

Crisis Intervention: The Roles of School-Based Mental Health Professionals

Stephen E. Brock, Ph.D., NCSP
EPSY 6820: Advanced Graduate Seminar II (Crisis Intervention)
CSU East Bay

1

Conceptual Framework

P	Prevent and Prepare for psychological trauma
R	Reaffirm physical health and perceptions of security and safety
E	Evaluate psychological trauma risk
P a n d R	Provide interventions and Respond to psychological needs
E	Examine the effectiveness of crisis prevention and intervention

2

Preface

The importance of being prepared to intervene with children.

- *"It is generally accepted now that children represent a highly vulnerable population, for whom levels of symptoms may often be higher than for adults."*
- *"Recent literature also suggests that childhood trauma can have a lasting impact on child cognitive, moral, and personality development, and coping abilities" (Barenbaum et al., 2004, p. 42).*

3

Preface

The need for a "school" crisis management model/training program.

- *"As outside providers enter the school setting specifically to provide mental health services, a clear understanding of the school structure and culture is warranted" (Brown & Bobrow, 2004, p. 212).*

4

Intervention & Recovery Course Outline


1. Basic Assumptions
 - Crisis events
 - Crisis reactions
 - Crisis intervention
 - The Incident Command Structure
2. PREPARE Model
 - **P**revent and **P**repare for psychological trauma
 - **R**eaffirm physical health, and ensure perceptions of security and safety
 - **E**valuate psychological trauma
 - **P**rovide interventions **a**nd **R**espond to student psychological needs
 - **E**xamine effectiveness of crisis prevention and intervention
3. Conclusion
 - Course evaluation and exam

5

Course Objectives

Following the course students will:

- Be able to
 - Identify the variables that determine the traumatizing potential of a crisis event
 - Identify the range of school crisis interventions indicated by the PREPARE acronym
 - Indicate how school crisis interventions fit into the larger school crisis response
 - Specify the factors that critical to evaluating psychological trauma risk subsequent to a crisis event
 - Match psychological trauma risk to a range of appropriate school crisis interventions

 This symbol specifies that information key to meeting a course objective is being presented.

6

Basic Assumptions

Key Questions and Topics

- What “crisis events” may require a crisis intervention?
 - The characteristics of crises
- What “crisis reactions” are the focus of crisis intervention?
 - The personal consequences of crisis exposure
- What is school “crisis intervention?”
 - The PREPaRE model of school crisis prevention and intervention
- How does school crisis intervention fit into the larger school crisis response?
 - The Incident Command System (ICS)

7

Basic Assumptions

Crisis Event Characteristics

- According to the *DSM IV-TR*, events that may generate traumatic stress and require crisis intervention include
 - a) Experiencing
 - b) Witnessing, and/or
 - c) Learning about an event that involves *actual* death or physical injury, and/or *threatened* death or physical injury” (APA, 2000, p. 463)

8

Basic Assumptions

Crisis Event Characteristics (continued)

- Extremely negative
- Uncontrollable
- Unpredictable

Source: Brock (2002a)

9

Basic Assumptions

Crisis Event Characteristics

- Crisis classifications
 - Severe illness and/or injury
 - Violent and/or unexpected death
 - Threatened death and/or injury
 - Acts of war and/or terrorism
 - Natural disasters
 - Man-made/industrial disasters


Adapted from Brock, Sandoval, and Lewis (2001).

10

Basic Assumptions

Crisis Event Characteristics

- Variables that affect an events traumatic potential.
 - Type of disaster
 - Natural vs. human cause
 - Source of physical threat and/or injury
 - Human aggression vs. accidental (not human caused)
 - Presence of fatalities
 - The greater the number the greater the traumatic potential

 **Course Objective:** Students will be able to identify the variables that determine the traumatizing potential of a crisis event.

11

Basic Assumptions

Levels of School Crisis Response

- Minimal response
- Building-level response
- District-level response
- Community or regional-level response


Source: Brock (2002b)

12

Basic Assumptions

Activity: Variables that determine the traumatizing potential of a crisis event

1. In small groups of 3 – 4, identify a crisis event that you feel will require each of the four levels of crisis response just identified (i.e., "Minimal," "Building-Level," "District-Level," and "Community" or "Regional-Level Response").
2. Specify the specific crisis event characteristics (i.e., "type of disaster," "source of physical threat and/or injury," and "presence of fatalities") that generate the specific crisis response level.
3. Use Handout 1 to record your discussion and be prepared to share your comments with the larger group.

 **Course Objective:** Students will be able to identify the variables that determine the traumatizing potential of a crisis event.

13

Basic Assumptions

Crisis Event Consequences


According to *DSM IV-TR*, crisis event consequences signaling that an event has generated traumatic stress include responses that "involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior)" (APA, 2000, p. 463).

14

Basic Assumptions

The crisis state is...

"... a temporary state of upset and disorganization, characterized chiefly by an individual's inability to cope with a particular situation using customary methods of problem solving, and by the potential for a radically positive or negative outcome" (Slaikeu, 1990, p. 15).


15

Basic Assumptions

The crisis state is... (continued)

- More than simple stress
- Not necessarily mental illness

16

Basic Assumptions

Psychopathological Consequences

- Anxiety Disorders
- Substance – Related Disorders
- Dissociative Disorders
- Mood Disorders
- Disorders of Infancy, Childhood, or Adolescence
- Sleep Disorders
- Adjustment Disorders

Source: Brock & Jimerson (2004a)

17

Basic Assumptions

The Consequences of Crises on School Functioning

- School behavior problems (i.e., aggressive, delinquent, and criminal behavior)
- School absenteeism
- Academic decline
- Exacerbation of pre-existing educational problems

Source: Brock & Jimerson (2004a)

18

Basic Assumptions

Activity: The Positive Consequences of Crisis Events

1. In small groups identify some of the positive outcomes (or the opportunities) that may result from exposure to a crisis event.
2. Identify potential positive outcomes for both individual students and school or school systems.

19

Basic Assumptions

P	Prevent and Prepare for psychological trauma
R	Reaffirm physical health and perceptions of security and safety
E	Evaluate psychological trauma risk
P a n d R	Provide interventions and Respond to psychological needs
E	Examine the effectiveness of crisis prevention and intervention

Course Objective: Students will be able to identify the range of school crisis interventions indicated by the PREPaRE acronym.

20

The Relationship Between Phases of a Crisis, the PREPaRE Model, and Levels of Crisis Prevention/Intervention

	Pre-crisis Preparation & Planning	Impact When crisis occurs	Recover Immediately after crisis	Post-impact Days/weeks after the crisis	Recovery/Reconciliation Months/years after crisis
PREPaRE: School Crisis Prevention & Intervention Training Curriculum	Prevent & prepare for psychological trauma risk • Prevent/Prepare for crisis • Foster student resiliency	Reaffirm physical health, and ensure perceptions of security & safety • Keep students safe • Avoid crisis scenes and images	Evaluate psychological trauma • Meet basic physical needs (water, shelter, food, clothing) • Re-establish social support systems • Provide psycho-education for survivors and their caregivers	Provide interventions and Respond to psychological needs • Provide immediate crisis intervention • Provide/Refer for longer term crisis intervention	Examine the effectiveness of crisis prevention and intervention
Level of Prevention (Cohen, 1984)	Primary	Primary	Primary & Secondary	Secondary	Tertiary
Level of Preventive Intervention (Gibson, 1982)	Universal	Universal	Universal & Selected	Universal, Selected, & Indicated	Selected & Indicated
Level of Violence Prevention (Dwyer & Oster, 2000)	Schoolwide	Schoolwide	Schoolwide & Early Intervention	Schoolwide, Early, & Intensive Interventions	Early & Intensive Interventions
Emergency Response & Crisis Management (EPCM, U.S. Department of Education, 2003)	Crisis Prevention/Mitigation and Preparedness	Crisis Response and Recovery			

