

Matt (host): Welcome to Nimble Youth, the podcast that helps parents navigate the challenges of raising children and teens in today's world. I'm your host, Matt Butterman. As we record this episode, students are heading back to school. It's an exciting time, but it's also stressful for kids and for their parents and caretakers. Teens face academic pressures, social dynamics, and sometimes heavy life stressors.

Parents are often left wondering, how do I support my teen without overwhelming them? To help us answer that question, I'm joined today by two wonderful guests. First, Nicole Beale, a high school counselor with years of experience supporting teens in the public school system. And also Doctor. Gretchen Hoyle, a pediatrician with twenty five years of clinical experience who often sees how the start of a school year impacts her patients' physical and mental health.

Today's conversation is meant to be practical and supportive, giving parents tools for another back to school transition and a smoother one. Later this season, we'll take on the higher stakes topic of risk assessment, but today we're focused on strategies you can use right now. And as always, a reminder that this podcast is meant for informational purposes only. And please do see a doctor, therapist or other qualified healthcare professional with any physical or mental health concerns. So Nicole, let's start with you.

Now that we're a week or two back into the school year, what are you hearing most from the students, parents, and the teachers as everyone settles back into their routines?

Nicole Beale: Sure. Thanks, Matt. I will say that just locally here, we've had a very unusual start to the school year with a budget crisis. Public schools are always underfunded, but it's particularly bad this year with some major cuts that have impacted operations. So that has made it a little bit of an unusual start locally.

But what I'm hearing beyond that is the typical stuff that I'm hearing, is students trying to, number one, just really trying to get folks figure out what school they go to. That is often something people don't think of that there are plenty of families that haven't sorted that out before the start of school. So just for example, in my school, we're still enrolling anywhere from two to 10 students a day. So some of these students are just now we're on the eleventh day of school or just now getting into school. So there's the figuring that out and all the logistics that goes with just enrolling in school.

And then there is for those students who are enrolled, there is the combination of I signed up for classes and didn't really think through them. This is of course at the high school level. You know, I signed up for classes and didn't. Now I'm not interested or my interests have changed. I mean, high school students changed their interests, you know, a lot.

So from February to now, that can change a good bit. And then also folks who are I saw a young lady today in the hallway who already feels like her course load is too much and is trying to adjust. So it's the panic of can I do this? Have I taken on too much? And then for parents, it's it's a lot of logistical.

If my student has a five zero four plan or an IEP, how do I make sure that's getting communicated to the teachers? Some of it is working on things just like bus transportation. So it's just tons and tons of adjustment with a lot of moving parts and sometimes not enough people to answer all the questions that

Matt (host): students And during the summer sometimes, you know, the routine is is, well, certainly different and and maybe less hectic. So in many cases, the students are going from, you know, zero to 60 again. Right?

Nicole Beale: Well, one of our things our principal kind of addressed with this whole staff before we started was Winston Salem Forsyth County Schools, which is local in North Carolina. But lots of school systems are trying to really cut down on cell phone use because that's just, you know, shows a lot of issues within the classroom. And so these students who've been on screens

Matt (host): Yeah.

Nicole Beale: Some of them all summer are now going to turn on a dime and not have access to what has been their lifeline all summer. So that's a big adjustment for students.

Matt (host): Yeah, certainly something we've covered on this podcast in the past, all the concerns about cell phone use. So Doctor. Hoyle, are you seeing similar themes in your practice as well?

Dr. Gretchen Hoyle: Yeah, sure. I mean, we have a setup as far as like how we flow patients through seasonally, and what we're trying to do is to make it so that we have school age children have a checkup in the summer regardless of like what their when their birthday is. And so I'd like to see my my patients in the summer so that I can say, okay. Well, tell me how last school year went, and what do you know about this upcoming school year that we want to get ahead of? And this is especially important for kids who have, like, diagnoses like ADHD and anxiety.

