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EUROPEAN SMALL SCALE PARTNERSHIP PROJECT IN VOCATIONAL EDUCATION AND TRAINING

"Coping strategies and tips for vocational teachers towards students with behavioural and mental disturbances"

Agreement: 2024-1-BG01-KA210-VET-000244177

Result 1: Micro-credential teachers' training on coping strategies and adaptive behaviour to students affected by psychological disorders

HANDBOOK

FOR TEACHERS IN VOCATIONAL EDUCATION AND TRAINING

94 СУ „Д.СТРАШИМИРОВ" СОФИЯ

BULGARIAN INCLUSION SUPPORT TEAM

AMPAT
ASOCIACIÓN MADRILEÑA DE PROFESIONALES DE LA ATENCIÓN TEMPRANA
G83193425

Version 2, 2025

"Some of my vocational students seem unusual and potentially dangerous, although in the past they were quite pleasant and courteous.

Occasionally, I worry that a student might resort to physical aggression against me.

I feel unprepared to handle 'difficult' students effectively.

I am uncertain about how to respond when I notice behavioural changes in my students. Additionally, I am unsure who to turn to for support when dealing with challenging student behaviour.

It seems there is a lack of available resources to help me address these issues. I am concerned that I am ill-equipped to manage such situations."

A.L., VET teacher

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Dear Teachers,

If the above testimonials resonate with your own experiences and you can relate to similar challenges in your teaching career, then this handbook may prove valuable to you.

We encourage you to take the time to read and reflect upon it.

Do not give up, if you are struggling when you apply coping strategies.

They are not ready recipes! Rather, they are practical examples coming from the long-term practice of the professionals and teachers involved in the STOPSY partnership, which have been evaluated as successful.

The Authors

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Introduction

This handbook is a supplement for the realisation of the European small scale partnership project in vocational education and training called "**Coping strategies and tips for vocational teachers towards students with behavioural and mental disturbances"** under grant agreement: 2024-1-BG01-KA210-VET-000244177. It is an integrative part for the realisation of the activities in the result 1: ***"Micro-credential teachers' training on coping strategies and adaptive behaviour to students affected by psychological disorders"***.

The vocational education and training (VET) system typically caters to individuals aged 14 and above. Adolescence is a critical phase in personal development, marked by a multifaceted array of developmental challenges that guide the young person (in this case, the VET student) toward adulthood. Most teenagers and adolescents adapt successfully, whereas some experience temporary psychological disturbances at the vocational education and training institutions (for example at vocational training schools, colleagues or centres), which could be caused by different educational, environmental, social, economic and family stressors.

Education serves as a significant domain in young people's lives; however, VET schools and centres can also become sources of stress due to the performance and relational demands they impose (Forman & O'Malley, 2015). Indeed, research shows that pressures and expectations within the school environment are among the most frequently cited stressors experienced by VET students (Sears & Milburn, 2017). Specific educational stressors include examinations, grades, academic success and failure, competition, current and future performance expectations, and long-term goals. VET students also report interpersonal school-related stressors, such as conflicts with classmates and teachers/trainers (Sears & Milburn, 2017). Elias (2018) emphasized that for many students, and possibly an increasing number of them, the educational setting may not provide the benign academic learning experience it is expected to.

Generally, professional assistance should be sought if a student's anxiety causes significant distress, is not age-appropriate, and/or interferes with their academic, social, or family life. Below are indicators of problematic anxiety:

a. Interference: Anxiety becomes problematic when it substantially disrupts a student's daily activities and/or family life. Students with problematic anxiety often experience anxiety about a wide range of factors and events, preventing them from participating in various activities. For instance, a student may struggle to complete classroom tasks, avoid class activities, and frequently miss classes due to reported illnesses.

b. **Age appropriateness:** Anxiety becomes problematic when it is not age-appropriate, often leading to significant disruptions in daily life. If other students display similar behaviours, it is likely that the anxiety is age appropriate.

c. **Distress:** Students with problematic anxiety experience high levels of distress due to their anxiety. Questions for teachers to consider include: Is the student becoming very upset when facing their fears? Are they enduring fearful activities with a high level of distress?

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d. **Duration:** The duration of a student's anxiety is important. Has the student displayed anxious behaviour for a considerable period, remaining relatively constant? For example, if a student was anxious for a week during a camp but has been fine since, they likely do not require further assistance. However, if the anxiety persists for several weeks to six months, causing significant interference and distress, it may indicate an anxiety disorder. If a student in your class exhibits these signs, refer them to the school's welfare team, which may involve the Learning Support Team, School Pedagogical Counsellor, or School Principal.

Insufficient coping skills among teenagers and adolescents to manage school stressors can lead to emotional and behavioural problems at VET schools, which appear to be increasing in prevalence (Chazan et al., 2012; Winkley, 2013; Nordahl & Sørlie, 2014). We must be cautious when distinguishing between effective and ineffective coping styles, as one style can be effective in certain situations and ineffective in others, and positive for one person but negative for another. Some coping styles are generally more effective in reducing stress than others. Studies examining the relationship between coping styles and adjustment among young students have shown that emotion-focused coping, such as venting emotions and avoidance, is associated with emotional and behavioural problems, while problem-focused or active coping is linked to positive academic and personal adjustment (Seiffe-Krenke, 2005; Leong et al., 2009).

Research suggests that coping skills are crucial for positive emotional and social development among young people (Dumont & Provost, 2018).

The ways of coping with stress, aggression, and temporary psychological disturbances before they escalate into medical diagnoses undoubtedly influence how individuals will handle academic results and stress later in life (Werner, 2015; Newcomb et al., 2016; Patterson & McCubbin, 2016; Hess & Copeland, 2017).

Therefore, it is essential to understand coping mechanisms among teenagers and adolescents and how they relate to emotional and behavioural adjustment. This handbook provides guidance and coping strategies for VET teachers/trainers to use during communication, collaboration, and teaching of VET learners who might be affected by psychological disturbances or disorders. The aim is not to judge or provide psychological support. The role of the teacher/trainer is to facilitate the successful integration of all students and prevent potential dropouts due to psychological disturbances or disorders.

The aim of the project is NOT for the teacher to diagnose and give medical advice, but to provide understanding, to create an appropriate learning environment with understanding among other students, as well as to support in steps to reduce the risk of decreased academic performance and possible dropping out of school.

Close cooperation with a school psychologist, pedagogical advisor, parents and external specialists (psychiatrist/psychologist) ONLY after consent of the student and parents.

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1. Curriculum for the realisation of the micro-credential training under the scope of STOPSY project

1.1 Duration, objectives and EQF/NQF levels

- **Duration:** 8 hours (4 sessions x 2 hours each / 1- or 2-days training)
- **Desired level in terms of the QF-EHEA/EQF frameworks**: EQF 4 / NQF 3
- **Objectives:**
  - To define common psychological disorders affecting students aged 14-18.
  - To recognize early signs and symptoms of these disorders.
  - To raise awareness about the impact on students' learning and behaviour.
  - To implement effective classroom management techniques.
  - To adapt instructional methods to support students with psychological disorders.
  - To improve teachers' communication skills and build partnerships with families and other professionals.
  - To promote teacher self-care and stress management.

1.2 Learning outcomes

- **Knowledge:**

Participating teachers:

- Will learn how to recognize behavioural, academic, and social indicators of these disorders.
- Will learn how to adapt their teaching methods to better support students with psychological disorders.

- **Skills:**

Participating teachers:

- Will be able to identify common psychological disorders.
- Will develop strategies for creating an inclusive classroom environment.
- Will improve their communication skills and build partnerships with families and other professionals.

- **Competences:**

Participating teachers:

- Will practice self-care strategies to maintain well-being.
- Will gain confidence in handling complex cases and applying theoretical knowledge to real-world situations.
- Will be able better to manage the inclusive classrooms
- Will be able to avoid students' dropout more effectively.

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1.3 Agenda of the micro-credential training

1. Introduction to the Program – 30 minutes session

- **Welcome and Overview:** Introduce the purpose, objectives, and importance of the training.
- **Program Objectives:** Clearly state what participants will learn and achieve by the end of the course.

2. Understanding Psychological Disorders in Students – 1 hour and a half session

- **Introduction to Common Psychological Disorders:** Overview of common mental health issues affecting students (e.g., anxiety, depression, ADHD).
- **Symptoms and Diagnosis:** Recognizing signs and symptoms of various disorders.
- **Impact on Learning and Behaviour:** How these disorders affect academic performance and social interactions.

3. Foundational Knowledge on Coping Strategies – 2 hours session

- **Definition and Importance:** What are coping strategies and why they are crucial for students with psychological disorders.
- **Types of Coping Strategies:** Cognitive, emotional, behavioural, and social coping mechanisms.
- **Evidence-Based Practices:** Research-backed methods for effective coping.

4. Adaptive Behaviour Techniques – 1 hour and a half session

- **What is Adaptive Behaviour?** Definition and significance in educational settings.
- **Developing Adaptive Skills:** Practical techniques for teaching adaptive behaviours.
- **Case Studies:** Real-life examples of successful interventions.

5. Classroom Management and Support – 1 hour

- **Inclusive Classroom Environment:** Creating a supportive and inclusive classroom culture.
- **Individualized Education Plans (IEPs):** Developing and implementing IEPs for students with psychological disorders.
- **Collaboration with Parents and Professionals:** Working effectively with parents, counsellors, and other professionals.

6. Practical Application and Case Scenarios – 1 hour session

- **Role-Playing Exercises:** Simulated scenarios where teachers practice applying learned strategies.
- **Group Discussions:** Sharing experiences and learning from each other.
- **Feedback Sessions:** Providing constructive feedback and addressing challenges faced during role-playing exercises.

9. Conclusion and Certification – 30 minutes session

- **Summary of Key Learnings:** Recap of the main points covered in the training.
- **Certification Process:** Details on how participants can receive their micro-credential upon completion.
- **Follow-Up Support:** Information about ongoing support and mentorship opportunities.

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- **Contact Information:** Contact details for trainers and support staff for any questions or concerns.

