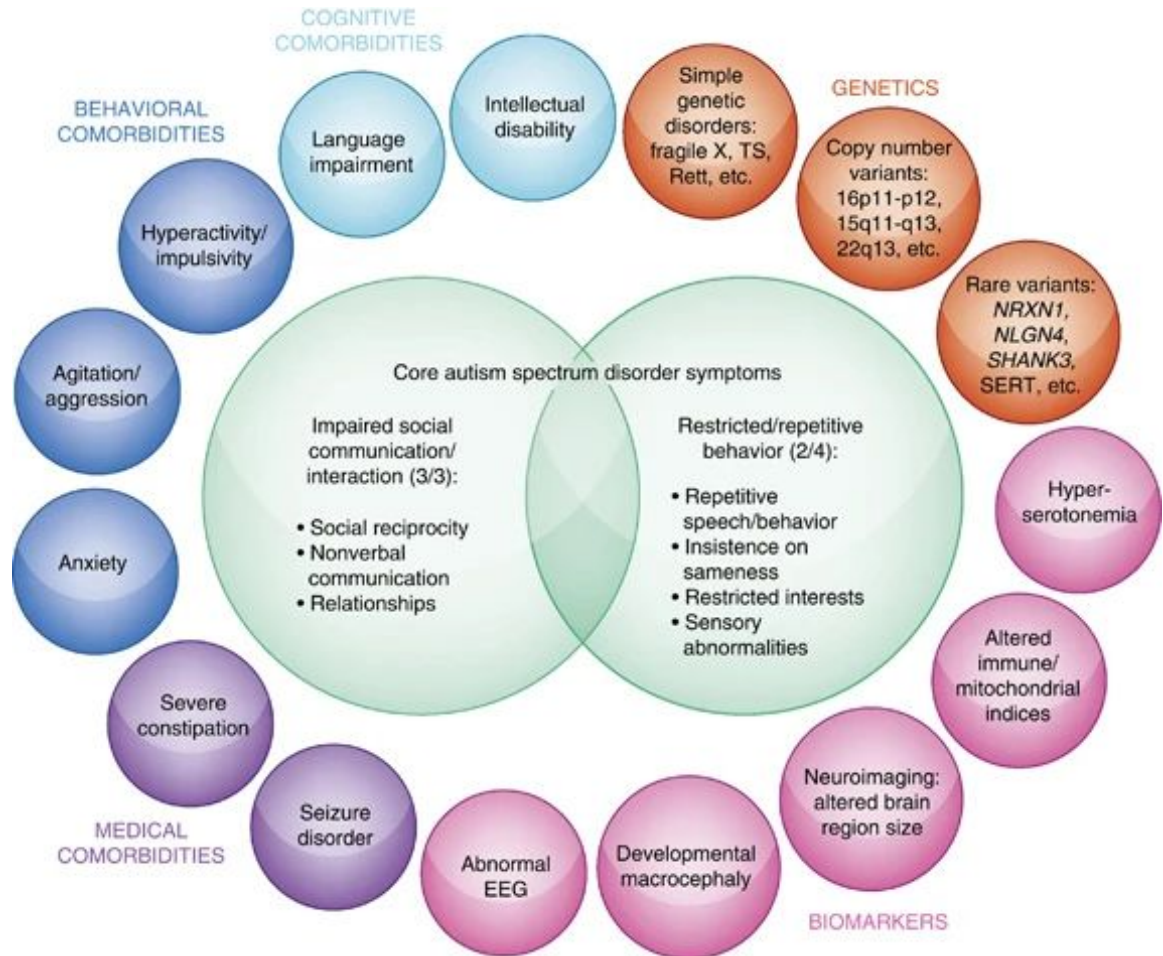
[Autism Care Network](#) and [US Surgeon General report](#) on Mental Health

December 2021

“Autism rarely travels alone, and detangling and treating these **co-occurring conditions** as early as possible is very important to helping children and families realize a better quality of life.”