21

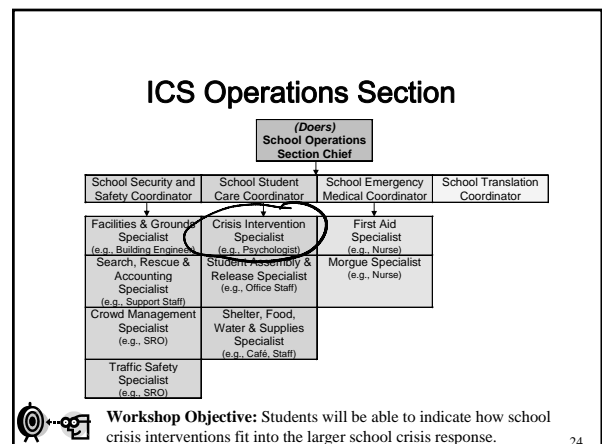
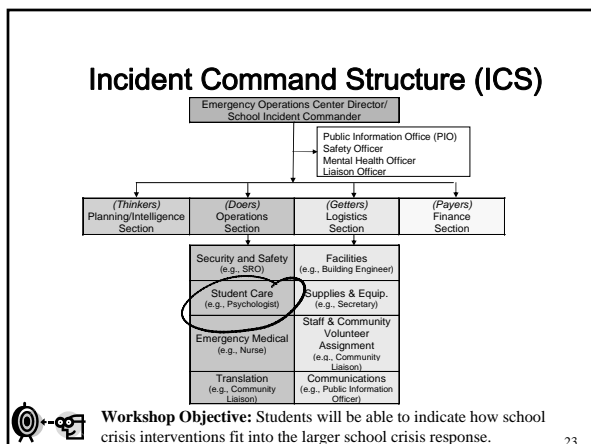
Basic Assumptions

The Incident Command System (ICS)

1. Incident Command (the managers)
2. Planning/Intelligence Section (the thinkers)
3. Operations Section (the doers).
 - a) Student Care
 - i. Crisis intervention specialist
4. Logistics Section (the getters).
5. Finance Section (the payers).

Workshop Objective: Students will be able to indicate how school crisis interventions fit into the larger school crisis response.

22



The PREPaRE Model

Prevent and Prepare for Psychological Trauma

- Prevent Crises
- Prepare for Crises
- Foster Student Resiliency
- Keep Students Safe
- Avoid Crisis Scenes and Images

Reaffirm Physical Health, and Ensure Perceptions of Security and Safety
 Evaluate Psychological Trauma
 Provide Interventions and Respond to Student Psychological Needs
 Examine the Effectiveness of Crisis Prevention and Intervention

25

Prevent & Prepare for Psychological Trauma

Crisis Prevention

- Prevention is the primary responsibility of school crisis teams.
 - Must include activities that ensure both physical and psychological safety.
 - Physical safety includes activities that are focused on the physical structures of the school environment.
 - Psychological safety includes activities that are focused on the emotional and behavioral well-being of students and staff.

Source: Reeves & Nickerson (2004) 26

Prevent & Prepare for Psychological Trauma

Physical & Psychological Safety

- Ensure Physical Safety
 - Crime prevention through environmental design
- Ensure Psychological Safety
 - School-wide positive behavior support
 - Develop school safety plans
 - Provide safety education
 - Identify and monitor potential crisis threats
 - Provide student guidance services
 - Provide health education

Source: Reeves & Nickerson (2004) 27

Prevent & Prepare for Psychological Trauma

School Crisis Planning & Preparedness

- A crisis plan structures school prevention, preparedness, response, and recovery efforts
 - USDOE/ERCM advocates for 2 types of plans
 - Comprehensive plan
 - Condensed plan
- Assign ICS roles
 - Acquire resources to fulfill ICS responsibilities
- Activate crisis plan

Source: Reeves & Nickerson (2004) 28

Prevent & Prepare for Psychological Trauma

Guiding Principles for Plan Development

- Build on what is already in place.
- Involve students, parents, teachers, school leaders, public safety agencies, and others.
- Be comprehensive.
- Make data-based decisions.
- Create a user-friendly document.
- Clearly define roles and responsibilities.
- Include staff development.
- Coordinate with nonpublic schools.
- Accommodate for children with special needs.

Source: Reeves & Nickerson (2004) 29

Prevent & Prepare for Psychological Trauma

Foster Internal Resiliency

- Promote active (or approach oriented) coping styles.
- Promote student mental health.
- Teach students how to better regulate their emotions.
- Develop problem-solving skills.
- Promote self-confidence and self-esteem.
- Promote internal locus of control.
- Validate the importance of faith and belief systems.
- Others?

Source: Brock (2002d) 30

Prevent & Prepare for Psychological Trauma

Foster External Resiliency

- Support families (i.e., provide parent education and appropriate social services).
- Facilitate peer relationships.
- Provide access to positive adult role models.
- Ensure connections with pro-social institutions.
- Others?

Source: Brock (2002d) 31

Prevent & Prepare for Psychological Trauma

Keep Students Safe

- Remove students from dangerous or harmful situations.
- Implement disaster/crisis response procedures (e.g., evacuations, lockdowns, etc.).
- “The immediate response following a crisis is to ensure safety by removing children and families from continued threat of danger” (Joshi & Lewin, 2004, p. 715).
- “To begin the healing process, discontinuation of existing stressors is of immediate importance” (Barenbaum et al., 2004, p. 48).

32

Prevent & Prepare for Psychological Trauma

Avoid Crisis Scenes and Images

- Direct ambulatory students away from the crisis site.
- Do not allow students to view medical triage.
- Restrict and/or monitor television viewing.

33

The PREPaRE Model

Prevent and Prepare for Psychological Trauma

<p>Reaffirm Physical Health, and Ensure Perceptions of Security and Safety</p> <ul style="list-style-type: none"> -Meet basic physical needs -Facilitate perceptions of safety
<p>Evaluate Psychological Trauma Provide Interventions and Respond to Student Psychological Needs Examine the Effectiveness of Crisis Prevention and Intervention</p>

34

Reaffirm Physical Health

Provide

- Shelter
- Food and water
- Clothing
- Other issues?

35

Reaffirm Physical Health

- Find appropriate officials who can resolve safety concerns beyond school's ability to control, e.g., threats, weapons, etc.
- Remove broken glass or sharp objects, objects or furniture that could cause people to trip and fall, and liquids spilled on the floor.
- Place barriers to prevent intrusions by unauthorized persons.

National Center for Child Traumatic Stress (2006) 36

Reaffirm Physical Health

- Make sure that persons who could fall are in areas that don't require the use of stairs or are located in lower levels of the shelter.
- Address urgent medical concerns, signs of danger to self or others, or shock; seek emergency medical assistance.
- Other health and welfare needs?

National Center for Child Traumatic Stress (2006) 37

Ensure Perceptions of Security & Safety

- Adult behavior in response to the crisis is key.
- Security and safety measures may need to be concrete and visible.

38

Ensure Perceptions of Security & Safety

- Factual information can help to comfort crisis victims.
- Can include information about
 - What students can do to next to ensure physical safety
 - What others are doing to make sure students are safe
 - The current status of the event (e.g., has the danger passed or is it still present?)
 - Resources that can be accessed to better ensure student safety
 - Traumatic stress reactions and self care

National Center for Child Traumatic Stress (2006) 39

Reaffirm Physical Health and Ensure Perceptions of Security & Safety

“Once traumatic events have stopped or been eliminated, the process of restoration begins. Non-psychiatric interventions, such as provision of basic needs, food, shelter and clothing, help provide the stability required to ascertain the numbers of youth needing specialized psychiatric care” (Barenbaum et al., 2004, p. 49).