This structured approach ensures that teachers receive a well-rounded education on coping strategies and adaptive behaviour for students with psychological disorders, equipping them with the necessary tools to create a more supportive and inclusive learning environment.

1.4 Supportive illustrative training materials

We have designed and developed specific educational videos which aim to raise awareness among students aged 14-18 at vocational schools about their mental health and how and where to seek support. **A1/Result 2: Creation of educational videos to raise awareness among students about their mental health and how and where to seek support**

- Video 1: The importance of mental health for young people aged 14-18
- Video 2: What is depression? How can we protect ourselves and what impact does it have on young people?
- Video 3: Understanding Panic Attacks and Anxiety Disorders in Young People
- Video 4: Understanding Eating Disorders and Their Impact on Young People
- Video 5: How can substance abuse negatively impact young people?
- Video 6: How to avoid self-harm and how to deal with post-traumatic stress disorder?
- Video 7: Living with Body Dysmorphia: The Story of Barbie and Ken

They are available in English, Bulgarian and Spanish languages.

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2. Characteristics of disorders and coping strategies to related learning difficulties

2.1 Behavioural disorders

The definition of behavioural disorders can be found in the two manuals par excellence on mental disorders: The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), published by the American Psychiatric Association (APA)[1] and the International Classification of Diseases (ICD), published by the World Health Organization[2].

DSM IV-TR (APA, 2002) covered Attention Deficit Disorder and Disturbing Behaviour. Specifically, disturbing behaviours were contained within a larger section that grouped Onset Disorders in Childhood and Adolescence.

Within Attention Deficit Disorder and Disturbing Behaviour Disorder, this manual included: Attention Deficit Hyperactivity Disorder, Dissocial Disorder, Defiant Challenging Negativist Disorder, Attention Deficit Disorder or Specified Unspecified Disturbing Behaviour Disorder.

Within this category, we find the following sections:

- **Defiant negativist disorder**: a pattern of hostile, negativist, irritable and challenging behaviour prolonged for at least six months that negatively impacts the individual or their social context.
- **Intermittent explosive disorder**: verbal or physical aggressive impulses that occur twice a week and minimum for three months, or three outbursts that have occurred over the past twelve months.
- **Behavioural disorder:** prevents respect for basic rights, the norms of society such as assaults on living beings, destruction of property, deception or theft, lack of compliance with the rules, lack of empathy, lack of concern for the lack of expression of feelings and emotions.
- **Pyromania:** fascination with fire that leads to deliberate fire provocation.
- **Kleptomania:** the abduction of unnecessary objects for the person continuously causes tension before committing the theft but then brings gratification to the person.
- Another destructive disorder, **impulse control and behaviour**, specified: this is a category linked to the previous ones, but in which not all the diagnostic criteria for destructive disorder, impulse control and conduct.
- **Destructive disorder**, impulse control and behaviour, unspecified: This group is used when the reason why the criteria of a destructive disorder, impulse control and behaviour are not met cannot be specified.

[1] https://www.psychiatry.org/psychiatrists/practice/dsm
[2] https://www.who.int/standards/classifications/classification-of-diseases

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Diagnostic criteria	*Behavioural disorder*	*Intermittent explosive disorder*	*Pyromania*	*Kleptomania*	*Other behavioural disorders*
Origin	Context	Context	Context	Context	Context
Cognitive functioning	Preserved	Faulty executive systems	Faulty executive systems	Faulty executive systems	Preserved
Affective behaviour	Unstable	Unstable	Unstable	Unstable	Unstable
Cognitive behaviour	Executive deficiency	Executive deficiency	Executive deficiency	Executive deficiency	Manipulative
Motor behaviour	Deregulated	Deregulated	Deregulated	Deregulated	Depends on profile
Conduct Social	Dysfunctional	Dysfunctional	Dysfunctional	Dysfunctional	Depends on profile
Psychopathological evolution	Antisocial personality disorder	Disruptive disorders, impulse control and other related disorders	Profile maintenance	Profile maintenance	Depends on profile

Source: Alonso, J. (2019). Clinical-functional assessment and diagnosis of behavioural disorders in the students' population: conceptual and methodological considerations. Neuropsychology Notebooks 13 (2), 145-162.

Typical characteristics of students who may have behavioural disorders:

- S/he is often angry.
- S/he got bad answers.
- His/her posture and look are challenging.
- S/he has trouble obeying or shows resistance to obeying him/her.
- Blame others on what s/he does.
- Shows rancour and revenge for others.
- Tends to lie.
- Shows cruelty to companions or living things.
- Commit small thefts.

In the most cases, it is evident that **the consequences** are also related to:

- Mood changes of highs and lows.
- Withdrawal from friends and activities.
- Significant tiredness.
- Low energy.
- Panic attacks.
- Lack of motivation
- Lack of concentration.
- The student cannot deal with the exams.
- The student becomes more aggressive in communication.
- There are difficulties in communication with the teachers.
- There are difficulties on dealing with the training activities.
- Lack of attention and participation of the student.

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- Distraction to the rest of the students and alteration of the normal rhythm of the class, interruptions, impossibility to work in a team and the relationship with the rest of the classmates, impossibility for the normal follow-up of the classes.
- Aggressiveness.
- Disrespect.
- They learn slower than other learners.
- Erratic and dysfunctional behaviour.
- Pessimism.
- Unsuitable behaviours and comments.
- Low tolerance to frustration, stress, emotional decontrol.
- They are nervous in class, the other classmates do not know how they will react to certain activities in the classroom, fear of the unknown.
- Problems for following the teaching and learning activities in a standardized way. Manifestation of disruptive behaviour in the classroom/centre. Resistance to attend to the educational centre and remain there.
- Do not face the future.
- Poor socialization.
- Social relations and teamwork.
- Break class rhythm.
- Early school leaving, difficulties with practises.

These disturbances caused demotivation, school dropout, carelessness, general divestment. At the same time, they show anger, sadness, isolation, relationship and communication difficulties, need for attention. One of the greatest difficulties for people who have psychological fragility, certified or not certified, is that of not feeling understood. If you do not feel understood, you refuse any kind of educational intervention. We can sum up that to decrease the learners' dropout it is important to find the appropriate way to communicate with them and to motivate them during the educational path.

Having in mind the above, we need to have in mind the most cases of VET teachers/trainers' fears are related to:

- The possibility of an aggression in the classroom to the teacher or/and the rest of the students.
- The difficulty to capture their attention, raise their self-esteem, and in case of aggressive students, to control their impulses without losing authority in front of the rest of the group.
- Lack of coordination with the different professionals who intervene with the student and with the family.
- On many occasions, their parents are more concerned with their pupil's approval, rather than with checking whether the measures work or if their pupils are really learning something tangible.
- Need for information to adapt to each case.
- Lack of knowledge and fear of loss of control caused by unexpected situations that are not anticipated.

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- Lack of time / resources to dedicate the necessary attention to these students.
- Possibility for confrontation and disrespect.
- The fear of not knowing how to manage affirmations, requests for help, unsuited behaviours.
- The fear of not be able to provide adequate and timely help.
- The student can act unexpected, violently, or work without all the safety conditions.
- The student may use dangerous tool.
- In most cases, not knowing exactly what the problem is and its scope (they are adults and do not always raise their problem) and to intervene insufficiently (in Enterprise training, the objectives and times in the courses do not facilitate adaptations much and the necessary attention).
- I need to know the most appropriate way to teach / help students with these problems.
- Being able to give answers to the professionals who work with them so that they can make a life as normal as possible, thus achieving their school adaptation and therefore, their social adaptation.
- Unforeseen reactions.
- Doubts about the effectiveness and opportunity in the proceedings.
- The lack of training to deal with these situations in an appropriate way for students.

In general, **students with behavioural disorders require** (Reyzábal, 2006):

- Learn social skills that make it possible for them to properly relate to people around them.
- Achieving realistic academic goals.
- Improving verbal language as an instrument of interaction and regulation.
- Intervene in the process of developing the rules.
- Receive individualized care.
- Anticipate and anticipate the consequences of one's own and others' behaviours.
- Be part of activities that promote moral, social and ethical development.

Specific intervention strategies

Following the recommendations given by the UK National Institute of Excellence for Health and Care (2015), these are the most appropriate intervention strategies for working with adolescents who have behavioural disorders:

- First, they value the importance of early interventions with both students and their families in the following areas: working with parents or caregivers of students with behavioural disorders in small groups, accessible both in the schedule and in the contents and in the proximity to their homes, focusing on improving communication and social relations.

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- Secondly, account must be taken of the need to intervene in the classroom at the time when the presence of defiant behaviours or the presence of any signs of alarm such as those we have exposed throughout the chapter is detected.

These interventions within the classroom have to contemplate improving the social and communicative skills of these adolescents and their families. From the beginning of the intervention, the behaviours to be treated must be left very well defined. The context in which the adolescent develops should be evaluated in order to detect and modify environmental factors that may be triggering or reason to continue to present the behaviours that are intended to be modified. This whole process must be accompanied by a timetable for reinforcing the expected behaviours, in this calendar it must be clear what time is set to meet the objectives of the intervention.

Table 2

Key behavioural techniques for increasing behaviours

Technical	Procedure	General Aspects
Praise	It must be descriptive It should include positive feedback Should be sincere Contingent to conduct With pleasant tone of voice	Highlight positives - however small - in the student's behaviour Prevents negative behaviours
Attention	Looking at or smiling at him Making a quick comment about his behaviour Having a brief conversation with the student Doing some activity next to him	Learning to differentiate between "getting attention" and getting proper care Improve behaviour by looking at positive aspects of students.
Physical contact	Sit near the student Give a loving pat	Assess physical contact as an appropriate form of relationship and learning Developing a students's emotional intelligence through physical expression
Rewards and privileges	Identify the most appropriate rewards for each student Always give after the issuance of the target behaviour never before Use systematically	The issuance of the conduct is not exclusively rewarded, but the effort that the student has made to achieve it

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	Variate to avoid satiety Giving privileges in proportion to the effort made	
Turtle Technique	Specify disruptive behaviours you want to apply to. Teach the student the specific answer to the word "tortoise": close eyes, stick arms to the body, stick head between the shoulders and pick up like a turtle in its shell. Learn relaxation in the turtle position Generalize the technique in situ within the classroom. Apply later in other situations Teaching interpersonal problem-solving strategies	It's easy to apply Achieve good long-term results Instruct stun stuns on skills needed for life in society The student learns to face the problems of daily life and to express their emotions properly.