Comorbid Crossroads

Term	Characteristics
Comorbidity	Two or more independent conditions present in same person at same time
Consanguinity	Two or more conditions that share so many characteristics that they should be regarded as the same disorder
Co-occurrence	Two or more conditions that are present together but there is insufficient evidence to regard them as separate or joined together



CDC Director Apologizes For 'Hurtful' Comments

“The overwhelming number of deaths, over 75%, occurred in people who **had at least four comorbidities, so really these are people who were unwell to begin with**, and yes, really encouraging news in the context of omicron,” Walensky said during the [appearance](#). “We’re really encouraged by these results.”

-Jan 18,2021

Where should we begin?

Conversations with Teen:

“I don’t know where to start but I also don’t particularly care.”

A Transactional Condition - Nature and Nurture

“A constant tension has been a relative lack of interest in the actual experiences of families and autistic people”, [Dr. Catherine Lord](#)

Autism is **Who** you are AND **What** is happening to you?

Dr. Ami Klin -
Marcus Center
Autism



Good news, Bad news

Good news is that we are developing and creating programs to be more individualized for the needs of our students

The Bad news is that we are developing and creating programs to be more individualized for the needs of our students

Autism is heterogeneous and requires personalized, evidence-based assessments and interventions, accessible and affordable to every person, that can improve the lives of individuals and their families

The Approach - as per the Lancet Commission

Autism is a neurodevelopmental disorder that changes with and affects development; a single assessment or a single treatment is never sufficient. Follow-up assessments and **personalized treatment plans that focus on individual strengths, difficulties, and changes in contexts and expectations across the lifespan are needed.**

Interventions for autism and for co-occurring conditions should begin as soon as signs are noticed and then monitored with more comprehensive assessment once begun. **No one should wait for months or years to start treatment because they are unable to find an appropriate assessment.** However, within a reasonable period of time (depending on age and context), assessments do need to be supported and undertaken to identify personalised needs.

Focused research strategies at the government or institutional level should be prioritised with an emphasis on clinical practice that can increase the understanding of **what interventions work, for whom, when, how, with what general outcomes**, and at what cost. Governments and services should monitor access to provision to ensure that underserved groups, including those who are minimally verbal, girls and women, minority ethnic groups, from socially disadvantaged backgrounds, or with severe co-occurring conditions, have equitable access to appropriate services.

Advances in Autism 2021 - UCLA CART

System-wide problem that
needs to focus on outcomes
and greater empowerment
for individual and family.



List relevant diagnoses and conditions that require services (top priorities for children, adolescents, and adults)

Select one or more priority needs to start collaboration with family and patient

Define goal of treatment (eg, improvement or remission)

Consider additional factors that can affect likelihood of treatment success

Individual factors

Safety issues

Age or developmental status

Preference for medical vs behavioural or individual vs group strategies

Severity of symptoms and adaptive functioning

Cognitive and language skills

Location of difficulties (at school, at home, with peers)

Strengths and interests

Family factors

Preference for medical vs behavioural or individual vs group strategies

Motivation and ability to participate

Acceptance

Life events and risks

Accessibility and cost

High accessibility or lower cost

Home-based (if easier for family)

Based on personal schedule

At school

Via telehealth

Medium accessibility and cost

Some travel in local community required

Requires some caregiver effort

In groups

With medication

Low accessibility or higher cost

Substantial travel required

High family investment of time

Restrictedness (inpatient service)

Intensive hours

Factors affecting families
Method

Lancet Commission recommendations

A Personalized Health Approach over a LifeSpan

Personalized health approaches is that, for many children and adults, there will be **multiple treatment goals**. Longitudinal studies suggest that the factors that predict positive outcomes in terms of independence and wellbeing are:

cognitive and language skills, severity of autism, connectedness with peers, adaptive skills, and mental health.