40

The PREP_aRE Model

Prevent and Prepare for Psychological Trauma
Reaffirm Physical Health, and Ensure Perceptions of Security and Safety

<p>Evaluate Psychological Trauma</p> <ul style="list-style-type: none"> -Definition of, and Rationale for, Psychological Triage -Psychological Trauma Risk Factors and Warning Signs <ol style="list-style-type: none"> 1. Crisis Exposure 2. Personal Vulnerabilities 3. Threat Perceptions 4. Crisis Reactions -Conducting Psychological Triage
<p>Provide Interventions and Respond to Student Psychological Needs</p> <p>Examine the Effectiveness of Crisis Prevention and Intervention</p>

41

Evaluate Psychological Trauma

Psychological Triage Defined

“The process of evaluating and sorting victims by immediacy of treatment needed and directing them to immediate or delayed treatment. The goal of triage is to do the greatest good for the greatest number of victims” (NIMH, 2002, p. 27).

42

Evaluate Psychological Trauma

Rationale for Psychological Triage

- 1) Not all individuals will be equally affected by a crisis.
 - One size does not fit all.
 - Some will need intensive intervention.
 - Others will need very little, if any intervention.

Source: Brock & Jimerson (2004b) 43

Evaluate Psychological Trauma

Rationale for Psychological Triage

- 2) Recovery from crisis exposure is the norm.
 - Crisis intervention should be offered in response to demonstrated need.
 - “Not everyone exposed to trauma either needs or wants professional help” (McNally et al., 2003, p. 73).

EXCEPTION: Students with pre-existing psychopathology.

44

Evaluate Psychological Trauma

Rationale for Psychological Triage

- 3) There is a need to identify those who will recover relatively independently.
 - Crisis intervention may cause harm if not truly needed.
 - i. It may increase crisis exposure.
 - ii. It may reduce perceptions of independent problem solving.
 - iii. It may generate self-fulfilling prophecies.

Sources: Berkowitz (2003), Everly (1999) 45

Evaluate Psychological Trauma

Variable 1: Crisis Exposure*

- a) Physical proximity
- b) Emotional proximity

*Risk factors that increase the probability of psychological trauma and, as such, should result in increased vigilance for psychological trauma warning signs.

Source: Brock (2002d) 46


Evaluate Psychological Trauma

Variable 1a: Physical Proximity

- Where were students when the crisis occurred (i.e., how close were they to the traumatic event)?
 - The closer they were (i.e., the more direct their exposure) the greater the risk of psychological trauma.
 - The more physically distant they were, the lower the risk of psychological trauma.

Source: Brock (2002d) 47

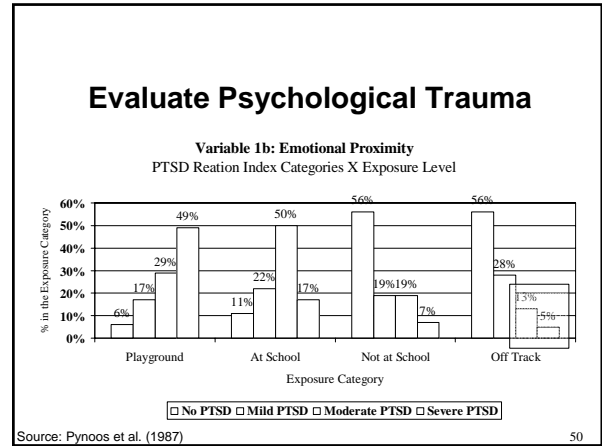
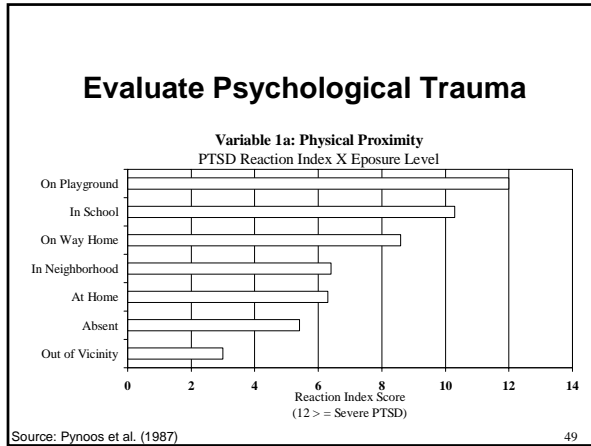
Evaluate Psychological Trauma



Variable 1a: Physical Proximity

- Residents between 110th St. and Canal St.
 - 6.8% report PTSD symptoms.
- Residents south of Canal St (ground zero)
 - **20% report PTSD symptoms.**
- Those who did not witness the event
 - 5.5% had PTSD symptoms.
- Those who witnessed the event
 - **10.4% had PTSD symptoms.**

Source: Galea et al. (2002) 48

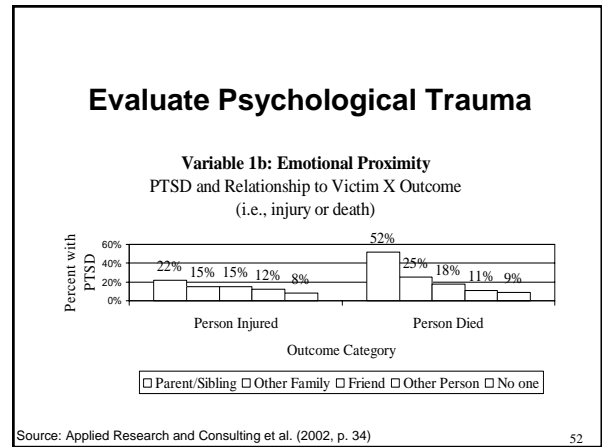


Evaluate Psychological Trauma

Variable 1b: Emotional Proximity

- Individuals who have/had close relationships with crisis victims should be made crisis intervention treatment priorities.
- May include having a friend who knew someone killed or injured.

Source: Brock (2002d) 51



Evaluate Psychological Trauma

Variable 2: Personal Vulnerabilities*

- Internal vulnerability factors
- External vulnerability factors

*Risk factors that increase the probability of psychological trauma and, as such, should result in increased vigilance for psychological trauma warning signs.

Source: Brock (2002d) 53

Evaluate Psychological Trauma

Variable 2a: Internal Vulnerability Factors

- Avoidance coping style
- Pre-existing mental illness
- Poor self regulation of emotion
- Low developmental level and poor problem solving
- History of prior psychological trauma
- Self-efficacy and external locus of control

Source: Brock (2002d) 54

Evaluate Psychological Trauma

Variable 2b: External Vulnerability Factors

- Family resources
 - Not living with nuclear family
 - Ineffective & uncaring parenting
 - Family dysfunction (e.g., alcoholism, violence, child maltreatment, mental illness)
 - Parental PTSD/maladaptive coping with the stressor
 - Poverty/financial Stress
- Social resources
 - Social isolation
 - Lack of perceived social support

Source: Brock (2002d) 55

Evaluate Psychological Trauma

Variable 3: Threat Perceptions*

- Subjective impressions can be more important than actual crisis exposure.
- Adult reactions are important influences on student threat perceptions.

* Risk factor that increase the probability of psychological trauma and, as such, should result in increased vigilance for psychological trauma warning signs.

Source: Brock (2002d) 56

Evaluate Psychological Trauma

Variable 4: Crisis Reactions*

• Reactions suggesting the need for an immediate mental health referral

- Dissociation
- Hyperarousal
- Persistent re-experiencing of the crisis event
- Persistent avoidance of crisis reminders
- Significant depression
- Psychotic symptoms

*Warning signs that provide concrete indication of psychological trauma

Source: Brock (2002d) 57

Evaluate Psychological Trauma

Variable 4: Crisis Reactions (Acute Stress Disorder)

- Exposure to a traumatic event
 - Involved actual or threatened death or serious injury, or threat to physical integrity.
- Response involves fear, helplessness, or horror (disorganized or agitated behavior in children).