And if we're managing a chronic condition with them or managing medicines, we wanna take a, you know, retrospective view of what the previous grade was like, what worked well, what didn't go well, and then what we're gonna be looking at going forward. And so then at the at the checkup, we'll do lots of thing. You know, they get a physical exam and measurements, and we get sports forms done and all the, like, prep work that we need to get done for the school year, which I think is helpful because it kinda starts getting people into the mind frame of, yeah, school is coming, and so we, you know, wanna be ready for that. I'll also oftentimes address sleep at that time because a lot of times I'm like, okay. Well, so tell me about your sleep right now.

Like, what, you know, what time are you going to bed? And it can be often very, very late and then sleeping late. And usually, I'm like, okay. Well, it's gonna be a few more weeks before school starts, but it's time to start getting back on a schedule because I'll ask them what time do you have to get up for school in the morning, and usually it's quite a bit earlier than the time that they are waking up during the summer. So those are all things we try to accomplish during the checkup during the summer, and then we'll make a plan as far as what we want to do to start the school year off on our best possible, you know, footing, and we will implement that plan for the first several weeks of school, and then I will see them back three to four weeks into the school year.

And so as we're getting into September, September is typically my busiest month for seeing kids who have mental health concerns because we're having we're wanting to check-in with them, and see if the plan that we put in place during the summer checkup is working or not. And then layered on top of the folks I already know about, there's gonna be some number of kiddos where it is becoming apparent, like several weeks into this new school year, that there are issues that they are struggling with that have not yet been diagnosed or addressed. And so they're coming in, kind of like the parent has like initiated that visit based on, information that they've gotten from the school. And then we are in our process of making a diagnosis and a plan putting that together. And so we've talked about those things in previous podcasts, but it's typically like ADHD and anxiety that we need to address that may or may not have been something that we knew about prior.

Matt (host): So let's talk about a group that perhaps feels stress and pressure more acutely and those are high achieving students. And both of you work with this group a lot. There are kids they are kids who push themselves hard with academics, sports, and extracurricular activities. So Nicole, what challenges do you see with this group and how can parents support them without letting the stress spiral out of control?

Nicole Beale: Well, one of the big things I see with this group is that they want to be at perfection from day one. And so from day one, they want perfect grades and they wanna understand everything in their classes and they want every sports practice to go well. And, I mean, as doctor Hole mentioned, they're adjusting to new sleep patterns and they're getting up earlier. And so they're balancing things. They had all of this free time that they could kinda fill and now they're most of their day I mean, you think about a typical student might be in school from eight to four.

And then if they do just just a school sport, they may not get home until six, seven, 08:00. If you add a club sport or a game, you're talking about possibly leaving the house at 07:30 and coming back home at 09:30 and then adjusting to homework. Teachers are trying to make sure they get off with instruction really early. They wanna make sure that they're not wasting any time, especially in these top classes that have standardized tests at the end of them such as an AP exam. And so they are just panicky about how every little they feel like every little thing that doesn't go well is maybe gonna predict how the rest of the year is gonna go.

And so one of the things I know that I have been repeating in my own house because I have a junior daughter who I think would fit in that category. And she I just keep saying it is a marathon not a sprint. It is a marathon not a sprint. We hear in Winston Salem, most of our most challenging classes go the whole year. So there's a long time between now and May.

Even those classes that only go to December, so if you're somewhere where everyone's on a block schedule and you there's still a lot of time between now and December. And so just trying to assure them, Sometimes I give them practical, like math solutions, here's where your grade it's all it's almost always about the grade. Right? Sometimes it'll be about the understanding or the amount of time it's taking, but especially if they get a bad grade, they just spiral. And so that is when you have to try and as a parent not panic and not add to their parent panic.

And I will tell you that is super hard to do. And so because even though I say to other people, this is a marathon not a sprint. If my child gets back a non good grade on her first AP whatever test, then I start thinking is she in the right class. They start having a lot of self doubt. There's a lot of imp impostor syndrome at the beginning of the year.

And if you don't know what that is, it's basically where people end up feeling like there's somewhere where they don't belong or they've gotten in something and that may not be the clinical definition. But I mean, I think our students, they start thinking maybe I wasn't smart at math. Maybe I was not good at history. Maybe I don't have the focus I need to get through everything. Maybe something's wrong with me.