If these factors can be recognised and addressed together, or at least taken into account jointly, outcomes can be improved and services could be more effective and efficient. In addition, given the heterogeneity of autism, what works NOW might not work LATER for the same person, and what works later might not work now. **Whether to step-up or step-down the intensity of an intervention or shift to a different approach should be based on data-informed progress monitoring and measurement-based care.**

Preschool age
(before the age of 6 years)



Family

- Family psychoeducation
- Family coaching around core features
- Parent-mediated treatments (eg, JASPER, Early Social Interaction, and PACT)
- Behaviour management (as advocates)

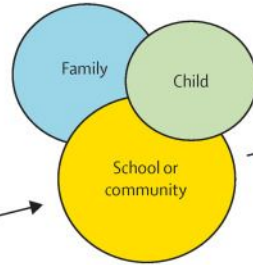
Child

- Specific short-term therapies (eg, JASPER)
- General approaches (eg, PRT, Project ImPACT, and DTT)
- Comprehensive curricula (eg, ESDM and Lovaas approach)
- Specific disciplines (eg, occupational therapy and speech)

Community

- Support in childcare and preschool (no evidence)
- ESDM classrooms
- TEACCH classrooms
- LEAP classrooms

School age
(between the ages of 6 and 11 years)



Family

- Behaviour management (RUBI)

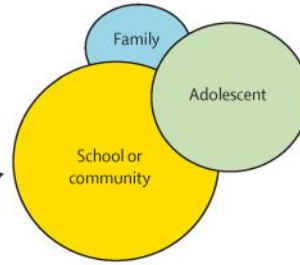
Child

- General approaches (eg, PRT and DTT)
- Academic skills
- Social skills (eg, PEERS)
- Specific disciplines (eg, psychopharmacology)
- CBT (eg, Coping Cat and Facing your Fears)

Community

- School inclusion
- Classes
- Special education
- Sports and community programmes

Adolescence
(between the ages of 12 and 17 years)



Family

- As supports in group
- Behaviour management

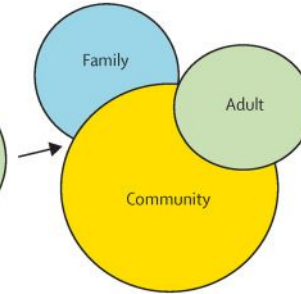
Adolescents

- CBT (eg, Coping Cat and BIACA)
- Social skills (eg, PEERS)
- Psychopharmacology
- Academic skills

Community

- School inclusion
- Classes
- Special education
- Sports and community

Adults (18 years and older)



Family

- As advocates

Adults

- CBT
- Social skills (eg, PEERS)
- Psychopharmacology
- Pre-employment

Community

- Support in education
- Support in employment
- Support in housing
- Sports and activities
- Project ImPACT job training
- Project SEARCH

Conceptualizing the Comorbid Crossroads

Whenever two conditions occur at rates that exceed a chance probability, interest in the nature of the association is inevitably prompted. The term comorbidity is typically applied to the co-occurrence of two conditions (eg, autism and anxiety) with the implication that they are independent, but the two conditions might not be separate, and instead overlap or be associated in complex ways. Therefore, we use the term co-occurring conditions with the understanding that the relations between autism and other conditions can be complex.

The overlap of manifestations of autism and other mental health issues is a clinical challenge for both assessment and intervention. From a practical standpoint, however, **clinicians should avoid either attributing all maladaptive behaviours to autism or, on the other hand, neglect to take into account the role of core aspects of autism in treatable co-occurring conditions.**

Autism Informed / Autism Friendly Modifications

Overall, modifications to existing evidence-based treatments are often necessary to optimize both behavioral and psychological and medical approaches for co-occurring conditions in autism and to ensure effectiveness and participation.

Modifications range from the provision of multimodal information and materials, including visual guides; work on emotional literacy and understanding; the crucial role of engaging and joint working with parents and carers and ideally across environments (eg, at school and at home); and consideration of the role of sensory behaviors and their effects.

Until evidence is generated for these modified approaches, autism-informed and autism-friendly modifications to existing evidence-based practice should be used. Systematic efforts to reach non-autism specialist therapists with information about these adaptations are important because most interventions will not be delivered by autism experts; again, personalized health approaches might be particularly valuable.

But Dr. Pete, “How can I do that?”