Source: APA (2000) 58

Evaluate Psychological Trauma

Acute Stress Disorder (continued)

- Primary symptoms
 - Dissociation (3 or more symptoms)
 - Re-experiencing the trauma
 - Avoidance and numbing
 - Increased arousal
- Duration
 - More than 2 days, but less than 4 weeks
- Impaired functioning

Source: APA (2000) 59

Evaluate Psychological Trauma

Variable 4: Crisis Reactions (PTSD)

- Exposure to a traumatic event
 - Involved actual or threatened death or serious injury, or threat to physical integrity.
 - Response involves fear, helplessness, or horror (disorganized or agitated behavior in children).

Source: APA (2000) 60

Evaluate Psychological Trauma

PTSD (continued)

- Primary symptoms
 - Re-experiencing the trauma (1 or more symptoms)
 - Avoidance and numbing (3 or more symptoms)
 - Increased arousal (2 or more symptoms)
- Duration
 - More than 4 weeks, acute PTSD
- Impaired functioning

Source: APA (2000) 61

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

- Reactions suggesting the need for an immediate mental health referral
 - Maladaptive coping
 - Suicidal and/or homicidal ideation
 - Abuse of others or self (e.g., self-injury).
 - Extreme substance abuse and/or self-medication
 - Extreme rumination and/or avoidance behavior
 - Taking excessive precautions

Source: Brock & Jimerson (2004a) 62

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

- Developmental considerations: Preschoolers
 - Reactions not as clearly connected to the crisis event as observed among older students.
 - Reactions tend to be expressed nonverbally.
 - Given equal levels of distress and impairment, may not display as many PTSD symptoms as older children.
 - Temporary loss of recently achieved developmental milestones.
 - Trauma related play.

Sources: American Psychiatric Association, 2000; Berkowitz, 2003; Cook-Cottone, 2004; Dulmus, 2003; Joshi & Lewin, 2004; National Institute of Mental Health, 2001; Yorlrik et al., 2004 63

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

- Developmental considerations: School-age children
 - Reactions tend to be more directly connected to crisis event.
 - Event specific fears may be displayed.
 - Reactions are often expressed behaviorally.
 - Feelings associated with the traumatic stress are often expressed via physical symptoms.
 - Trauma related play (becomes more complex and elaborate).
 - Repetitive verbal descriptions of the event.
 - Problems paying attention.

Sources: American Psychiatric Association, 2000; Berkowitz, 2003; Cook-Cottone, 2004; Dulmus, 2003; Joshi & Lewin, 2004; National Institute of Mental Health, 2001; Yorlrik et al., 2004 64

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

- Developmental considerations: Preadolescents and adolescents
 - More adult like reactions
 - Sense of foreshortened future
 - Oppositional/aggressive behaviors to regain a sense of control
 - School avoidance
 - Self-injurious behavior and thinking
 - Revenge fantasies
 - Substance abuse
 - Learning problems


Sources: American Psychiatric Association, 2000; Berkowitz, 2003; Cook-Cottone, 2004; Dulmus, 2003; Joshi & Lewin, 2004; National Institute of Mental Health, 2001; Yorlrik et al., 2004 65

Evaluate Psychological Trauma

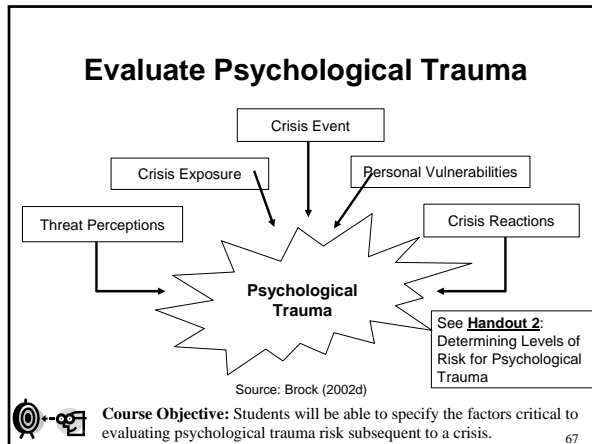
Variable 4: Crisis Reactions

- Cultural considerations
 - Other important determinants of crisis reactions in general, and grief in particular, are family, cultural and religious beliefs.
 - Providers of crisis intervention assistance should inform themselves about cultural norms with the assistance of community cultural leaders who best understand local customs.

Resource:
 Lipson, J. G., & Dibble, S. L. (Eds.). (2005). *Culture & clinical care*. San Francisco: UCSF Nursing Press.



66



Conducting Psychological Triage

Multi-Method & Multi-Source

- "Traumatized youths do not generally seek professional assistance, and recruiting school personnel to refer trauma-exposed students to school counselors can also leave many of these students unidentified."
- "These findings suggest that a more comprehensive assessment of exposure parameters, associated distress, and impairment in functioning is needed to make informed treatment decisions, especially given the possibility of inaccuracies in child and adolescent reports of the degree of exposure and the great variability in responses to similar traumatic events observed among survivors."

Source: Saltzman et al., 2001, p. 292

Conducting Psychological Triage

A Dynamic Process

- Levels of triage
 - 1) Primary evaluation of psychological trauma
 - 2) Secondary evaluation of psychological trauma
 - 3) Tertiary evaluation of psychological trauma

Source: Brock (2002d)

Conducting Psychological Triage

Preparation

- 1) Identify mental-health and other community support resources.
- 2) Develop/obtain psychological assessment screening tools.
- 3) Develop crisis intervention referral forms.
- 4) Understand/learn about culture specific crisis reactions.

70

Conducting Psychological Triage

Primary Evaluation of Psychological Trauma

- Begins as soon as possible/appropriate and before individual students and/or staff are offered any school crisis intervention.
- Designed to identify those who are considered at risk for becoming psychological trauma victims and to help making initial school crisis intervention treatment decisions.
- Typically includes assessment of the following variables.
 - crisis exposure (physical and emotional proximity)
 - personal vulnerabilities

71

Conducting Psychological Triage

Secondary Evaluation of Psychological Trauma

- Begins as soon as school crisis interventions begin to be provided.
- Designed to identify those who are actually demonstrating warning signs of psychological trauma and to make more informed school crisis intervention treatment decisions.

72

Conducting Psychological Triage

Secondary Evaluation of Psychological Trauma

- Typically includes assessment of the following risk factors and warning signs
 - Crisis exposure (physical and emotional proximity)
 - Personal vulnerabilities
 - Crisis reactions
- Typically involves the following strategies
 - Use of parent, teacher, peer, and self-referral procedures/forms
 - Administering individual and/or group screening measures

73

Conducting Psychological Triage

Secondary Evaluation of Psychological Trauma

- Parent, teacher, and self-referral procedures/forms
 - Elements of a referral form
 - Identifying information
 - Physical proximity
 - Emotional proximity
 - Vulnerabilities
 - Personal history
 - Resources
 - Mental health

74

Conducting Psychological Triage

Secondary Evaluation of Psychological Trauma

- Elements of a referral form (continued)
 - Crisis Reactions
 - Dissociation
 - Hyperarousal
 - Re-experiencing
 - Avoidance
 - Depression
 - Psychosis
 - Dangerous coping efforts (i.e., behaviors that involve any degree of lethality)

Source: Brock et al. (2001)

75

Conducting Psychological Triage

Secondary Evaluation of Psychological Trauma

- Handout 3: Traumatic Stress Screening Measures

76

Conducting Psychological Triage

Tertiary Evaluation of Psychological Trauma

- Screening for psychiatric disturbances (e.g., PTSD) typically begins weeks after a crisis event has ended. It is designed to identify that minority of students and/or staff who will require mental health treatment referrals.
- Typically includes the careful monitoring of crisis reactions/student and staff adjustment as ongoing school crisis intervention assistance is provided.