There's a lot comparing each other like themselves to other people. So if somebody else is doing well right out of the gate and they aren't like that that can be a really big challenge. All while they're making major adjustment to what their life schedule has been. And each year, it's getting harder and harder for them. And so they just they're really worried that it's gonna get too late for a lifeline.

So the other thing I try and do is remind them that we try to have structures in place that if students are really drowning. I mean, when you think about the student who never cries is crying every day or who hadn't had trouble sleeping now can't sleep at night. I mean, sometimes we have to rescue them earlier rather than later if things are spiraling quickly. But if they're acting pretty much normal, and by normal, I mean, it's a range. But if they're acting as that child has typically acted before, then I don't get too alarmist about it.

So it's a lot of reassurance as a lot of giving the kids strategies. Have you talked to the teacher? Can I get you help? Is there anything I can do? Is there anything I can take off your plate?

I mean, I help you figure this out so that you have time and space for this? And it's certainly about if they, you know, make a mistake giving them a little bit of time. Also trying to help parents give teachers and other school professionals time to adjust because they're also all adjusting to brand new students with different needs and different concerns. And so not making

like absolute this teachers, you know, I got a couple of texts in the first two days of school that were this teacher's terrible and my child has to get out. I'm like, you're on day three.

And so just trying to not like I'm like, let's give them a little bit of time. And I saw one of those students who had sent a parent had sent me the text and I saw him on day 10 and he's like, the teacher's doing great now. So sometimes it just takes a while for even the adults to adjust. So given the adults time and space to adjust, given your kids time and space and then reassure, reassure, reassure and don't add to the panic.

Matt (host): Yeah, think that's an important point. You know, it's a system wide adjustment, right? It's not just for the students, it's for the parents and the teachers as well. And so Doctor. Hoyle, from the medical perspective, what are some red flags parents should look for that might mean their teens doing a little bit too much whether it's physical, emotional or behavioral signs?

Dr. Gretchen Hoyle: Right. So you know I do see all of those. So physical, emotional and behavioral signs. And sometimes, especially this time of the year, those physical things are the things that get them in to see me, and then we kind of, like, peel the onion back a bit and realize that some of this is being driven by that sort of super high achieving mentality, and we need to try to figure out how to get to a place where it's sustainable. Right?

So you gotta figure out, like, okay. What are what are what is it that we're trying to accomplish in this year and this time of life in general? And if we're really, really stuck on everything being perfect, then that is going to actually, like, have physical consequences for these kids and and these patients. And so so things that I'll often see, you know, kids will start having headaches, like, persistent headaches and frequent headaches, and and and it will start to interfere and I and with their ability to do the things that they need to do academically or socially or, you know, sports wise. And I think a lot of times that's just a signal from the body that says, I'm overwhelmed.

I need to take a step back. I need I'm getting too much, almost just like too much adrenaline in the system because I'm constantly feeling like I'm hyper, you know, aware and alert about everything that I have to do. And so headaches is one of those signs. Abdominal pain, you know, we talked a lot about abdominal pain in the past about how there's a connection between that, you know, mind, gut, you know, body kind of, stuff. And so when I see kids who are having that struggle, at this time of the year, you know, obviously, we'll do all the medical workup that we need to do, but we'll also try to dig into seeing if there's, you know, their anxiety component to that.

And then I think a lot of times, when we're think thinking about just the way that kids are acting and behaving, you know, our sort of our core questions about anxiety and depression are things like, you know, have you been feeling over the last two weeks, you know, down, depressed, or hopeless is, you know, is one of those things that we'll ask on that PHQ nine screener that we've talked about before. And then the other one is little interest or pleasure in doing things. So if you got a kid who in the past, you know, hopefully, all kids at some point in the past have felt, you

know, interest and pleasure in doing things. There's things that they enjoy doing, and they may like to do some things more than others, but, but there's always been something that would get them motivated enough to kinda get up and get going. It may be sports.