Source: Mateo, V. (2007). Psycho-pedagogical and pharmacological intervention in the face of ongoing behavioural disorders in childhood and adolescence, p.4.

You may consider the following **advice and coping strategies**:

Table 3

Top behavioural techniques to decrease behaviours

Technical	**Procedure**	**General Aspects**
Extinction	List the behaviours in which we will use this technique. Write down the things we can do when the student exhibits such behaviour (e.g. turning his/her back, attending to another partner, doing another activity, etc.) Pay attention just as you cease such disruptive behaviour, smiling at you,	It demands a lot of emotional self-control on the part of the teacher Ignoring is not the same as doing nothing in the face of disruptive behaviour It's an effective way to teach our students that their behaviour doesn't deserve our attention. When we carry out this technique, we are discouraging such behaviour from repeating.

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	talking to you, looking at you, etc.	
Cost of response	Privilege must be something that you can deny to the student at that time. The privilege that is removed should not affect other colleagues. Specify a priori privilege suppression time (adapting suppression time to age and severity of behaviour). Change privileges that are suppressed with some frequency, so they don't lose effectiveness.	The student has to pay with a benefit for inappropriate behaviour Learn that all disruptive behaviour has a negative consequence associated with it
Corner of thought	It should only be used to stop violent behaviours or reactions such as aggression or emotional miss-control. The place where it is done should not have any kind of stimulation. It is convenient that before applying it we should give a warning notice. The student must know how much time he will spend in the corner. If you don't want to go or leave early, apply response cost. Praise the first positive behaviour after returning from the corner. The maximum application time should not exceed five minutes.	Possibility to reflect on one's own behaviour Relax a little in a quiet space, before returning to the class-group.

Source: Mateo, V. (2007). Psych pedagogical and pharmacological intervention in the face of ongoing behavioural disorders in childhood and adolescence, p.5

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Curriculum adaptations

The first step to take into account in curricular adaptations in the educational context is to make a structured plan of daily activity in class that considers and respects the interests and abilities of adolescents. This plan has to be in continuous evaluation in order to adjust it to the progress made.

Visual presentation of the materials worked in class, to guide the questions of the exams, give more time, prioritize the objectives that increase personal autonomy, reinforce perceptual development, establish routines of activities, schedule breaks.

It is also necessary to adapt the coping methodology in three aspects:

- Maintaining constant feedback on the presence of certain behaviours in adolescents, programming reinforcements using techniques such as those set out above and selecting positive reinforcements.
- Planning the procedures that we will use to control disruptive behaviour by means of techniques such as making signals or gestures to maintain attention.
- Establish, teach and require self-correction and self-assessment as a standard procedure.
- Constantly exercise formative assessment.
- Use adapted evaluation procedures (oral exams, shorter exams, more time to ask them, specific questions etc.).
- Analyse when the learning/resolution processes present the problems and difficulties and what entity they are, with the intention of working specifically on that point and not the entire procedure developed.

In such sense, the VET teacher is important to be:

- Sincere, but also uncompromising - to act with such unspoken "gentle power and soft determination". Learners recognize falsity and insecurity unmistakably.
- Respect the students – this could be a gentle power. This is a very important step, so it is worthy to start with. You should not treat the students as if s/he were lower than you.
- The learners also need to feel respected. Their thoughts and feelings deserve to be heard. You should not ignore his opinion, even if it is not right in your own.
- When neglecting or controlling the student, it is perfectly normal for him or her to cause negative reactions. Treat the student as an equal and be understanding. This will nurture acceptance and sympathy in him. You will also learn how important it is for people to listen and understand.
- Don't be too insistent. When you want a teenager to do something, it is important not to act in a command. Sometimes it won't listen to your advice, but it shouldn't get you out of balance. You can advise it again in the same direction, but in other words, again with a good tone.
- With a good attitude you would achieve more than with anger and power. It is very important to make an argument. In order to be heard, the teacher needs to highlight the benefits that the student would have from what he or she would share with him as an experience or an information.

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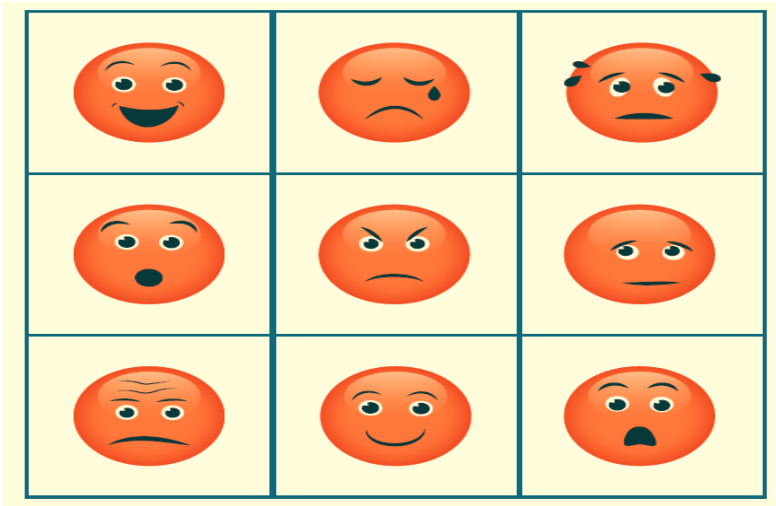
- "Dress" the present with practical experience. When do you know "why?" it's easy to motivate yourself to absorb knowledge or follow the rules.

Possible classroom activities

Activity 1:

Teaching student to name different emotions and to identify where they come from can help them learn to cope with them and gain some control over them. Teaching student how to identify emotions could be done by showing them cartoon faces depicting different expressions and asking student to identify what feeling is behind each face. Feelings charades is similar, where student pick a card with a feeling word on it and then attempt to act it out for the class to guess what it is. Once the emotion or feeling is identified, ask the student to think up some reasons why the cartoon character might feel that way. You as a teacher may use the following illustrations if you find them suitable for your students to express their emotions.



EXCITED	SAD	NERVOUS
SURPRISED	ANGRY	SHY
WORRIED	HAPPY	SCARED

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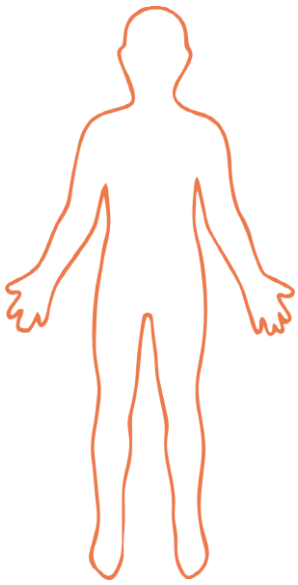
Activity 2:
Ask the class to brainstorm times when they have felt worried or nervous, for example, before a class presentation. Help students remember the time they were last worried, then ask them to identify where he/she feels her worry/anxiety on a sketch of the human body.
Ideas about how we can help ourselves feel better:

- Asking a friend, teacher, or parent for help
- Reading a favourite book
- Doing a puzzle or other distracting activity
- Having a hug
- Playing with a pet
- Playing with a favourite toy
- Having a warm drink
- Having a warm bath
- Going for a walk
- Listening to music, drawing…
- Cuddling a teddy
- Thinking of something to look forward to
- Slow breathing



Activity 3:
Generate classroom discussion about what students have done, or could do, to help them feel better when they are worried or sad. This could involve calm breathing, or helping themselves feel brave by telling themselves, "I can cope", "I can try my best, "I am brave."

Activity 4:
Consider running relaxation exercises regularly to help student learn them. You could try having a key word for a relaxation exercise that you will use at some point during the day, and at which everyone should stop what they're doing and practise this skill.

<u>Helping student think it through</u>
Student with anxiety often think of the worst-case scenario and will seek reassurance from adults in an attempt to allay their fears. Instead of providing all the answers, help student think through the reasons for the worries. If the opportunity arises, encourage them to think carefully and realistically about a situation they are anxious about by asking them to think about:
'Why do you think that will happen?'
'What has happened before in this situation?'
'What else could happen?'
'What general things do I know about this situation?'
'What is more likely to happen?'
'What has happened to other people?'

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If they are thinking unrealistically*, challenge them by asking for evidence for these thoughts.

NB: If they have genuine fears about physical bullying, or failing a test due to learning difficulties, this approach would not be appropriate. It is aimed at student whose fears are excessive and unrealistic, not in all situations.

Healthy thinking and self-talk

Self-talk is what we say to ourselves in our heads.
For example, when you hand in an exam, you might be thinking:
"Phew! I'm glad that's over. Now I can relax!"
This is self-talk. Negative self-talk is characteristic of anxious student (and adults). Negative self-talk is when what we say to ourselves focuses on the worst case scenario, or on what could go wrong. Anxious people are often very self-critical, and tend to think the worst of themselves or of an ambiguous situation (e.g. "I'm hopeless, I know I can't do this, everyone will laugh at me").This tone of self-talk provokes feelings of anxiety, not to mention hopelessness. Discussing self-talk with student will often confuse them because most of us, let alone student, don't realise we do it. However, you can still encourage positive self-talk without having to explain the concept to student. This could be done by encouraging students to think of positive things to themselves in their heads when faced with challenges or setbacks.

Examples:
"I can do it!"
"I can try my best."
''I'm brave enough for this"
"I know I can do it"

Activity 5:
Have the class brainstorm positive self-talk statements they can say to themselves when they are challenged. If they are having difficulty thinking of what to say, ask them to think of something nice they'd say to help or encourage a friend to be brave when they're scared or worried. As a creative exercise, print these statements in various fonts for student to colour and decorate, or ask student to draw statements in their own fonts.
Perhaps you could laminate these statements and display them around the classroom. Explain to student that they can say kind, brave things to themselves in their head when they are having troubles without anybody else knowing. In the classroom setting, teachers can model positive self-talk by speaking it aloud.