[What is Autism?](#) [Family Resources](#) [Courses](#) [Webinars](#) [Provider Directory](#) [About](#)

Autism Navigator® ASD Video Glossary



The ASD Video Glossary is a web-based tool built to help families and professionals learn more about the early signs of autism. This tool was developed by the Florida State University Autism Institute in collaboration with First Signs and Autism Speaks and has been available to the public free of charge since 2007. The Glossary contains more than 100 video clips illustrating the diagnostic features of ASD. Side-by-side video clips show behaviors that are typical in contrast with those that are red flags for autism. The Glossary also contains over 100 video clips to illustrate common treatments available for children with autism. The ASD Video Glossary has been brought into the Autism Navigator collection and updated to be in line with the new DSM-5 diagnostic framework.

[LEARN MORE](#)

[GET STARTED](#)



SUCCESSFUL STRATEGIES **FOR** **TEACHING**
Students WITH **Autism**

This 20-part professional development video series covers a wide array of topics related to teaching students with autism.

ASD in the NEWS

ASD in the News

Explore breaking news and the latest research in autism spectrum disorder.

Autism Center Resource Gallery

Autism Center Grab and Go Resource Gallery of Interventions

Explore interventions to support learners with ASD and other complex needs.

Intro to ASD

Introduction to ASD

Discover a collection of resources that provides parents and professionals with foundational information for understanding autism spectrum disorders (ASD).



Assessment and ASD

Whether you are beginning your assessment journey or fine-tuning the assessment process, explore a wealth of information related to assessment and autism spectrum disorder (ASD).

Mental health

Turn To Colleagues #SchoolPsychologists #HereToHelp






[Lee Wilkinson](#)








BestPracticeAutism.com
Guide to the Spectrum

Amy Cannava

The Zones of Regulation

Blue Zone	Green Zone	Yellow Zone	Red Zone
Sad 	Happy 	Frustrated 	Angry 
Sick 	Focused 	Worried 	Mad 
Tired 	Calm 	Silly 	Terrified 
Hurt 	Proud 	Confused 	Mean 
Bored 	Working Hard 	Embarrassed 	Aggressive 
Shy 	Ready to Learn 	Excited 	Out of Control 
RUNNING SLOW	GOOD TO GO	SLOW DOWN	STOP

Zones of Regulation Strategies

<p>To help me get out of the blue zone, I can...</p> <ol style="list-style-type: none"> 1. Take deep breaths 2. Exercise 3. Ask for a hug 4. Read a book 5. Drink water 6. Talk to an adult 	<p>To help me stay in the green zone, I can...</p> <ol style="list-style-type: none"> 1. Take deep breaths 2. Focus on my work 3. Think happy thoughts 4. Help a friend 5. Be a leader 6. Smile
<p>To help me get out of the yellow zone, I can...</p> <ol style="list-style-type: none"> 1. Take deep breaths 2. Take a break 3. Ask to take a walk 4. Rest in a quiet area 5. Drink water 6. Talk to an adult 	<p>To help me get out of the red zone, I can...</p> <ol style="list-style-type: none"> 1. Take deep breaths 2. Take a break 3. Count to 10 or 100 4. Squeeze a ball 5. Size the problem 6. Talk to an adult
<p>More strategies to help you stay in or get to the green zone:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Draw</p>  </div> <div style="text-align: center;"> <p>Write</p>  </div> <div style="text-align: center;"> <p>Stretch</p>  </div> <div style="text-align: center;"> <p>Positive Self Talk</p>  </div> <div style="text-align: center;"> <p>Listen to Music</p>  </div> </div>	

The PEERS Program

Electronic Communication

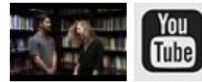


Exchanging contact information (bad example)

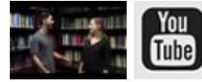


Exchanging contact information (good example)

Appropriate Use of Humor

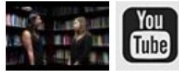


Giving a courtesy laugh (bad example)



Giving a courtesy laugh (good example)

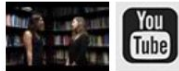
Handling Arguments



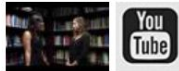
Responding to a disagreement (keep cool, listen)



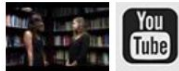
Responding to a disagreement (keep cool, listen, repeat)



Responding to a disagreement (keep cool, listen, repeat, explain)



Responding to a disagreement (keep cool, listen, repeat, explain, say sorry)



Responding to a disagreement (keep cool, listen, repeat, explain, say sorry, solve the problem)

Video Based Interventions

VBI are an effective way of teaching a variety of skills through repeated exposure to a video which displays an adult, peer or the individual themselves performing the skill with a high degree of accuracy.