It may be, you know, some other activity. But the if they're not show if it doesn't seem that there's anything that they're really connecting with, then that's a red flag. I mean, that that's something that needs to be addressed. Like, they need to come in and and and have a chance to talk about that, and try to figure out whether we're really having either so much sort of overwhelming anxiety that we're starting to get, you know, signs of depression, and those, of course, are those conditions are often two sides of the same coin. And and so when your body gets pretty exhausted over being anxious for an extended period of time, a lot of times we start to see that sort of lack of interest, inability to engage, and those are things that I really encourage parents to come on in and talk about because it's important to address it as early as we can.

Matt (host): Sure. So so another group that will often have big challenges transitioning to the school year are students who have specific academic challenges. And so, Nicole, you mentioned IEPs and five zero four plans earlier, and a lot of parents may hear those terms but not truly understand them. Can you just give us a brief walk through of what each of those is and what parents should be doing about them right now.

Nicole Beale: Sure. I'll do my best to try and explain the difference. So an IEP is an individualized education plan that is some places children, some places called special education. That is for a student that has something that is identified that fits in these federal categories that allows them to receive individualized instruction. So that could mean that students, for example, if they have a major reading disorder, so they've got trouble with reading.

It could be that they have a second teacher in their class so that there's two teachers in the class to help them. Or it could mean that if one student has to get four out of four to get a 100 right if it was a test, that student might have to show three out of four. So they actually their instruction is individualized to support whatever their need might be. Five zero four is same and different. So it is not individualized education.

It does not come with federal money from IDEA. It comes as a part of the Rehabilitation Act of 1973, but it is about identifying something that the student has going on that has a major impact on a major life activity. So that could be walking, that could be sitting, that could be breathing, it could be concentrating, it could be thinking, it could be learning. There's a huge there are several categories. And compared to their peers, it could be for a student who is significantly impaired in one of those areas and therefore has barriers to be able to demonstrate their knowledge.

So what they, you know, schools in some way should be assessing what students know. So so whatever they have, it's limiting their access. And so then that is a plan that identifies supports that remove those barriers. And so it is it wouldn't be that a student would have a different grade

scale like I was talking about with an IEP, but it could be that a student maybe with ADHD, that's a condition that doctor Halls mentioned that that student gets extra time because maybe that student has difficulty concentrating during a test. So they stare out of a window for ten or fifteen minutes, and then they realize the test is still going on and they return to it.

And now they've lost fifteen minutes and can't finish it. And so that would be their ADHD cause them to not be able to concentrate. That concentrating cause them to not have enough time. What barrier can we remove? We can remove the time barrier and then they can demonstrate their knowledge.

So that might have been a longer answer than you want. That's sort of the difference of those two things. In both cases, there are both school system processes to distribute that information to teachers and to make sure that teachers know and support students from day one because we're supposed to support them in anything related to the school. So anything school day, before school, during school day, after school activities. One thing parents can do is go ahead and especially for younger children, go ahead and let teachers know, send them emails, say, and you're gonna be receiving this formally from the school, but I wanted to let you know that Nicole gets extended time and preferential seating.

So therefore, Nicole, if I have trouble and I need to sit up at the front, maybe I start up at the front as opposed to starting in the back and having to shift around when the paperwork gets there. So I'm set up for success on day one. But we love for parents and at the high school level even students could send the email because students learning to advocate for themselves is really important. But letting their teachers know so that we can prevent students ever, number one, from being identified in one of these categories because it's of privacy laws, but also so they can be in a good spot. We don't want them to have to start and have the bottom fall out before we start trying to figure it out.

And so because if you're in a family, you might have one or two students. If you can let the teachers know or if the student can, then it can cut down on frustration of waiting on the school. I mean, we're still trying to fix schedules, for example. And so until our schedules are fixed and we're twelve days in, until our schedules are completely fixed, we don't want to send out confidential information about students to teachers and have it floating about. But we also want students to be supported from day one.

So this is a way that students that group has an anxiety a big anxiety about falling through the cracks. And so anything that parents and students can do to try and make sure that they feel supported from day one can cut down on their anxiety out of the gate. Right.

Matt (host): And so Doctor. Hoyle, how do these plans show up in your practice and what role do you play in helping families and schools get these supports in place?