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2.2 Depressive disorders

Definition

Moods are sustained emotions. It is normal to feel sad at some point since sadness is part of life, although being low-spirited does not mean having depression. **People with these disorders have moods that go beyond feeling "sad.** Mood disorders can be found in all races and social classes. Depression is one of the most frequent psychological disorders and involves numerous changes in the person suffering from it. It involves changes in the way you feel, think, behave, which increase as your degree of involvement increases.

The term **depression** is generally used when we refer to a lower mood than usual or when we are tired. Depression refers to extreme depression in the mood of the person suffering from it. It causes suffering, both the person who suffers it, and their families and affects all areas of life that can end suicide in serious states.

Many people may feel depressed at some time in their lives. Feeling frustrated, discouraged, and even despair, are normal feelings of disappointment. The duration may last days before gradually disappearing. For some people, **these feelings can be maintained for months and years, which ends up causing serious problems in everyday life**. It is a serious and debilitating psychopathology, and affects how an individual feel, thinks and acts.

It can cause both physical and psychological symptoms:

- Problems of intake.
- Problems of sleep.
- Discomfort.
- Fatigue, etc.

The characteristic feeling of depression is sadness, which is experienced continuously and intensely. Those who suffer from it feel that this mood will never end and, in addition, prevents them from functioning properly, interfering with their quality of life.

Although the DSM-IV and ICD-10 do not use the term illness but that of disorder, they define depression as a complex psychological problem, whose main characteristics are, on the one hand, an irritable and / or dysphoric mood and, on the other, lack of motivation and decrease in adaptive instrumental behaviour. It is a disease of the very frequent state of mind, which affects the human being as a whole, (physically and emotionally and has a social impact. It supposes a low will to satisfy habitual demands of life in an optimal way.

Diagnosis of the **Depressive Disorder American Psychiatric Association (APA)** in classification of mental disorders DSM-IV-R, point change in normal operation 5 or more of the following symptoms and lasting for more than 2 weeks means that there is a high probability this student to have such disorder:

- Depressed mood most of the day every day.
- Decrease of interest or pleasure in any activity
- Reduction of pleasure or interest in most daily activities

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- Weight loss (without diet) or weight gain (on the order of 5%)
- Daily insomnia or hypersomnia
- Psychic and motor agitation or psychomotor retardation.
- Fatigue or loss of energy daily.
- Concentration problems or decision making
- Physical illness or substance abuse.
- Less ability to think or concentrate and indecision most of the day.
- Recurring thoughts of death or suicide.

It is common for both parents and teachers to confuse the depressive disorder with laziness or behavioural problems. It is more likely to go to the consultation for physical discomfort (somatization / appetite disturbance, when eating or sleeping much more or less than usual or when there is a decrease in school performance. The teenager may manifest irritability sadness, greater rebellion, disobedience or lack of energy more frequently and a loss of interest in their games. They feel sad and express feelings of guilt, of not being good enough as it should, which leads them to show hopelessness, cry or get angry.

In the depression of the adolescent, they appear frequently:

- Sadness, boredom, boredom and annoyance.
- Facial and postural expression of sadness: bad face, sad eyes.
- They stop being interested in the things they used to enjoy.
- Sleep disorders (insomnia / hypersomnia); Excess sleep; Waking up at night, too soon, having trouble falling asleep again, waking up suddenly and suddenly.
- Restlessness.
- Lack of concentration.
- Irritability, dysphoria, moodiness.
- Changes in character and conduct.
- Rebel without a cause that determines it.
- Social isolation avoiding the companies of friends and family.
- He can assault his teammates for no apparent reason.
- It shows fatigue, tiredness, lack of energy for everyday tasks.
- Any job seems to require a great effort.
- Lack of appetite or exaggerated appetite.
- The adolescent presents this feeling of undervaluation and is not able to observe its full potential as it is.
- Repeated concerns (music, books, games) related to death, suicide.
- They feel physically ill, without any organic cause.
- To express desires to die. They express suicidal ideas or develop a suicidal plan
- They plan acts in which the risk or the chances of dying are not realistically calculated.
- They show pessimism, hopelessness and guilt feeling of emptiness, dejection, unhappiness or crying for no apparent reason.
- It can initiate or increase the consumption of alcohol, drugs and risk behaviours.

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It is important that teachers receive training to detect this disorder, take depression seriously in adolescents and provide timely professional support.

Coping strategies

It is essential to generate a space for awareness, demystification and information on the phenomenon of depression, aimed at educators working with young people in secondary school to promote an alert attitude on the issue of depression. It is important to recognize that the person has a real disorder avoiding minimizing it considering that nothing happens to him and that his problem is due to a lack of character or will.

The comorbidity of depression with those of **alterations in eating behaviour** is frequent. It is important that professionals monitor the diet of the depressed patient. Just asking the student to write down what they eat can help them self-regulate.

Some people, when they get depressed, tend to seek refuge in **the toxins** that worsen the prognosis of depression. Therefore, prevention should be done to avoid **drug use. Encourage students** to maintain guidelines to avoid **alcohol and other toxic substances** (see videos 3 and 4).

The comorbidity of depression with **suicide is also an important aspect to consider in the intervention with students who have a depressive disorder.** First, take any thoughts of seriously **suicide.** Do not avoid addressing the issue with the student and talk with him about this issue openly. Before a student with depression, it is necessary to have a great capacity for listening and availability that can cause tension and wear, so it is important to know how to ask for help to stay well psychologically.

It is essential to involve the family in the recovery process and also the educational community which will help a better prognosis.

They need to know useful strategies for the following issues:

- Learn about depression, its treatment and what you can do to help your recovery.
- Be part of the support and treatment team.
- Do not think that the person with depression does not want to improve, although sometimes it seems to you.
- Try to see the symptoms as they are: part of a disease.
- Help parents understand the problem, or support in a simple way, such as: listen with interest.
- Help the adolescent recognize the sources of stress and find the most appropriate way to cope.

It is always advisable to start the work with these students, requesting a meeting of the teaching team, with the support services and with the resources of the school. When necessary, due to the complexity or severity of the problem, the student can be considered to be evaluated to determine their status.

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Adaptations of the training process

Teaching approaches and aids can be:

- Tasks in small steps.
- It will help to assess their achievements.
- The teacher should make use of positive messages.
- Praise each one of his advances, especially at the beginning and no matter how small.
- Do not delay them, since they constitute a reinforcement that improves your sense of self-efficacy.
- Listening, knowing the student, will help identify the presence of emotional changes.
- Daily communication.
- Sharing feelings and emotions (creates closeness and intimacy).
- Avoid labelling or prejudging.
- Give possibilities of change, eliminating attitudinal barriers.
- Give opportunities of success to students with difficulties to build trust.
- Finish the class in a friendly way, despite the problems motivating students to want to live together in the classroom.
- Teach to consider error as an opportunity to learn and move forward.
- Assertive communication with these advisable **parents/family** of the diagnosed student's, to know their symptoms and to coordinate actions with the family.
- Try to make the student feel safe, respected and accepted, knowing their abilities and limitations (what they can do and what not). Avoid adopting competitive approaches or comparing, avoiding increasing depressive symptoms.
- Always highlight the qualities and values of the adolescent, trying to use it in solving their problems.
- Correct, not label, and use a simple language with affection that allows to improve the student's behaviour without generating negative emotions.
- Do not allow a partner to be ashamed or ridiculed.
- Attend your queries, pay attention to your emotional manifestations by giving them validity.

Strategies for the classroom

Depression will affect all areas of the human being therefore a timely intervention is essential.

What you can do as teacher is the following:

- Involve a favourable class climate, participating in group activities.
- Individual interview tutor-student to generate empathy this will generate safety in the students
- Perform a multidisciplinary intervention to have an effective treatment.
- It is recommended that family sessions also can be performed.

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- Promote family strategies for the prevention of depression in students and adolescents.

It is essential to start the creativity and willingness of teachers using recreational and environmental strategies that impact students' daily life and allow them to overcome depression. Promote positive experiences because the inability to experience pleasure is one of its characteristics, which causes them great suffering and loss of meaning to life. You must work by offering rewarding activities, such as a close relationship with friends, family or colleagues usually help prevent depression.

We must assess different aspects such as:

1. Academic progress.
2. If the level of performance is the same or is getting worse.
3. If there are changes in their level of socialization with the other students, if they tend to isolate themselves.
4. If they are more tired than usual.
5. If they are sad for the most part of the time you are in school.
6. If there are changes in your attitude towards school.

Activity 1

There are various questions that can be asked to help student with psychological disturbances to learn how to think through their problems. When a problem causes anxiety, it is often helpful to write it down before trying to work it out.

The questions below are good examples of a problem-solving strategy:

What is the problem?

.....

What are all the things I can do to handle it?

1.....

2.....

3.....

What will happen if I do each of those things?

1.....

2.....

3.....

Which way of handling it is the best?

Now that I have tried it, how did I do?

Can I do anything differently next time?

Although it seems like common sense, when people are anxious it is often difficult for them to follow common sense.

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2.3 Anxiety disorders

Definition

When anxiety helps us to face and solve real and concrete problems, anxiety is a healthy emotion. The term anxiety can refer to a temporary mood of tension (feeling), a reflex action that makes us aware of a danger (fear), an intense desire (longing), a physiological response to a demand (stress) and a state of morbid suffering (anxiety disorder) Anxiety disorder occurs when the reaction we have does not have an effective function, does not help us avoid or flee from the aversive stimulus that has caused it or we would not really be interested in running away from it. Anxiety disorders are susceptible to assessment and ordering according to operational diagnostic criteria that can be used both in research and in the clinic.

Anxiety is an anticipatory response to future harm or misfortune, which is accompanied by a feeling of unpleasant dysphoria and with somatic symptoms of tension or avoidant behaviours. It is a normal phenomenon, which facilitates the knowledge of one's own being, stimulates the development of personality, and mobilizes the organism's defensive operations.

