

Do's and Don'ts for Managing Internalizing Behaviors

Internalizing behaviors are behaviors that result from negativity that is focused inward. People with internalizing behaviors have difficulty coping with negative emotions or stressful situations so they direct their feelings inside. This is not to be used as a diagnostic tool.

Common types of internalizing behaviors observed in students are anxiety/worry, depression/grief, and trauma/attachment. Internalizing behaviors share many of the same behaviors. Behaviors typically observed in the classroom include the following:

Anxiety/Worry: Irritable or agitated, restless and/or fidgety, forgetfulness/lack of concentration, excessive tiredness, excessive worry or fear, increased/new complaints of headaches or stomach aches, attendance concerns, physical fidgets (pulling hair, nail biting, head banging, etc.).

Depression/Grief: Depressed mood or irritable, decreased interest for pleasure or activities, change in weight or appetite, change in sleep, restless, fatigue, guilt or feeling worthless, poor concentration, thoughts of suicide, observed lack of emotion, hopelessness, loss of interest in activities, attendance concerns.

Trauma/Attachment: Crying, shutting down, argumentative/angry, startles easily (Overreacts to stimuli), verbally aggressive, observed lack of emotion, hopelessness or guilt, mood swings and/or erratic behavior, withdrawn, change from the norm, socially, wetting pants, loss of interest in activities, rumors or talk of student engaging in risky behaviors outside of school (rugs & alcohol, danger-seeking), cutting and self-harm behaviors, increased behavioral referrals, new attendance concerns

Please consider following these do's and don'ts when managing a student who is exhibiting internalizing behaviors:

DO

- Talk privately. For tips, reference **Tough Conversations: Do's and Don'ts When Talking with a Suicidal Student** article on the Penn State PRO Wellness website. Use a calm tone of voice
- Get on the kid's level (physically)
- Show interest by asking if everything is okay today
- Listen carefully without the intent to respond
- Be patient
- Keep it short and simple
- Try to extend the invitation to join the class
- Respect space

DO NOT

- Share concerns with other students or staff who don't need to know
- Blame or criticize
- Make assumptions
- Dismiss a child's concern
- Show irritation or frustration
- Lecture
- Act shocked or appalled by the behavior or conversation
- Feel like you have to be in the counselor role
- Make promises you can't keep (i.e. confidentiality)