Troublingly, a [clinical systematic review](#) carried out on over 100 of these utilized interventions suggested that an overwhelming number of approaches have little or no effect on the progression of the child, and many lack a solid, sound research foundation altogether.

Language / Communication / Words Matter

“What do I love about reading - there are entire worlds within those words.”

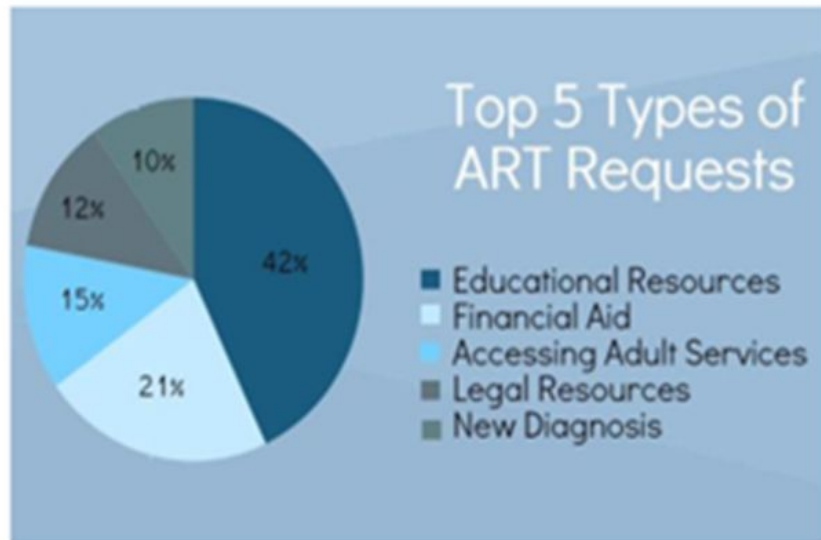
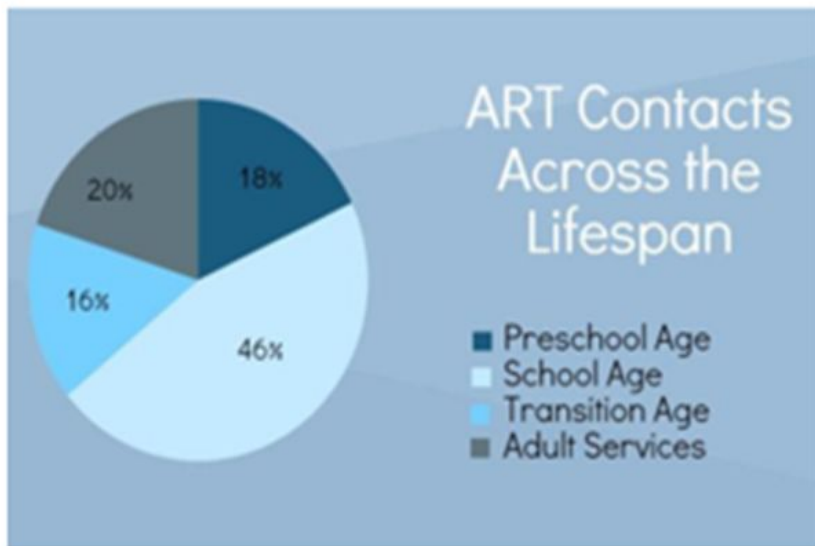
1. Accommodate concrete thinking
 - a. Break down abstractions
 - b. Use visuals
 - c. Watch out for “dense” questions
 - d. Avoid idiomatic language
 - e. Don't ask a question when you really are making a directive
2. Accept whatever is communicated as Purposeful.
3. Communicate in preferred language - *Translating Autism*