It is basic for learning, motivates the achievement of goals and helps maintain a high level of work and behaviour. Anxiety, such as feeling or emotional state average, is a common response to stressful situations, a warning sign that warns us of impending danger and motivates us to take the necessary measures to confront us to this threat (group). It is an emotional state that causes the unpleasant sensation of imminent danger to the physical or psychological integrity of the subject, (fear of dying, a heart attack, losing reason, dying etc.)

Anxiety or concern is associated with three (or more) of the following **six symptoms** *(some of which have persisted for more than 6 months):*

- Restlessness or impatience.
- Easy fatigability.
- Difficulty concentrating or having a blank mind.
- Irritability.
- Muscle tension.
- Sleep disturbances (difficulty falling or staying asleep or feeling awake from non-restorative sleep).

The disturbance is not due to the direct physiological effects of a psychoactive substance (for example, drugs) or due to a medical illness (for example, hyperthyroidism) and does not appear exclusively in the course of the mood, a psychotic disorder or a generalized disorder development.

Anxiety disorders encompass several mental disorders:

- **Panic attacks.** Extreme manifestation of anxiety with pulse acceleration, hyperventilation or rapid and shallow breathing, fear of losing control and feeling of impending death.

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- **Simple phobia.** Exaggerated fear of objects or situations that do not represent any danger to most individuals. An example is the fear of enclosed spaces or claustrophobia. Simple phobia involves feeling an exaggerated fear of objects or situations that, although they do not represent any danger to most individuals, experience an irrational fear when faced with the phobic stimulus, be it an animal, an object, or a situation, and it ends in a behaviour of avoidance.
- **Social phobia.** It is disabling for whoever presents it. Subject avoids interacting with other people for fear of looking bad (public speaking). It is an anxiety disorder very common (social phobia), is a strong irrational fear of social interaction to situations are not confused with shyness. Because the person suffering from this disorder feels extreme anxiety when being judged by others, being the centre of attention.
- **School phobia.** Fear of school that causes a total or partial absenteeism, which is expressed in various physical symptoms, inability to get out of bed, nausea, cramps, etc. It affects boys and girls in early adolescence, between 14 and 17 years.

At least **three or more of the following symptoms are required for diagnosis**:

- Excessive preoccupation and discomfort when having to separate from the home or the main linked figures.
- Fear of losing parents or something bad happens to them.
- Fear of being kidnapped or lost.
- Not being able to go to school or anywhere else.
- Not being able to stay alone at home.
- Not being able to sleep away from parents or outside the house.
- Have recurring nightmares of kidnappings, accidents, etc.
- Manifest physical complaints such as headache, vomiting, abdominal pain when you have to leave your home to go to school or another remote place.

Types of anxiety disorders:

- **Obsessive-compulsive disorder (OCD).** Need to perform repetitive acts or rituals of varied complexity to mitigate the anguish caused by the intrusion of unpleasant, persistent thoughts despite the efforts of the subject to get rid of them ((suffering from a disease, the death of a loved one, etc.). It is a combination of recurring thoughts (obsessions) and repetitive actions (compulsions) that a person performs, with the belief that the behaviour gives him control of the obsession. For example, a student obsessed with cleanliness may feel the need to wash hands repetitively. Some people with OCD develop very complex daily rituals. The worry is not limited to the possibility of presenting a panic crisis (as in panic disorder), having a bad time in public (as in social phobia), get a disease (as in obsessive compulsive disorder), be away from home or loved ones (as in anxiety disorder of separation), gain weight (as in anorexia nervosa).

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- **Post-traumatic stress disorder (PTSD)** caused by an unusual and traumatic event or situation of great intensity and characterized by the re-experimentation of trauma, by the appearance of behaviours to avoid situations in relation to this event and due to an increase in neurovegetative symptoms. It occurs after a terrifying experience in which the person felt the threat of physical harm or fear, horror or helplessness.
- **Agoraphobia** regularly, usually defined irrational fear of open spaces, such as large avenues, parks or natural environments. But this definition is not entirely true. The phobic stimulus is not the parks or the great avenues, but the situation of having an anxiety attack in these places, where it can be difficult or embarrassing to escape, or where it is not possible to receive help.

The most characteristic symptoms are:

- The pulse accelerates, heart shakes or heart rate elevation;
- Sweating;
- Tremors;
- Hyperventilation or rapid and shallow breathing, choking or shortness of breath and discomfort;
- Choking sensation;
- Chest tightness or pain;
- Nausea or abdominal discomfort;
- Instability, dizziness or fainting;
- Feeling of unreality or depersonalization (being separated from oneself);
- Of fear or fear of losing control or going crazy;
- Feeling of imminent death;
- Paraesthesia (feeling of numbness or tingling);
- Chills or hot flashes.

Learning problems

These students, seeking the approval of others, have a strong awareness of themselves and are often described as perfectionist students, with great interest in pleasing others and with unusual maturity. Anxious students are characterized by an excess of negative thoughts, distortions as personalization and a high frequency unmodulated coping thought that interfere with their daily lives. In the social aspect, part of these students have difficulties in relating to their peers who, in turn, perceive them as shy and prone to isolation.

Coping strategies

1. Establish a good relationship with the student. Establish a communication Affectionate and respectful.

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2. Offer support. Establish a support alliance based on trust and understanding. Listen to complaints carefully and without interruption, as well as allow to express your emotions (crying, anger).
3. Offer simple explanations about the disorder, the factors involved in its appearance, situations that can help solve it, etc. and the most appropriate type of intervention (see R2 videos).

Techniques

Relaxation techniques - A simple way to relax is through breathing. Teach him/her to slowly inspire through his/her nose, mentally counting 1, 2, 3, 4, 5. Inspiration should cause the abdomen to inflate like a balloon. Then the air is exhaled slowly through the mouth counting mentally 1, 2, 3, 4, 5.

- Teach the technique of respiratory relaxation.
- Psychotherapy Provide supportive psychotherapy.
- Every teacher becomes a support by establishing a good relationship and a good alliance with the student.
- Listening, explaining and addressing the concerns and feelings are essential components of any intervention.
- The teacher can support the student by strengthening the ability to face the difficult situation that students have to understand their emotional reactions to problems and to obtain practical knowledge for their resolution.

Training in problem solving

Consists of the following steps:

- Identification of the triggers of excessive worry.
- Know the actions the patient is taking to face them.
- Reinforce the things you are doing successfully.
- Plan tasks that the student can do in the future to solve stressful situations.

Overprotection, ambivalence towards the student, marital problems, or parental dissatisfaction are some of the problems encountered.

Learning distraction techniques that can help them stop paying attention to threatening stimuli (bodily sensations / thoughts).

The distraction techniques that are worked on are:

- Focus attention on the environment: students must describe, in detail, an object that is located near them, taking into account its shape, colour, composition, size ... (eg. , cars, tree ..).
- Perform incompatible mental activities: It is about developing any mental activity that entails that they focus their attention and are distracted from their own body and / or thinking (eg, calculation exercises, make a shopping list, review the agenda of the week...).

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- Change of situation and / or activity: They are proposed to change their situation or to carry out an activity that is sufficiently absorbent for them to stop focusing on their anxiety (eg, changing places, calling, bathing, do crosswords ...).

Family intervention by Barrett, Rappe and Dadds

The need to include the family in the process of intervention with these students is essential, not only for the role they can play in the behavioural change of their students, but for the fact that in In many cases, parents can also present anxious behaviours that generate and / or maintain their own students's disorders.

Family approaches of a behavioural nature

They focus their attention on how parents' model and reinforce their students's anxiety, fear or avoidance behaviours and how they can act for them to change those behaviours. At the base of their interventions is social learning. The importance of establishing sincere communication of their thoughts and feelings, both parents and students, is stressed. Positive changes that can occur in the family and how to reinforce them are identified.

Among its objectives are:

- Provide training to parents on how to continually reward behaviour and extinguish excessive anxiety in the students.
- Teach the father how to identify his emotional sensations, in order to become aware of his own anxiety responses to stressful situations and adopt appropriate strategies to the feared situations.
- Provide training in communication and problem-solving skills to parents to face, as much as possible, future problems and maintain therapeutic benefits.

we would like to suggest some basic guidelines and strategies for the promoting effective communication:

1. **Good communication requires listening skills**.
    a. Encourage your students to be active listeners as you strive to make the lesson dynamic and engaging.
    b. Allow students to engage with questions or comments while you are teaching the lesson.
    c. Ask questions as well, invite students to share their ideas.

2. **Be a good role model.**
    a. Teach the learners that it is important to look the other person in the eye, wait patiently for their turn when they want to take the floor, and that it is important when they want to share something that they stick to the topic that is set.
3. **Teach students to be structured in communication to make sense of them.**
    a. Students need to learn to organize their ideas in a logical sequence.

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   b. It is important that they make their statements clearly and precisely at the very beginning of their presentation and finally summarize what is said to give the listener a peculiar framework of what they have heard.
   c. Let them make a plan for what they want to say, identify anchor points and follow them.
4. **You can play a short TV interview within 2 minutes, for example, to try to structure the story they want to tell and get the most out of it.**
5. **Allow your students to interact with a large audience**
   a. You can involve the whole class, students from smaller classes or visitors to the school.
   b. Have each student get involved, such as divorcing visitors and showing them parts of the school or speaking to the class.
   c. If the student refuses to participate or does not have the necessary communication skills, you can train in front of a smaller audience - a small group in a class or in front of several people.
6. **Some students are likely to have difficulty in communication - writing, reading or otherwise.**
   a. They could share their ideas through another type of means of expression - drawings, posters, graphics and diagrams, computer programs, theatre stage, demonstration.
7. **Adhere to the topic is a very important part of a good communication.**
   a. Give students such tasks that they need to screen out unnecessary or inappropriate information from a text or excerpt by specifying a topic in advance.
8. **Answering the questions briefly and accurately is another very important part that students need to master.**
   a. Students always think that a wordy answer is always a better option than a short answer.
   b. Let them find out that a good answer is one that is absolutely and directly related to the question asked.
   c. Ask a question and try to come up with some students to come up with possible answers.
   d. Ask them according to them, what was the best answer.
9. **Have students retell a message or news story in a few words, trying to rewrite it so that only the most important thing remains.**
   a. This will help them learn how to summarize and analyse. The skills they will need in the future.