77

Conducting Psychological Triage

Tertiary Evaluation of Psychological Trauma

- Maintain a triage summary sheet.
- NOTE: "Survivors of traumatic events who do not manifest symptoms after approximately two months generally do not require follow-up" (NIMH, 2002, p. 9).

Source: Brock et al. (2001)

78

Conducting Psychological Triage

Practice Activity

- Break into small groups.
- Refer to Handout 4: "Primary Evaluation of Psychological Trauma" and discuss the crisis situation provided.
- Answer the questions regarding the level of crisis intervention response and the primary assessment of psychological risk.
- Record your thoughts and be prepared to share your responses with the entire group.

Source: Brock et al. (2001)

79

Conducting Psychological Triage

Crisis Situation 1

A local gang, in response to the physical beating of a fellow gang member by a student at your high school, has come on campus. A fight breaks out in the student parking lot between the gang and the student's friends. A 15-year-old gang member is hospitalized with a stab wound, and one of your students is killed by a gunshot wound to the head. The principal was in the immediate area and tried to intervene; she was hospitalized with serious stab wounds and is not expected to live.

Source: Brock et al. (2001)

80

Conducting Psychological Triage

Crisis Situation 2

A very popular sixth-grade teacher at an elementary school was supervising his students on a field trip to a local lake. He tragically drowns after hitting his head on a rock while trying to rescue a student who had fallen into the lake.

Source: Brock et al. (2001)

81

Conducting Psychological Triage

Crisis Situation 3

An irate father comes to your elementary school at 8:30 a.m.; a half hour after school has started. He heads to his kindergarten-age daughter's classroom without checking in with the office. The father enters the classroom and begins to hit his daughter. As the astounded class and the teacher watch, he severely beats her. Leaving the girl unconscious, he storms out the door and drives off in his pickup truck. The event took place in less than 5 minutes.

Source: Brock et al. (2001)

82

Conducting Psychological Triage

Crisis Situation 4

A third-grade teacher is presenting a lesson to her students. She has just soundly reprimanded students for continuing to talk out; in fact, she is still very upset. Suddenly, she turns pale, clutches her chest and keels over in front of 29 horrified children. Two frightened children run to the office, sobbing the news. The teacher is taken by ambulance to the nearest hospital, where it is discovered that she has suffered a massive heart attack. She never regains consciousness and succumbs the next morning.

Source: Brock et al. (2001)

83

Evaluate Psychological Trauma

Concluding Comment

"With the effects of teacher expectations in mind, we should note that teacher assistance, while often a valuable source of scaffolding on difficult tasks, may be counter productive if students don't really need it. When students struggle temporarily with a task, the unsolicited help of their teacher may communicate the message that they have low ability and little control regarding their own successes and failures. In contrast, allowing students to struggle on their own for a reasonable period of time conveys the belief that students do have the ability to succeed on their own." (p. 451)

Source: Ormrod, J. E. (1999). *Human learning* (3rd ed.), Upper Saddle River, NJ: Prentice Hall 84

The PREPaRE Model

Prevent and Prepare for Psychological Trauma
Reaffirm Physical Health, and Ensure Perceptions of Security and Safety
Evaluate Psychological Trauma

Provide Interventions and Respond to Student Psychological Needs

1. Re-Establish Social Support Systems
2. Psycho-education: Empower Survivors and Their Caregivers
3. Psychological Intervention
 - a) Immediate Interventions
 - i. Group Psychological First Aid
 - ii. Individual Psychological First Aid
 - b) Long Term Interventions

Examine the Effectiveness of Crisis Prevention and Intervention 85

Linking the Evaluation to School Crisis Interventions

Course Objective: Students will be able to match psychological trauma risk to a range of appropriate crisis interventions. 86

Levels of School Crisis interventions

Course Objective: Students will be able to match psychological trauma risk to a range of appropriate crisis interventions. 87

Preparing to Deliver Crisis Intervention Services

- Recognize signs of students in need of more direct crisis intervention.
- Be aware of populations predisposed to risk for psychological trauma.
- Maintain a calm presence when providing any crisis intervention.
- Be sensitive to culture and diversity.

88

Re-Establish Social Support Systems

Primary School Crisis Intervention

- Being with and sharing crisis experiences with positive social supports facilitates recovery from trauma.
- Lower levels of such support is a strong predictor of PTSD.
- This support is especially important to the recovery of children.

Sources: Litz et al. (2002), Caffo and Belaide (2003), Ozer et al. (2003) Barenbaum et al. (2004) 89

Re-Establish Social Support Systems

Limitations

- Extremely violent and life-threatening crisis events (e.g., mass violence)
- Chronic crisis exposure
- Caregivers significantly affected by the crisis
- Presence of psychopathology

Source: Brock & Jimerson (2004b) 90

Re-Establish Social Support Systems

Specific Techniques

- Reunite students with their caregivers.
- Reunite students with their close friends, teachers, and classmates.
- Return to familiar school environments and routines.
- Facilitate community connections.
- Empower with caregiving/recovery knowledge.

91

Re-Establish Social Support Systems

Reunite Students With Primary Caregivers

- Priority should be given to reuniting younger children with their parents.
- Preschool and kindergarten age children show their strongest reactions when separated from their parents during a stressful event.

92

Source: Brock & Jimerson (2004b)

Re-Establish Social Support Systems

Reunite Students With Peers and Teachers

- Children report friends as primary providers of emotional processing coping.
- Consider the importance of peer relations during adolescence.
 - Provide structured/supervised opportunities for students to support each other.
- Teachers are also reported to be important social supports.

93

Sources: Klingman (2001), Vernberg et al. (1996)

Re-Establish Social Support Systems

Return Students to Familiar Environments and Routines

- Children's self-reports reveal an association between more severe traumatic stress symptoms and relative lack of a return to pre-disaster roles and routines.
- Significantly higher disaster related fear and school problems are found among children who were evacuated and unable to return to their community (as compared to those who were either not evacuated or who were evacuated but had returned to the community).

94

Source: Barenbaum et al. (2004)

Re-Establish Social Support Systems

Facilitate Community Connections

- Support a return to normal community routines and environments (including the re-establishment of customs, traditions, rituals, and social bonds).
- Reduced community disruption is associated with less traumatic stress.

95

Re-Establish Social Support Systems

Empower With Caregiving/Recovery Knowledge

- Empower parents, teachers, and students with the information needed to be a productive social support provider (i.e., provide psycho-education).

96

Re-Establish Social Support Systems

Small Group Discussion

- From the information just presented, identify ways that you might be able to facilitate the re-establishment of social support systems.
- What are some thoughts you have on how school crisis intervention can help to ensure the re-establishment of social supports?
- Discuss this in small groups and be prepared to share your conclusions in the larger group.

97

Psycho-Education

Empowering Crisis Survivors and Caregivers

Psycho-education is designed to provide students, staff and caregivers with knowledge that will assist in understanding, preparing for, and responding to the crisis event, and the problems and reactions it generates (both in oneself and among others).

Source: Brock & Jimerson (2004b)

98

Psycho-Education

Rationale

- Children often have incorrect beliefs about the crisis event.
- Children are more likely than adults to use avoidance coping.
- Facilitates a sense of control over the recovery process.
- Capitalizes on strengths and promotes self confidence.
- Provides connections to mental health resources (without stigma).

Source: Brock & Jimerson (2004b)

99

Psycho-Education

Research Support

1. Associated with improved functioning and quality of life, and decreased symptoms for illnesses as different as cancer and schizophrenia (Lukens & McFarlane, 2004).
2. Clinical results show that participants are “visibly relieved” to learn their crisis reactions are normal (Howard & Goelitz, 2004, p. 8).
3. Improved children’s knowledge of trauma and attitudes to risk-taking behavior (Brown & Bobrow, 2004).