Dr. Gretchen Hoyle: Right. So a lot of times, for me, it's at the initiation of one of these plans. And so it can be helpful for me to be able to communicate the diagnosis to the to the school,

and usually I'll do that in the form of a letter that I will then give to the parent who then takes it to the school so that the, you know, that process is being initiated, you know, technically by the parent, but they've got the support and back up from me as far as what their diagnosis is. And I will often say things like, you know, this patient has been my patient for this many years, and they have a diagnosis of ADHD that was made at this time, and that is going to impact their ability to, you know, perform on tests or stay focused in the classroom setting or whatever it is that I think that they need. And then I will often try to ask for specifically with a five zero four, I'll try to ask for that they would benefit from extended time on tests or testing in a separate environment.

So that is often kind of like how I get involved with these things. And then what I will do is once that has been established, then each year I will say, okay. So is this is this plan still in place? Have you had your annual meeting about it? Sometimes the annual meeting is in the fall, but then sometimes it's like a different time of year.

And so I'm like, oh, so have you if it, you know, if it happened in the spring, have you had a chance to, like, it like you were talking about, inform the the teachers that this is what this child is, you know, is getting. And so and so that, I think, is helpful to for me to do in that September visit when I'm like, okay. So tell me about school. I will also, like, have my behavioral health care managers, which we talked about before within the collaborative care program, and they do a lot of what we call educational advocacy. So there's a lot of times that kiddos are in are in either new situations for them.

They're in the custody of somebody different or they have a new, they've just moved into this particular system, and so gathering some information on them from where they were previously or what their life circumstances are. A lot of times our behavioral healthcare managers are really good at doing that, and then they can then communicate to the school, of course, with the parent or the guardian's permission. Like these are the things that Doctor. Hoyle has assessed during the visit. This is the information that we have from previous school systems.

This is what we would potentially ask for this child. And so that can be anything on the spectrum from, you know, the most intense help that we can get from an IEP all the way through the sort you know, lighter accommodations that you get from a five zero four plan. So that's typically how it shows up in my clinic. Clinic.

Matt (host): Gotcha. So there's yet another group of students that we can't overlook and those are the students that are facing significant life stressors outside of the classroom. And for some kids, summer is not an easy time and school may actually be the most stable part of their lives. So Nicole, how do you see school serving as kind of a safe haven for these kids?

Nicole Beale: So trying to figure out so all of these things we're talking about are exacerbated by people who are transitioning from one school to another. Or so for our students that have been with us and stayed with us, this particular group of students you're talking about, lot a of times are already connected to adults in our building. So that is the good news. Schools, the more



stability we can have around the adults in our building, the better it is for the students that end up in the same place. But students who have a lot of life stressors, one of those major life stressors is they tend to move to a lot.

I said back in grad school almost twenty five years ago, I had more time, would go and I would pull a physical folder on students that were having trouble at the high school level and I've always been at the high school level. And nine times out of 10 students who were having trouble even just academic trouble at the high school level had attended more than two elementary schools. And so I would pull their folder and it used to be literally names written on the outside of these folders and they would be full and sometimes with a stapled other page to them. And so that let me know that the home environment, whether it was switching caregivers or whether it was just moving around could be unstable. And so trying to figure out who those students are.

One thing that we have done as a school is with schools that we know send a large portion of students to our school. Our administrators have done a great job trying to get in touch with their administrators to get kids on our radar so that from day one we're hooking them up with the food pantry that we have or we're making sure they get to know our social worker or they have maybe check-in check out with an adult every day. Because the biggest thing that makes a difference in helping these folks is number one, to remove things that are barriers like transportation, getting their schedules right, those things that can just be logistical. But number two is getting them to trusted adults. And so sometimes at the beginning of the year for students who are new to us and aren't on our radar, we don't want them to float along and until someone finds them and connects with them.

Because certainly we have plenty of adults on campus. I mean, they're never enough, but we have a lot of caring adults and it doesn't have to always be someone in a traditional role like a school counselor. It could be that they connect with their third period art teacher, but really just trying to find them a place to connect and then trying to help their parents navigate any sort of system difficulties. So that has been something that we try to do to meet basic needs. Because if their basic needs haven't been met over the summer, making sure they know where do you get lunch, where do you get breakfast, you know, if you don't have enough food on the weekend.