Good feedback can be provided when there is an atmosphere of trust and concern, when the student and teacher perceive themselves as "allies" working for common purposes. If this atmosphere is absent, the feedback will not be maximally effective.

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2.4 Eating disorders

Definition

Eating disorders (eating disorders) are mental disorders characterized by pathological behaviour against food intake and an obsession with weight control. They are disorders of multifactorial origin, caused by the interaction of different causes of biological, psychological, family and sociocultural origin. They are diseases that cause negative consequences for both the physical and mental health of the person.

Eating disorders usually appear during adolescence and the beginning of adulthood. They are more common among women than among men. Conditions such as anorexia nervosa, bulimia nervosa and binge eating disorder are characterized by the adoption of harmful eating behaviours, such as calorie restriction or binge eating. Eating disorders are harmful to health and often coexist with depression, anxiety and / or substance abuse. (WHO, 2019).

Regarding the Criteria for intense fear of gaining weight or becoming obese, even being below normal weight., Although it is very similar, it is noted that apart from being able to present that intense fear, the patient may also exhibit persistent behaviour that interferes with weight gain, even with a significantly low weight.

The physical signs and symptoms of anorexia are usually the following:

- Excessive weight loss, or not achieving the expected weight gain for development
- Slim appearance
- Abnormal blood cell count
- Fatigue
- Insomnia
- Dizziness or fainting
- Bluish pigmentation in the fingers
- Fine or brittle hair, or hair loss
- Smooth lint-like hair covering the body
- Absence of menstruation
- Constipation and abdominal pain
- Dry or yellowish skin
- Cold intolerance
- Irregular heartbeat
- Low blood pressure
- Dehydration
- Swelling of the arms or legs
- Dental erosion and calluses on the knuckles due to vomiting

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Behavioural symptoms of anorexia may include attempts to lose weight in the following ways:

- Strictly restrict food intake through diets or fasting
- Exercise excessively
- Binge and cause vomiting to eliminate food, which may include the use of laxatives, enemas, dietary supplements or herbal products

These are some of the emotional and behavioural signs and symptoms:

- Concern for food, which sometimes includes cooking elaborate meals for others, but not eating them
- Skip meals or refuse to eat frequently
- Deny hunger or make excuses for not eating
- Eat only a few "safe" foods, usually low in fat and calories
- Adopt rigid rituals for meals or food, for example, spitting out food after chewing
- Not wanting to eat in public
- Lying about the amount of food ingested
- Feeling afraid of gaining weight, which may include weighing or measuring your body repeatedly
- Look frequently in the mirror to see the defects that are perceived
- Complain about being fat or having body parts that are fat
- Cover yourself with layers of clothing
- Indifferent mood (lack of emotions)
- Social withdrawal
- Irritability
- Insomnia
- Decreased interest in sexual intercourse

Signs and symptoms of bulimia usually include the following:

- Worry about body shape and weight
- Live in fear of gaining weight
- Repeat episodes of eating excessive amounts of food at once
- Feel a loss of control during the binge, as if you could not stop eating or could not control what you eat
- Force vomiting or exercise too much to not gain weight after a binge
- Use laxatives, diuretics or enemas after eating when they are not needed
- Fast, restrict calories or avoid certain foods between binge eating
- Use dietary supplements or excess herbal products to lose weight

The severity of bulimia is determined by the number of times a week that is purged, at least three months.

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Modifying the eating style of the bulimic person is one of the goals of his treatment, and this disorder leads him not to differentiate hunger and satiety and the inability to differentiate the amount of food.

Problems that generate the teaching-learning process

It may not be easy for teachers to observe the presence of some of these disorders in their students. The first sign that will be striking will be the significant loss of weight without a justifying cause, but certain changes in behaviour can also be observed such as excessive worry about physical exercise, hyperactivity, an increase in study hours to the detriment of time used for recreational activities, a lack of concentration and learning or also observe changes in character such as irritability, withdrawal or social isolation.

If there is a suspicion of illness, it is advisable to approach students to be interested in their physical and emotional state. To do this, it should be borne in mind that: It may be difficult and conflicting for the affected person to discuss the issue and, above all, may deny it. You have to respect the person regarding the information you want to give. You will have to try to put yourself in his place to understand what his fears and worries are. We must make him see that we understand his feelings and make him understand that he worries us, but not express an excessive alarm.

If it is considered appropriate to communicate it to the family, the affected person should know it beforehand and, if possible, should be present when the family is asked to be asked if they have observed any of these physical, psychic or behavioural symptoms. These problems imply important alterations in the personal and school life of the student, affecting their academic performance and their school life in general, highlighting in some cases their situation of school uprooting and absenteeism, in most cases caused by psychopathology that affects or by the treatment modality to follow.

The mental problems of adolescents are associated with insufficient results in terms of education, drug use, dangerous lifestyles, crimes, poor sexual health, self-harm and poor self-care, factors that increase risks. These problems imply important alterations in the personal and school life of the student, affecting their academic performance and their school life in general, highlighting in some cases their situation of school uprooting and absenteeism, in most cases caused by psychopathology that affects or by the treatment modality to follow.

As we approach these patients, we perceive their suffering, they let us see their mood, their personality and the way of coping with difficulties. Their relationships with peers, and with peers of the opposite sex.

We know that they suffer from a psychopathological disorder, but we wonder that other protective or risk factors are associated with the disease that may hinder their

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development, such as the consumption of toxic substances, related and relationship problems, their personal and social or educational problems.

We can talk however about **school characteristics that are often repeated in many cases**:

- They are lonely, little integrated in their schools/educational centres.
- They are independent, and do not feel they belong to the class group.
- Some are perfectionists and very concerned about school work.
- Some are especially interested in school work and do it compulsively.
- Self-aggressions are also very frequent among students.
- Your school level is variable, depending on the case
- Tending to low moods (to depression)
- Their low self-esteem is very common among them
- Inappropriate affectivity, emotional instability.
- Present difficulty in interpersonal relationships.
- With active psychotic symptomatology.
- With negative psychotic symptoms.
- Psychomotor disorders (medication, or other conditions)
- Behavioural problems: rebellion, oppositionist....

The consequences that the different situations of risk or mental illness, produce in the students and adolescents, a deterioration in the tasks and in the competences corresponding to each evolutionary moment.

This help will be in relation to the student's age, the type of situation, the characteristics of the contexts, but in all cases it will be important:

- Have a clear and sensible affective attitude towards the adolescent.
- Do not judge him, get the student to perceive an attitude of understanding on our part.
- Stimulate your positive self-esteem, self-confidence, trying to minimize negative feelings.
- Act specifically on those deficits or developmental delays that may have occurred.
- These educational intervention guidelines must be viewed from an interdisciplinary perspective in order to improve some aspects of development by providing them with the support they need and facilitating the figure of a significant adult, who transmits confidence and dedicates them a time of individualized, positive, systematic attention. and periodically in a protected context, which allows the student to:
- The expression and recognition of feelings and emotions.
- The acquisition of positive internal models.
- Learning social skills.

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- The help necessary for the conceptualization of oneself as a valuable person, capable of being loved and respected.
- Provide you the opportunity to feel protection, trust and security.
- Promote rich and varied educational experiences such as favouring fantasy, curiosity, sense of humour, desire to learn, and motivation to achieve.
- Promote adequate interaction with peers in all activities.
- Train specific educational skills to each situation that favour their self-esteem and their motivation for effectiveness in their realization.
- Provide support to families to improve their level of educational competence.

The educational intervention with students at risk and / or mistreatment, must take into account what conditions favour the effectiveness of educational experiences from early childhood and guide the work around:

- The improvement of conditions that favour early development.
- The promotion of the development of basic evolutionary competences and the motivation of effectiveness through relationships with the educator and peers
- The improvement of family life and its relationship with the school.
- The development of educational skills in parents.

We consider the model based on resilience as a model of intervention with students affected by above disorders, following these guidelines:

1. To accept them as people, as they are, is the first guideline we follow in the educational intervention, reducing the intellectual and emotional distance between teachers and students in the didactic action. This attitude of dialogue entails transcending instruction and embarking on a path of progress towards self-knowledge.
2. Have his personal resources at the time of crisis, his self-esteem and resilience, autonomy, impulse control, empathy, optimism, sense of humor, that inform us of his possibilities and abilities to handle the conflict, tension and problems personnel to face.
3. Assess the urgency of the problem.
4. Take into account the possible situations of conflict and crisis that may arise with the student and his family.

Coping strategies

- Consider the Classroom as an aid to discover and make sense: Help find meaning in life and situations. Here comes into play the importance of understanding reality, prioritizing training and learning throughout adolescence and life.

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- The Classroom for attention to diversity of skills. The development of personal skills is essential to intervene in the process of growth and development.
- The Classroom as a promotion of self-esteem: It is based on the acceptance of the person over their real or potential behaviour and the ability that the adult has to discover and highlight the positive qualities of all students. Thus encourage reasoning, the capacity for constructive criticism, the motivation for effectiveness and all those personal factors that help to maintain it.
- The Classroom as a place where there is a sense of humour. For its development it is necessary to learn to accept one's mistakes, trust in the future, to be creative, imaginative, to take distance from the facts. Getting a sense of humour is being able to laugh at yourself, which helps to gain freedom and inner strength.
- The Classroom to develop an ethical sense and critical thinking. It allows to critically analyse the causes and responsibilities of the adversity situation suffered to propose ways of dealing with it and transforming it. For its development we need to rely on creativity, independence and interrelation.
- Our task as a professional committed to promoting the resilience of adolescents, during their training period will be to follow the intervention guidelines described, help them recognize and strengthen their bonds, improve basic confidence, self-esteem and find the internal resources that they have, analysing with them what factors can contribute to success and motivate them to use them whenever possible. Always keeping in mind the curriculum.