100

Psycho-Education

Limitations

- Not sufficient for the more severely traumatized
- Must be paired with other psychological interventions and professional mental health treatment
- Limited research

Source: Brock & Jimerson (2004b)

101

Psycho-Education

Student Psycho-Educational Group

- Goals
 1. Crisis facts are understood and rumors are dispelled.
 2. Potential crisis reactions are identified and normalized.
 3. Stress management strategies are identified and/or taught.
 4. Psychopathological crisis reactions and coping strategies are discussed and referral procedures identified.

102

Psycho-Education

Student Psycho-Educational Group

- Elements
 - a) **Introduce** students to the lesson.
 - b) **Answer** questions and dispel rumors.
 - c) **Prepare** students for the reactions that may follow crisis exposure.
 - d) **Teach** students how to manage crisis reactions.
 - e) **Close** the lesson by making sure students have a crisis reactions management plan.

103

Psycho-Education

Student Psycho-Educational Group

- a) **Introduce** students to the lesson.
 - Approximate duration: 5 minutes
 - Goals
 - Purpose, process, and steps of the lesson are understood .
 - Facilitators of the lesson are identified (if not already known to the group).
 - Group rules are reviewed or established.

104

Psycho-Education

Student Psycho-Educational Group

- b) **Answer** questions and dispel rumors.
 - Approximate duration: 20 minutes
 - Goals
 - Students gain cognitive mastery of the crisis event.
 - Crisis rumors are stopped.

Caution

- Don't give students unasked-for details about the crisis that could be frightening (Information transmission of PTSD).
- Let student questions be your guide.

105

Psycho-Education

Student Psycho-Educational Group

- c) **Prepare** students for the reactions that may follow crisis exposure.
 - Approximate duration: 15 minutes
 - Goals
 - Students recognize and are prepared for common crisis reactions.
 - Common crisis reactions are normalized.

106

Psycho-Education

Student Psycho-Educational Group

- d) **Teach** students how to manage crisis reactions.
 - Approximate duration: 15 minutes
 - Goals
 - Coping strategies that will help to manage stress reactions are identified.
 - Self-care plans are developed.

107

Psycho-Education

Internet Resources on Stress Management and Relaxation

Tips for Relaxation

- http://www.ncptsd.va.gov/pfa/Tips_for_Relaxation.pdf

Stress Management

- <http://www.imt.net/~randolfi/StressLinks.html>

108

Psycho-Education

Internet Resources on Stress Management and Relaxation

Oklahoma State Univ. Stress Management Library

- <http://www.pp.okstate.edu/ehs/links/stress.htm>

Stress Virtual Library

- <http://www.dialogical.net/stress/managestress.html>

109

Psycho-Education

Student Psycho-Educational Group

e) **Close** the lesson by making sure students have a crisis reactions management plan.

- Approximate duration: 5 minutes
- Goal
 - Students know how to take care of themselves and obtain assistance.

110

Psycho-Education

Student Psycho-Educational Group

- See: http://www.ncptsd.va.gov/ncmain/ncdocs/handouts/PFA_Appx_E_handouts.pdf for a psycho-educational handout appropriate for use as a psycho-educational group closes.

111

Psycho-Education

Caregiver Training

“Parental attention and support are among the factors that may be most amenable to early intervention efforts as well as most salient in prevention of poor outcomes for children... This role is especially important when children encounter novel and potentially threatening experiences...” (Berkowitz, 2003, p. 297).

112

Psycho-Education

Caregiver Training

- Goals
 1. Crisis facts are understood and rumors are dispelled.
 2. Potential crisis reactions are identified and normalized.
 3. Stress management strategies are identified and/or taught.
 4. Specific helpful reactions (i.e., empathetic reactions) to children’s traumatic stress are identified.
 5. Psychopathological crisis reactions and coping strategies are discussed and referral procedures identified.

113

Psycho-Education

Caregiver Training

- Elements
 - a) **Introduce** caregivers to the training.
 - b) **Provide** crisis facts.
 - c) **Prepare** caregivers for the reactions that may follow crisis exposure.
 - d) **Review** techniques for responding to children’s crisis reactions.

114

Psycho-Education

Caregiver Training

a) Introduce caregivers to the lesson.

- Approximate duration: 5 minutes
- Goals
 - The purpose, process, and steps of the training are understood.
 - Group leaders are identified.

115

Psycho-Education

Caregiver Training

b) Provide crisis facts.

- Approximate duration: 10 minutes
- Goals
 - Caregivers are provided with the facts they need to help children understand the crisis event.

Caution

- Don't give students unasked for details about the crisis that could be frightening (Information transmission of PTSD).
- Make sure caregivers know that it can be harmful to give children unasked for, potentially frightening, details about the crisis.

116

Psycho-Education

Caregiver Training

c) Prepare caregivers for the reactions (both in themselves and among children) that may follow crisis exposure.

- Approximate duration: 15 minutes
- Goals
 - Caregivers recognize and are prepared for common crisis reactions.
 - Common crisis reactions are normalized.
 - Psychopathological reactions and coping strategies are identified.

117

Psycho-Education

Caregiver Training

d) Review techniques for responding to children's crisis reactions.

- Approximate duration: 15 minutes
- Goal
 - Coping strategies that will help to manage crisis reactions are identified.

118

Psycho-Education

Resources for Responding to Children's Crisis Reactions

- Review NIMH (2001) suggestions for how to help children cope.
 - <http://www.nimh.nih.gov/publicat/NIMHviolence.pdf>
- Guidance for specific developmental levels is offered NCCTS (2006) Psych. First Aid Manual handouts.
 - http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_psyfirstaid.html
- Bibliotherapy from the Society of Children's Book Writers & Illustrators'
 - <http://childrensbooks.about.com/oi/dynamic/offsite.htm?site=http://www.scbwi.org/news%5Finfo/Children%5FCrisis.pdf>

119

Psycho-Education

Informational Bulletins, Flyers, and/or Handouts

- Made available through the school and /or the media.
- Facilitate an understanding of the crisis, its possible effects, and identify available supports.
- Can parallel, complement, and/or supplement the information provided through other psycho-educational groups and trainings.
- See the NASP web page for additional examples http://www.nasponline.org/resources/crisis_safetv/index.aspx

120

Psycho-Education

Small Group Discussion

- From the information just presented identify ways that you might be able to provide psycho-education.
- Discuss this in small groups and be prepared to share your conclusions in the larger group.

121

Psychological Interventions

1. Immediate Psychological First Aid Interventions
 - Group
 - Individual
2. Long Term Psychotherapeutic Treatment Interventions

- How can these interventions be counter productive?
- When is/is not parental permission required for these interventions?
- Are their limits to what the school-based mental health professional can and should do?

122

Psychological Interventions

Immediate Group Psychological First Aid

- Actively explore individual crisis experiences and reactions.
- Strive to help students feel less alone and more connected to classmates, and to normalize experiences and reactions.
- Is a psychological triage tool.
- Has cautions/limitations.

123

Psychological Interventions

Immediate Group Psychological First Aid

- Goals
 - a) Crisis event is understood.
 - b) Crisis experiences and reactions are understood and normalized.
 - c) Adaptive coping with the crisis and crisis problems is facilitated.
 - d) Crisis survivors begin to look forward.

Source: Brock (2002c)

124

Psychological Interventions

Immediate Group Psychological First Aid

- Indications
 - a) As a more involved (more than 60 min. and/or combined with other interventions) intervention
 - b) As a group intervention
 - c) With adults and adolescents who have experienced a crisis, but were not physically injured

Source: Brock & Jimerson (2004b)

125

Psychological Interventions

Immediate Group Psychological First Aid

- Contraindications
 - a) As a brief (less than 60 minute) intervention.
 - b) As a stand alone (one-off) intervention.
 - c) As an individual (1:1) intervention.
 - d) For adult acute physical trauma victims.
 - e) If the group is historically hurtful, divisive, not supportive.
 - f) If the crisis generates polarized needs.
 - g) When witness credibility is a concern.