But sometimes that takes time to sort through or often it does. And so just trying to connect as much from previous schools, talk to their parents, trying to take a deep breath when I get a brand new student. And if I've got three sitting in front of me, trying to ask questions like, do you have siblings? Who do you live with? Like, where did you go to school last year?

What do you like to do? Because as a school counselor, I'm guilty of trying to make sure I'm getting everyone where they're supposed to be. And so I wanna just, like, quickly find their classes and then they may not connect as much. So if I have to do that quickly, then handing them to the person in the front of my office and saying, hey, this person is gonna help you. If you can't find me, come back here and someone will help you.

So just giving them a couple places they can go to and then taking a deep breath and trying not to push them through because you can gain a lot of information by taking just a little bit extra time on the front end.

Matt (host): For sure. And so Doctor Hoyle, how do you work with the kids and families who struggle with things like absenteeism, which we've covered on this podcast before, just home life instability.

Dr. Gretchen Hoyle: Right. And so that is a huge problem at all levels, all age groups. And of course, we implement our collaborative care program quite a bit for these kind of kiddos. But I would say that some of the things that we try to accomplish within our clinic is to make sure that we're looking at those hierarchy of needs. Know, like we are all, I think, wanting to I think the the ideal thing is to be able to sort of skip right into, well, let's, you know, see what's talking about school and what we need to be doing for that, but there are a whole set of needs within that, you know, pyramid about what we need to make sure are happening.

And so things like just safety, food, like basic needs of of life. And so we have several programs that are, at our office that allow us to, you know, help connect folks to where they can get those services. Of course, those are super important. For my kiddos who are in, you know, who are with someone different from their parents or even if they even if they are with their their parents and they're moving into a new school system. One of the things that we have really been focusing on this year, especially this just this last couple of weeks where we have had kids back in school and we're seeing some of them, you know, for follow ups already, we have been working with parents to make sure that they have access to the new portal.

Mhmm. And so I guess North Carolina as a whole, right, went to a new system this year, Infinite Campus. Is that right?

Nicole Beale: Infinite Campus.

Dr. Gretchen Hoyle: Some

Nicole Beale: school system's in an early implementation.

Dr. Gretchen Hoyle: Oh, interesting.

Nicole Beale: Everybody has done it this school year.

Dr. Gretchen Hoyle: Okay, gotcha. And so we've been working one on one with parents sometimes in the clinic to make sure that they can get them access. And then sometimes this is parents and sometimes it's grandparents, and so they seem a little intimidated by the technology. And so getting that, that set up for them can be really helpful because, of course, it's, you know, it's a tool for monitoring, attendance and assignments and grades and whether

things are getting turned in. And so it's just it's really important, that that parents or caregivers are able to do that.

And so that's one of the things that we've been working with, especially with that, you know, with that population where this is some of this is new to them, and we, we just wanna get them on board. Because the system really is set up at this point where, you know, and and rightfully so, that that is the expectation is that parents are able to see that information. And so, while teachers, you know, may reach out after things are, are not going well for some period of time to stay on top of it, like incrementally, is can be really helpful, I feel like. So that's one of the things that we're working on as well.

Matt (host): Yeah. So Doctor. Hoyle you bring up an important point. The key to academic success is coordination of all these many working parts

that require effective and good communication. So I'll ask you both real briefly to identify what healthy communication looks like when it's really working well. Nicole, we'll start with you.

Nicole Beale: Healthy communication between parents. Well, they're they're type all types of communication. Right? So one thing that students and parent or parents can do if they have a student who fits in one of the categories we talked about is they can sign what's called a release of information. So they can sign that at the school level or they can sign that in their physician's office.

And then that allows the the collaborative care model to even go beyond one office. So we could, within a school, share information. She could within her office share information that allows the school and those offices to talk, which sometimes we can use the same we use the same language. And so that then helps take some of the Mhmm. The confusion out of it.