Recommended curricular adaptations

Schools must adopt a methodology aimed at providing the necessary help to these young people during their development. The psycho-pedagogical intervention in eating disorders must have as its main objective to provide guidance to families and explain certain control patterns as well as behaviour modification, trying to carry out the school re-education of these young people through different socio-educational programs focused especially to the prevention of this type of disorders.

It is essential to work the self-esteem of these young people who live complexed with their body and obsessed with the control of their weight and who cannot overcome their fears or phobias without the help of professionals who, such as teachers, psychopedagogues, psychologists, doctors, etc., will be daily in direct contact with these young people trying to help them overcome a complicated disorder that causes serious consequences in their physical, mental health and in their relationship with the social environment.

Working with students from the educational model of resilience is the best adaptation we can make to work with students. As a tool and educational model of resilience. To think from resilience is to destroy the idea of causality that prevails in positivist thinking and accept the idea of a subject capable of valuations, of creating and giving meaning to life, of producing new meanings in relation to the events of its existence.

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It is to think of a subject not as a passive victim of his circumstances, but as an active subject of his experience. Resilient is the one who is not resigned to reproduce the existing conditions, who believes in the possible change. The resilient subject is not an adapted nor a misfit, is it a critical subject with his existential situation capable of appropriating the valuesand meanings of his culture that best serve his personal fulfilment.

An inclusive society must strive to make its minors resilient, facilitating resilience in them and their families is a valuable way to protect and prevent them from future risk situations.

Activity: Prepare an empathic contact with the learner

You can modify the communication so that the verbal and non-verbal language can be understood by the VET learner in order to produce a meaningful message that takes effect in the short and long term. Teenagers and adolescents naturally have the capacity for empathy, but that doesn't mean they develop it on their own. They learn how to notice, listen, and care by watching and listening to adults and peers, and they take cues from these people about why empathy is important.

In order to model it be aware that your students (both with and without psychological disturbances) are watching you, even when you think they are not.

Try to communicate empathy and emphasize shared values and common interests. This could be achieved also by offering a safe environment to discuss differences. Useful approach is to use self-disclosure and to create opportunities for collaboration.

One role school adults can play is helping students expand their circle of concern. People are inclined to feel more empathy for those who are similar to them or in close proximity to them. But when it comes to building a school community and developing caring students, that's not enough.

In strong school communities, students (and adults) have empathy for everyone – including those who are different in background, beliefs, or other ways. When educators show that they care about everyone in the school community and expect students to do the same, it can help students open their eyes and ears to others, including those who are sometimes treated as invisible.

Another important role is encouraging students to take the leap from having empathy to acting on it. Too often, we assume that young people will automatically know what to do when they feel concern for a peer or an adult, and then do it. But we all sometimes fall into the empathy-action gap, when we care about a person or cause but don't do anything to help. VET trainers/teachers can help young people overcome this gap by modelling and encouraging them to take action, whether it's standing up for someone who is teased, helping to solve a problem, or simply listening to someone who is feeling down.

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Exercise: Five Essential Steps for Schools

Step 1. MODEL EMPATHY

- When you see that one or more students are frustrated, pause and take a deep breath and try to see the situation from their perspective before responding. When a student is upset, reflect back his/her feelings or the rationale for his/her behaviour before redirecting the behaviour.
- Be aware of students' non-verbal cues and follow up on them. For example, if a student is slumping in his/her chair and appearing withdrawn or angry, say something like "I noticed that you are quieter than usual today. Is something bothering you?" rather than immediately reprimanding her/him.
- Ask for students' input when appropriate and feasible (for example, when establishing classroom rules or generating ideas for group projects) – and really listen. Find opportunities to incorporate their feedback and respond to their needs.

Step 2. TEACH WHAT EMPATHY IS AND WHY IT MATTERS

- Clearly explain that empathy means understanding and caring about another person's feelings and taking action to help. Explain how it improves the classroom and school community.
- Stress the importance of noticing and having empathy for people beyond immediate friends, including those who are different or who are too often invisible.
- Give examples of how to act on empathy, such as helping, showing kindness, or even simply listening.

Step 3. PRACTICE

- Create opportunities to practice taking another's perspective and imagining what others are thinking. Play charades and do role plays, read and discuss books, and use "what would you do" style vignettes or case studies.
- Name the barriers to empathy, like stereotypes, stress, or fears of social consequences for helping an unpopular peer. Share specific strategies to overcome them. For example, encourage students to privately offer kind and supportive words to a student who was bullied.
- Foster emotional and social skills, like dealing with anger and frustration and solving conflicts. Use an evidence-based social and emotional learning (SEL) program and teach specific routines for calming down and resolving disputes. Use advisories and guidance counselling to develop social and ethical skills.

Step 4. SET CLEAR ETHICAL EXPECTATIONS

- Be clear that you expect students to care about one another and the entire school community. Don't just put it in the mission statement or on a poster – talk about it, model it, praise it, and hold students to it.
- Do an exercise with students to help them reflect on who is inside and outside their circle. Discuss why and how they can expand the circle of who they care about.

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- Establish specific guidelines for unacceptable language and behaviours. Ban slurs or hurtful language like “that’s retarded” or “he’s so gay,” even when said ironically or in jest — and step in if you hear them. Encourage students to think about why these words can be hurtful.
- Enlist students in establishing rules and holding each other accountable. Use restorative justice practices and peer mediation when conflicts arise.

Step 5. MAKE VET SCHOOL/CENTER’S CULTURE AND CLIMATE A PRIORITY

- Collect data from students and staff at least once a year about whether they feel safe, respected, and cared about at school.
- Take time to examine the data and make efforts to address problem areas identified by students and staff.
- Avoid over-emphasizing comparative evaluation, getting ahead by beating others, or other pressures that can erode trust and undermine empathy.

2.5 Addiction disorders

The purpose of this chapter is to provide information on the addictions generated as a result of alcohol, vapes and drug use. Prevention, detection of risk factors are necessary, as well as the development of intervention programs aimed at people who have problems arising from consumption. The risk, protective and intervention aspects are also presented in order to avoid and reduce them.

- Alcohol is the most widespread psychoactive substance.
- The second most prevalent drug among students is tobacco and use of vapes.
- Cannabis is the third most widespread drug among students aged 14 to 18 and the most prevalent illegal substance.
- For its part, the prevalence of consumption of hypno-sedatives (tranquilizers / sleeping pills) with or without prescription, is the fourth most high among the analysed substances.

Problems that arise in the process of teaching learning, academic performance and behaviour

The proportion of boys and girls between 14 and 18 years old who have consumed each of the substances in the last thirty days, the substance **that occupies the first place is alcohol,** which a majority has consumed in the last thirty days, **followed of cigarettes** (about a third) and third, **cannabis.**

It is striking something that manifests as a trend years ago and that is that **girls are smoking tobacco in greater proportion than boys**. Likewise, alcohol, which had been consumed in similar proportions lately by both sexes, and slightly less by girls, in 2024 appears with a **higher consumption of alcohol by them**. Cannabis has a somewhat

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higher consumption by men. In the rest of the illegal substances, of much lower consumption by both sexes, the boys more than double the girls in percentage of consumers.

In general, the data indicate with respect to the total average of the students, those who **consume psychoactive substances show worse results in the school environment** (in terms of grades, repetition of course, expulsions from the centre or difficulty of concentration in class).

Some young people consider using drugs as a diversion that is part of integrating, of feeling part of a group, also as a celebration. In these cases, **the group consumption is not perceived, nor is it considered a risk, they** do not consider it as an activity that will have consequences in a short time and they do not think about the repercussions they will have in their long-term life.

To prevent this worrying situation from continuing to increase, prevention is essential.

There are different intervention approaches in terms of **prevention, attention and treatment** of problematic consumption among young people that are articulated at different levels and strategies, from **universal prevention, aimed at the population as a whole, to the specific one, aimed at groups risky.**

Current trends in prevention plans focus attention on people, and recommend complementing actions to determine and intervene to reduce risk factors and promote protection actions in environments such **as family, friendships and risk outbreaks.**

Coping strategies

- Educate so that people have knowledge of the consequences of substance use and how to deal with them responsibly (see dedicated video 5 and 6).
- Modify conditions of the sociocultural environment that favour the learning of drug use.
- Intervene in the causes of individual malaise, either by modifying what produces it, or by helping youth overcome it.
- Promote and offer healthy lifestyle alternatives.
- Transmit values that promote prosocial attitudes necessary for life and coexistence in society.
- There are different levels, types and models of prevention, among which we can find the following levels: primary, secondary and tertiary.
- Primary prevention: aimed at the population that does not consume or risk. It is based on health promotion, protection and education.
- Secondary prevention: it aims to identify initial consumption and intervene to avoid its consequences.
- Tertiary prevention: it focuses on the treatment and rehabilitation of people who have a drug dependence.

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Activity: Active listening and encouragement

The types of exercises suggested may be valuable as warm up activities, or to reinforce that listening isn't easy, but to get changed behaviour requires a different approach. We suspect that what VET students, who experience psychological disturbances need is skills training so they know how to listen effectively. Assuming that you as a VET teacher will cover the relevant skills so they know what to practice, we suggest an exercise that combines content and process. For example, in pairs: Listener and talker.

Exercise: Listener and talker

Talker has to describe what they want from a holiday, but without mentioning a destination. Listener has to practice active listening skills – listening attentively to what is being said and what is not quite being said, and demonstrating their listening to the talker by their behaviour.

After 3-4 mins the listener has to summarise the three or four main issues or criteria that they have heard the talker express and then make a tentative sale of a suitable destination. Then one minute to review how close the listener was to what the talker said and needed. Plus one minute to review how well they demonstrated active listening behaviours. Then swap roles and repeat.

Then plenary review, pulling out key learning points. If you can substitute a work-related equivalent (from your training subject) to replace the holiday scenario, and allow just a little more time than the minimums we have suggested, then so much the better.

Exercise: Group split into pairs A & B

Take "B"s out of the room and ask to wait outside. Inform the "A"s that whilst they are listening to their partner, every time their partner says something that evokes their 'inner voice' i.e. they want to ask a question, makes them think about something etc. they put their hand up for five seconds then put it back down.