Source: Brock & Jimerson (2004b)

126

Psychological Interventions

Immediate Group Psychological First Aid

- General Considerations
 - a) Who should participate?
 - b) What is the optimal size?
 - c) Where should the session be offered?
 - d) When should the session be offered?
 - e) Who are the facilitators?
 - f) What is the role of the teacher?
 - g) What are the follow-up needs?
 - h) Is permission needed?

Source: Brock & Jimerson (2004b) 127

Psychological Interventions

Immediate Group Psychological First Aid

- a) Introduction to the Session
 - Approximate duration: 10 to 15 minutes
 - Goals:
 - Purpose, process, and steps of the session are understood.
 - Facilitators of the session are identified (if not already known to the group).
 - Group rules are reviewed or established.

Source: Brock (2002c) 128

Psychological Interventions

Immediate Group Psychological First Aid

- b) Provide facts and dispel rumors.
 - Approximate duration: 30 minutes
 - Goals
 - Students gain cognitive mastery of the crisis event.
 - Crisis rumors are stopped.
 - Strategies
 - Questions and answers.
 - Carefully selected/screened media presentations.
- Caution
 - Don't give students unasked for details about the crisis that could be frightening (Information transmission of PTSD).
 - Let student questions be your guide.

Source: Brock (2002c) 129

Psychological Interventions

Immediate Group Psychological First Aid

- c) Sharing Stories
 - Approximate duration: 30 to 60 minutes
 - Goals
 - Students share their crisis experiences and commonalities are identified (normalized).
 - Strategies
 - Ask for volunteers.
 - Give each student a chance to share.
 - Conduct art activities.

Source: Brock (2002c) 130

Psychological Interventions

Immediate Group Psychological First Aid

- d) Share Reactions
 - Approximate duration: 30 minutes
 - Goals
 - Students share their crisis reactions and commonalities are identified (normalized).
 - Strategies
 - Teach common crisis reactions.
 - Give each student a chance to share.

NOTE: Mention self-referral procedures.

Source: Brock (2002c) 131

Psychological Interventions

Immediate Group Psychological First Aid

- e) Empowerment
 - Approximate duration: 60 minutes
 - Goals
 - Students identify coping strategies and/or take some kind of action.
 - Strategies
 - Teach stress management.
 - Identify accessible supports.

Source: Brock (2002c) 132

Psychological Interventions

Immediate Group Psychological First Aid

f) Closing

- Approximate duration: 30 minutes
- Goal
 - Students begin to look forward.
- Strategies
 - Prepare students for funeral attendance.
 - Supervise memorial development.
 - Create cards and write letters.
 - Decide what to do with deceased's belongings.
 - Summarize what has been learned.

NOTE: Reiterate self-referral procedures.

Source: Brock (2002c) 133

Psychological Interventions

Immediate Group Psychological First Aid

- Post group psychological first aid session activities.
 - Communicate with families (psycho-education) about how to help children cope and how to make referrals.
 - Continue to be visible by spending time on the playground, dropping in on the class, and being present when students arrive at school.
 - Continue psychological triage.
 - Support each other.

Source: Brock (2002c) 134

Psychological Interventions

Immediate Group Psychological First Aid Demonstration

A school community has just experienced a crisis event. On Friday evening a flash flood devastated the area surrounding the school. Although flood waters quickly receded, significant property damage was done. While the school was undamaged and there were no fatalities, there were several injuries. One of the injured was a student in this 10th grade classroom (a sprained ankle). It is Monday morning and the classroom teacher and the crisis intervention team enter the room as class is about to start.

Source: Brock et al. (2001) 135

Psychological Interventions

Immediate Individual Psychological First Aid

- Goal
 - Re-establish immediate coping.
- Subgoals
 - Ensure safety.
 - Provide support (physical and emotional comfort) and reduce distress.
 - Identify crisis related problems.
 - Support adaptive coping and begin the problem solving process.
 - Assess trauma risk and link to helping resources.

Source: Brock et al. (2001) 136

Psychological Interventions

Immediate Individual Psychological First Aid

- Elements
 - a) **Establish Rapport:** Make psychological contact with the person in crisis.
 - b) **Identify and Prioritize Crisis Problems:** Identify the most immediate concerns.
 - c) **Address Crisis Problems:** Identify possible solutions and take some action.
 - d) **Review Progress:** Ensure the individual is moving toward adaptive crisis resolution.

Source: Brock et al. (2001) 137

Psychological Interventions

Immediate Individual Psychological First Aid

a) Establish rapport: Make psychological contact with the person in crisis.

- Introduction
 - Introduce yourself and inquire about basic needs.
- Empathy
 - Identify facts and feelings.
- Respect
 - Pause to listen and do not dominate conversation.
 - Do not try to smooth things over.
- Warmth
 - Make nonverbal communication consistent with verbal message.
 - Touch is used as indicated.

Source: Brock et al. (2001) 138

Psychological Interventions

Immediate Individual Psychological First Aid

b) Identify and prioritize crisis problems: Identify the most immediate concerns.

- Inquire about what happened: The crisis story.
- Inquire about the problems generated by the crisis event.
- Rank order problems.

139

Psychological Interventions

Immediate Individual Psychological First Aid

c) Address crisis problems: Identify possible solutions and take some action.

- **Ask** about coping attempts already made.
- **Facilitate** exploration of additional coping strategies.
- **Propose** other alternative coping strategies.
 - If lethality is low **and** student is capable of action, then take a facilitative stance.
 - If lethality is high **or** student is not capable of acting, then take a directive stance.

Note: Survivors do as much as they can by themselves.

140

Psychological Interventions

Immediate Individual Psychological First Aid

d) Review progress: Ensure the individual is moving toward adaptive crisis resolution.

- Secure identifying information including, if not already known, primary social support providers (e.g., parents, teachers).
- Agree on a time for re-contact/follow-up.
- Assess if immediate coping has been restored, support has been obtained, and lethality reduced. If so, the immediate first aid intervention is concluded. If not, recycle the process.

141

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration

- This crisis situation begins with an intermediate grade student, Chris, crying in a corner of a school yard, just out of view of the playground. Two days earlier, Chris had witnessed a school yard shooting.
- See [Handout 5](#) for a copy of this psychological first aid demonstration script.

Source: Brock et al. (2001)

142

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration: Large Group Role Play

While walking to school yesterday a student who attends one of your middle schools was shot and killed. You are now counseling an 8th grader (Chris) who was best friends with the student (Juan) who died. It is the day after the shooting and Chris is refusing to come to school. You are talking to him at his house. How might you establish rapport with Chris?

Source: Brock et al. (2001)

143

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration

- You have established rapport with Chris; his basic needs are currently met; and he is willing to talk to you. What is your next step?
- How might you identify and prioritize Chris' problems?

Source: Brock et al. (2001)

144

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration

- You have identified that Chris is fearful of walking to school and that he is feeling very alone. Even if he was not afraid, with Juan gone, Chris sees no reason to go to school. What is your next step?
- How might you help Chris address his problems?

Source: Brock et al. (2001) 145

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration

- Chris' initial strategy to cope with being afraid of going to school is to kill the person whom he thought murdered his friend Juan. What is your next step?
- In assisting Chris take concrete action we will need to be very directive.

Source: Brock et al. (2001) 146

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration: Small Group Role Play

- Divide into pairs and decide who will fill the role of "person-in-crisis" and "crisis intervener."
- Each pair will develop their own crisis situation. The situation chosen should be one that the pair feels will allow them to demonstrate the entire psychological first aid model.
- After the role play concludes, the "crisis intervener" will share what they were trying to accomplish. Then the "person-in-crisis" will share what they experienced. Finally, using notes taken on Handout 6, the Psych. First Aid Observation Coding Sheet, other members of the group can comment upon what they observed.