So that is a really good thing for communication. The other big thing I would say just for parents to do is to try and communicate directly and to really remember that if they reach out, it is easier in my opinion for people to respond. I'm laughing a little bit because I think I currently have a 107 unread emails that every time I try and get through, they they pop back up. But I do think still if they can reach out, then people are able to reach back out if they don't get an answer to follow-up because they can advocate for their children and that really helps us know and get in good communication. The other thing is to ask questions before you get angry.

So as far as healthy communication, I think people get frustrated and when they get frustrated, they get angry. And I totally understand that. But then once we're at a point of anger, then we end up spending communication dealing with the anger and frustration and takes us longer to solve the problems and get support. And so just trying to make sure that they ask questions and follow-up and then give everybody grace. And then as school people, us giving parents and students grace that they're all adjusting and figuring things out and not we're stressed too.

So not taking our stress out on someone who is maybe at home watching their student meltdown night after night, and we're super dismissive because we are also stressed. And all of us have our perspective that we're bringing to it. And so just trying to give as much grace to each other as possible and then trying to take a deep breath and remember that everyone, the parent, the school folks, the medical folks, everyone is trying to help the kids and they have the same mission.

Matt (host): It takes a village as they say.

Nicole Beale: Yes. Yeah,

Matt (host): absolutely. So Doctor. Hoyle, how do you facilitate communication in your practice?

Dr. Gretchen Hoyle: Right. And I think what Nicole hit on is just so important that being able to have a, you know, a conversation prior to things becoming really emotionally charged is super helpful. And I realize that that doesn't always happen, and it's not always possible. But, but we are, you know, in our practice, really trying to put things in place that make that accessible before, before folks are kinda in a hole. Like, where the kids have dug a hole for themselves, and now as we're sort of panicking, and we need to, we need to try to figure out how to how to rectify the situation.

And so, you know, that's part of, you know, having our behavioral health care managers in place. Those folks are very, you know, aware and, like, comfortable with the the the language that is used about education. So, having somebody like that to help make that communication happen, talking with, you know, making sure that kids who need to be talking with therapists have access to that. Some of that's happening in schools now, which is fabulous. I mean, that has just been, like, just a huge hugely important thing because it can be really hard sometimes to find, therapists that are available in the community based on just all sorts of, you know, different things, and insurance is in the mix for that as well.

So so the fact that that's happening in a school level is super helpful. And and I think it's just, you know, important for, like Nicole was saying, for us to all remember that the ultimate goal is to have a successful school year for all of these kids to help move them forward in their own, like, progression and growth, and and making it so that, you know, we can do that in a way that is not just the academic part of it, but it's also the you know, like, their just development as as people as, all their executive functioning and all of their just emotional regulation. All of those things are things that, you know, happen over time in a school year, and that may not be the classic stuff that we think about with, with what what the education thing is. Like, one of the one of the things that we learned from COVID is that if you have kids who, let's say, were home for all of sixth grade and then they go back to school in seventh grade, if if they're expected to act like seventh graders did, that's probably not totally, you know, doable because they they yes.

They technically had the curriculum for sixth grade, but they didn't have all of the other nuanced things that are supposed to happen in a school year about, like, learning how to change classes

and keeping up with things from different teachers and the the social impacts of being, you know, 11 and 12 and 13 years old that they didn't, you know, happen in, you know, in that year. And so now that we sort of realize that, we realize how much of school is and there's not just academics, but there's the socialization part. And then for a lot of kids, it's a lifeline to being able to meet their basic needs. And I think, I think that for parents who, are either frustrated or concerned about what's happening school wise, it's always helpful to take a breath and recognize that within the school population that there are kids there who are having a lot of challenges just getting fed and clothed and safe. And so we have asked our schools and our educators to do those things in our society, and it's important for us to recognize that and, you know, be grateful for it.

Matt (host): Absolutely. This has been a very valuable conversation. Ladies, thank you both for your time and your, very valuable insights this morning. And thank you to our listeners, for listening today. Please visit our website [www.nimbleyouthpodcast.com](http://www.nimbleyouthpodcast.com) for, recordings of past episodes and show notes for each episode.

And please visit our social media sites as well on Facebook and Instagram. Until next time, please take care of yourselves and the young people in your lives.