WHAT TO DO IN THE EVENT OF A CAR ACCIDENT:

- Remain calm; take a few deep breaths.
- If you can, get out of car.
- Be careful not to get into the line of traffic. Walk to the side walk or grassy area.
- If another car is involved, check on the driver - if it is safe to do so.
- Call 911 or local police department, if you have that number. Let the dispatcher know you were in an accident and give them your location, and license plate number. If someone is hurt, let the dispatcher know that as well. They can then send an ambulance.
- Call me (xxx) xxx-xxxx, or Claudia (xxx) xxx-xxxx to let us know about the accident. We will come to help you or we will be available by phone to help you speak to the police officer, ambulance attended, or other car driver. Try to remain calm.
- If you are injured let the ambulance attendant take care of you and let us know or have he or she tell us where you being are taking. This may happen after go get to the hospital. You have your driver ID card and health insurance card in your wallet. Remember that either, Claudia or I will come and help you as soon as possible.
- Get your insurance card from the glove compartment and call the insurance company and let them know about the accident and that you have called the police.
- Give your insurance card and driver's license to the police officer so he can write down your information on the police report. Give your name, driver's license number, insurance policy number and insurance company phone number to the other driver in the accident. He or she is to give you his/her this same type of information. These are the correct steps to take in order to report the accident. All this information is needed to file an insurance claim/report. The police officer should give you an accident report number. You need that number to give to the insurance company.
- Make sure that the police officer takes down all the information. Tell the police officer everything you remember about the accident. Again, try not to worry. Your safety is the most important thing - do not argue with the other driver, or the police officer. Regardless of who is at fault, accidents happen. Remember that you are a good driver and always do your best to follow the rules of the road.
- If the car is severely damaged the insurance company, police office or you may have to call for a tow truck, which will then take the car to the repair shop. If that happens someone will come to get you if you do not have to go to the hospital. Remember to call either Claudia or me.
- That is it. Drive safely. Sometimes accidents are unavoidable. You can only handle your car and be aware of your surroundings to the best of your ability. You are a responsible driver.

Contact the Autism Response Team for more...



Service Expansion - Growing Population



Valuing autism & neurodiversity benefits society as a whole!

Honor All Behavior

Stay Curious

Share Successes

Thank you!

It is socially appropriate to clap as loud as you can and cheer so that other rooms get jealous of what happened in here!



A group of diverse children, including a young boy with a missing tooth and a girl with a large afro, are smiling. The image is overlaid with a green and yellow gradient filter.

Questions???

Next Webinars



**Benjamin S.
Fernandez, MS Ed.**

Best Practices in Crisis Response in Schools

Wednesday, February 2, 2022 at 5 pm EST

To establish and maintain a safe and supportive school environment, schools must plan and prepare for crisis events that can have a negative impact on students and staff. This work begins before, continues during, and extends beyond the crisis event to address the response and recovery needs of the school. By focusing on comprehensive planning and preparation schools can utilize teams to prevent a variety of hazards and threats but also effectively respond to potential traumatic impacts on students and staff. This presentation will discuss the key elements of a safe and supportive school and best practices in crisis response to assist in recovery.

*This is part of our Webinar Series, "Creating Better Mental Health and Wellness in Our Schools." You will receive an email with the watch link as the webinar gets closer.

Next Webinars



**Todd A. Savage,
Ph.D., NCSP**

Supporting Gender Diverse Students

Wednesday, February 9, 2022 at 5 pm EST

The purpose of this webinar is to provide the participant with increased awareness and knowledge about gender diversity and schools; legal, policy, and ethical matters that apply; and ideas on how to support gender diverse students. Pertinent resources will also be highlighted. Finally, participants will have an opportunities to interact with the presenter and to ask questions about the topic.

*This is part of our Webinar Series, "Creating Better Mental Health and Wellness in Our Schools." You will receive an email with the watch link as the webinar gets closer.

Thank You

For more information contact:

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