147

Psychological Interventions

Long-Term Psychotherapeutic Treatment Interventions

- Empirically Supported Treatment Options (Feeny et al., 2004)
- Cognitive-Behavioral Approaches
 - Imaginal and In Vivo Exposure
 - Eye-Movement Desensitization and Reprocessing (EMDR)
 - Anxiety-Management Training
 - Group-Delivered Cognitive-Behavioral Interventions

148

Psychological Interventions

Long-Term Psychotherapeutic Treatment Interventions

- "Overall, there is growing evidence that a variety of CBT programs are effective in treating youth with PTSD" ... "Practically, this suggests that psychologists treating children with PTSD can use cognitive-behavioral interventions and be on solid ground in using these approaches" (Feeny et al., 2004, p. 473).

149

Psychological Interventions

Long-Term Psychotherapeutic Treatment Interventions


- "In sum, cognitive behavioral approaches to the treatment of PTSD, anxiety, depression, and other trauma-related symptoms have been quite efficacious with children exposed to various forms of trauma" (Brown & Bobrow, 2004, p. 216).

150

Psychological Interventions

Activity: Matching psychological trauma risk to the appropriate crisis intervention

Divide into small groups and, making use of Handout 2 (*Checklist for Determining Levels of Risk for Psychological Trauma*), discuss the essential features of individuals in each of the three different psychological trauma risk classifications (low risk, moderate risk, high risk). Then among the crisis interventions just discussed specify the crisis intervention that you feel provide the best match for individuals with the given risk classification. Record your thoughts on Handout 7 and be prepared to share your thoughts with the large group.

 **Course Objective:** Students will be able to match psychological trauma risk to a range of appropriate crisis interventions

151

The P R E P A R E Model

Prevent and Prepare for Psychological Trauma
Reaffirm Physical Health, and Ensure Perceptions of Security and Safety
Evaluate Psychological Trauma
Provide Interventions **and** Respond to Student Psychological Needs

Examine the Effectiveness of Crisis Prevention and Intervention

- Evaluating and Concluding the School Crisis Intervention
- Debriefing and Caring for the Caregiver

152

Evaluating and Concluding the School Crisis Intervention

The school crisis response can be concluded when all individuals have obtained the knowledge and/or support they need to cope with crisis generated problems.

153

Evaluating and Concluding the School Crisis Intervention

Outcomes that reflect crisis intervention effectiveness

1. Crisis interventions indicated by psychological triage have been provided.
2. Individuals with psychopathology have been provided appropriate treatment.
3. Individuals with maladaptive coping behaviors (e.g., suicide, homicide) have been referred to the appropriate professional(s) and lethality has been reduced.

154

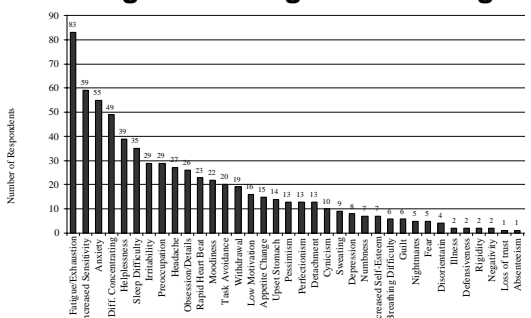
Evaluating and Concluding the School Crisis Intervention

Outcomes that reflect crisis intervention effectiveness (...cont'd)

4. School behavior problems (i.e., aggressive, delinquent, and criminal behavior) occur at or below pre-crisis levels.
5. Students attend school at or above pre-crisis attendance rates.
6. Student academic functioning is at or above pre-crisis level.

155

Debriefing and Caring for the Caregiver



Symptom	Number of Respondents
Fatigue/Exhaustion	83
Irritability	59
Anxiety	55
Diff. Concentrating	49
Helplessness	39
Sleep Difficulty	35
Preoccupation	29
Headache	27
Obsession/Details	26
Repetitive Thoughts	24
Medicines	22
Tank Avoidance	20
Withdrawal	19
Low Motivation	18
Appetite Changes	15
Upper Stomach	14
Perfectionism	13
Detachment	13
Sweating	11
Depression	9
Numbness	8
Decreased Self Esteem	7
Breathing Difficulty	6
Call	6
Nightmares	6
Disorientation	4
Four	4
Rigidity	3
Defensiveness	2
Negativity	2
Loss of trust	2
Abnormality	1

Crisis Intervention Work Reaction
 Source: Bolnik & Brock (2005). Reprinted with permission from the California Association of School Psychologists

156

Debriefing and Caring for the Caregiver

Warning Signs of the Overextended Crisis Intervention Worker

- Cognitive
 - Obsessive thoughts about the debriefing experience
 - Constant replays of event though not actually present
- Somatic
 - Chronic fatigue
 - Sleeplessness
 - Eating problems

157

Debriefing and Caring for the Caregiver

Warning Signs of the Overextended Crisis Intervention Worker

- Affective
 - Excessive worry about crisis victims
 - Intense irritability
 - Anger at co-workers or loved ones
 - Depression, guilt, shame
- Behavioral
 - Withdrawal from contact with loved ones or co-workers
 - Compulsion to be part of every crisis situation
 - Alcohol and substance abuse
 - Suicidal behaviors and/or thoughts

158

Debriefing and Caring for the Caregiver

Recommendations

- Debrief with other crisis responders.
- Seek ongoing professional development.
- Develop mentor/mentee relationships.
- Get exercise.
- Get rest/sleep
- Avoid excessive use of alcohol and drugs

159

Debriefing and Caring for the Caregiver

Recommendations

- Maintain normal routines and comfortable rituals.
- Eat well-balanced and regular meals.
- Use relaxation techniques (diaphragmatic breathing, meditation, progressive muscle relaxation, guided imagery, spirituality).

160

Debriefing and Caring for the Caregiver

Recommendations

- Surround yourself with support.
- Pursue your passions.
- See http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_psyfirstaid.html for a psycho-educational handout addressing the topic of self care.

161

Debriefing and Caring for the Caregiver

Recommendations

- Responding to teachers and other staff members who need intervention.
- In advance of a crisis...
 - Form alliances with EAP providers and community mental health as site-based personnel may not be in the best position to provide such assistance.
 - Discuss with school administrators the circumstances under which a staff member may need to be removed from a caregiving situation.
 - Discuss with school administrators how to remove a staff member from an inappropriate caregiving situation.

162

Workshop References

- For additional information about this topic refer to the workshop references in Handout 8

163

Questions and Comments

- About the PREP_aRE model
 - Stephen E. Brock, PhD, NCSP, PREP_aRE primary author
– brock@csus.edu

164

Authorship

Author: Stephen E. Brock, California State University Sacramento, CA

Adapted from the California Association of School Psychologists' Crisis Intervention Specialty Group's *School Crisis Intervention Workshop*, authored by Stephen E. Brock, CSU Sacramento, CA; Shane R. Jimerson, University of California Santa Barbara, CA; Richard Lieberman, Los Angeles Unified School District, CA; Ross Zatlun, Sweetwater Union High School District, CA; and Lee Huff, Huntington Beach Unified School District, CA.

A product of the National Association of School Psychologists Crisis Prevention & Intervention Workgroup. Richard Lieberman, Chair, Los Angeles Unified School District, CA; Melissa Reeves, Cherry Creek School District, CO, Co-chair; Stephen E. Brock, CSU, Sacramento, CA; Shane R. Jimerson, University of California Santa Barbara, CA; Ted Feinberg, National Association of School Psychologists, MD; and Amanda Nickerson, University of Albany, SUNY, NY.

165