Ask them to do this for the entire conversation - "A"s are not allowed to interact with "B"s, ask questions, affirm understanding etc. As remain silent, just raising their hand every time their inner voice kicks in.

Next inform the "B"s outside that they are to speak to "A"s about something of interest, an experience, their last holiday anything positive that has happened to them in the last six months. They have three minutes to talk.

Ask "B"s back into the room, then allow three minutes of talking from "B"s.

At the end of the three minutes ask the "B"s how they felt whilst talking to "A", emotions evoked etc. general answers back are normally 'didn't feel listened too, didn't understand why they were putting their hand up, lost my train of thought because they obviously weren't listening,' etc.

You can also ask the "A"s to not only raise their hand, but also lose focus, i.e. start staring out the window, become transfixed with the detail on their partner's jacket, etc. another obvious distraction to their listening.

It's a great simple, quick exercise to run, and then to talk with the group about the power of active listening afterwards.

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You can run the exercise again, this time allowing the “A”s to interact, ask questions, become involved in the conversation etc. and compare the two conversations, which was more satisfying etc.

You can ask all the members to write the names of three people whom they consider as good listeners. Then, you can check with each participant if they have written three names (some find it difficult) then you ask the group if anyone has written the name of the person whom they don't like. Usually nobody writes the name of the person whom they don't like.

Then you can ask if the three people they have written, come in any one of these categories: liked by them, loved by them or respected by them. The response normally is yes. Even if someone writes the name of the person whom they don't like, that person will come in the group of people respected by the participant.

Now you can ask them, if they are to be liked or loved or respected by others, how should they be?

They will see the point that they need to be good listeners if they are to be liked, loved or respected by others.

2.6 Suicidal thoughts and behaviours

Preventing suicidal thoughts and behaviours among vocational students is of utmost importance. To effectively address this issue, teachers can follow several key guidelines:

- Teachers should be vigilant for behavioural changes such as sudden isolation, loss of interest in previously enjoyed activities, or increased irritability. Academic problems like deteriorating grades, frequent absences, or lack of participation in class can also indicate distress. Emotional indicators include expressions of hopelessness, worthlessness, or guilt, while physical symptoms might involve sleep disturbances, loss of appetite, or excessive eating.
- Open communication is crucial. Teachers should encourage students to share their concerns and demonstrate willingness to listen without judgment. Being patient and empathetic shows genuine concern for students' well-being. Additionally, educators should educate themselves and their colleagues about the signs of depression and suicidal thoughts.
- Upon noticing signs of suicidal thoughts, teachers should engage in active listening by taking the time to talk to the student and not dismissing their feelings. In cases of immediate risk, staying with the student until help arrives from a school psychologist or other professional is essential. Informing parents or guardians about the situation and suggesting professional help is also vital.
- Schools should ensure access to a school psychologist or counsellor who can provide necessary support. Providing information about external organizations and hotlines offering assistance during crises is equally important.

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- Organizing seminars and workshops on mental health and coping strategies for stress and difficulties can empower students. Regular training for teachers on recognizing and responding to signs of suicidal thoughts and depression enhances their ability to assist students effectively.
- Keeping track of the situation and providing ongoing support to students showing signs of suicidal thoughts is critical. Developing an action plan for crisis management, including clear steps and responsibilities, ensures preparedness.
- Teachers must prioritize their own mental health and seek support when feeling overwhelmed. Regular supervision with colleagues or professionals helps manage stress and improves skills for working with at-risk students.

Activity: Valuing the individual by involving him/her in teamwork activities and analysing the positive results looking for motivating him/her

Classroom teamwork activities can overcome the stale feeling school can create as students make their way through the semester. But more importantly, it can help students learn to relate and support one another to achieve a common goal.

Things like peer interaction, applied concepts, and team building are pushed to the way side for the more traditional power point guided “chalk and talk” style of teaching. This educational style is still vital for the school experience, but teachers need to make sure that students are engaging with one another in meaningful ways and not necessarily just with their friends.

Classroom teamwork activities get students working together to make decisions based on creative thinking, communication, and collaboration. Here are three of these activities to get your classroom working together towards the common goal of teamwork.

Exercise 1: If You Build It...

This is the most flexible of the classroom teamwork activities. After you have divided the students into groups you give each one the same set of materials such as blocks, pipe cleaner, marshmallows, dried spaghetti, glue or tape. The goal is to work together in order to build. The end goal and parameters are both variables. You can have everyone build a sturdy building or castle. See which team can replicate a famous statue, or build the tallest, most stable, structure. A variation on this game would be to have a community pile of materials for all the teams to use. This game encourages communication and problem-solving.

Exercise 2: Minefield

Classrooms are generally smaller than your average corporate give back activity. So, you can employ games that require quiet and concentration. This game works in pairs. You as a VET teacher place various obstacles across an open area. (You may have to move some desks.) Then blindfold one student and the other student guides the blindfolded student through the minefield using just their voice. Don’t maintain time. The objective is cooperation and not competition. This activity incorporates communication and trust building.

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Exercise 3: It's a Mystery

This is one of the most enjoyable classroom teamwork activities for all ages. You as a teacher can create a mystery and a set of numbered mystery clues. Give each student a set of clues that they can't let each other read. They must present and then discuss their clues to one another. You can either imagine your own mystery or use these examples >Murder Mystery or Bank Robbery Mystery. This team building activity builds problem solving and communication.

Each one of these classroom teamwork activities requires no timer and one shouldn't be used. Nor should you give out any prizes for fastest or strongest. Instead, the focus of the discussion should be on how the teams solved each problem. Take the time to highlight how each team went about its creative process in order to accomplish the goal. By pointing out these positive ideas students begin to flourish from the inside out.

Student with high levels of anxiety are often anxious about what others think of them, about being as competent as their peers, and about getting not making mistakes. As a result, anxious student typically have more difficulty participating in whole class activities than their less anxious peers. Running small group structured activities provides a safer environment for anxious student to participate, where there are fewer peers observing them, and they understand what they have to do. This may assist them in feeling more comfortable participating in activities, which may lead to a boost in their confidence when interacting with others.

Mistakes are OK!

People who are perfectionistic commonly experience anxiety about the prospect of making mistakes, or of drafting less-than-perfect work. Changing a student's beliefs about the consequences of mistakes is far beyond the scope of their teacher, but there are steps that can be taken in the classroom to encourage a healthier attitude towards mistakes. Teachers can demonstrate that mistakes are OK through how they respond to student's mistakes. Emphasise the importance of a sincere effort rather than a correct answer. Foster a classroom environment where mistakes are accepted and the lessons learned from them are highly valued, emphasise that mistakes can be very helpful because people can learn a lot from them. Talk to the class about ways to cope with mistakes. Hold a classroom meeting about how student should behave and respond when fellow students make mistakes in class. Brainstorm ways all class members can sensitively point out others' mistakes.

Teachers can have enormous influence on student. Developing a positive relationship with an anxious student may give them extra motivation to try to be brave when they're asked. Student are more likely to make an effort to be brave when a teacher they like requests this of them. If a student with anxiety has missed a lot of school, they may be very anxious about how they will cope when they return. To help reduce their anxiety, assign a responsible buddy to help them catch up on their school work. This buddy need not be a friend but should be a student who is reliable and responsible.

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2.7 Dysmorphia

Definition

Body dysmorphic disorder (BDD), also known as body dysmorphia, is a mental health condition characterized by an obsessive preoccupation with perceived flaws or defects in one's physical appearance. Individuals with BDD often have a distorted view of their bodies and may spend excessive time focusing on these perceived imperfections, even if they are minor or not noticeable to others. This can lead to significant distress and impairment in daily functioning.

Body dysmorphia is a mental disorder in which a person experiences excessive concern about their appearance and perceives minor or imaginary defects in their body.

These people often spend a lot of time in front of the mirror, comparing themselves to others and seeking confirmation of their perceptions.

They resort to using various invasive and non-invasive procedures, Botox, fillers, heavy makeup, hair extensions, early placement of implants, etc.

Key features of body dysmorphic disorder include:

1. **Preoccupation with Appearance**: People with BDD are preoccupied with one or more perceived defects or flaws in their physical appearance. These concerns are usually focused on the face, hair, skin, nose, muscles, or other body parts.
2. **Distorted Perception**: The individual perceives these flaws as significantly more prominent than they actually are, leading to intense self-consciousness and shame about their appearance.
3. **Repetitive Behaviours**: To alleviate anxiety or distress, individuals with BDD may engage in repetitive behaviours such as constantly checking mirrors, grooming, seeking reassurance from others, comparing themselves to others, or attempting to hide or camouflage the perceived flaws through clothing, makeup, or plastic surgery.
4. **Impaired Functioning**: The preoccupation with appearance can interfere with daily activities, social interactions, work, and overall quality of life. It can also lead to avoidance of social situations due to fear of being judged or ridiculed.
5. **Comorbidity**: BDD often coexists with other mental health conditions such as depression, anxiety disorders, obsessive-compulsive disorder (OCD), and eating disorders.

Treatment for body dysmorphic disorder typically involves cognitive-behavioral therapy (CBT) and sometimes medication, particularly selective serotonin reuptake inhibitors (SSRIs). Early intervention and support are crucial to help individuals manage their symptoms and improve their quality of life.

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Coping strategies

1. **Encourage conversation and sharing:** Create opportunities for the student to talk openly about their feelings and concerns.
2. **Recognize that each student with BDD has unique needs.** Tailor your teaching methods and interactions to accommodate these differences.
3. **Provide opportunities for independent work**: Give the student the opportunity to work independently when necessary to avoid social situations that may increase anxiety.
4. **Respect the privacy of students with BDD.** Ensure that any discussions about their condition remain confidential unless there is a need to involve other professionals.
5. **Inform parents**: Keep parents informed about the situation and work together to develop a support plan.
6. **Provide informational materials** : Share with the student and parents information about body dysmorphia, as well as available resources and organizations that can help.
7. **Never judge directly – it can make things worse!**

   For additional information, please see video 7.

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