



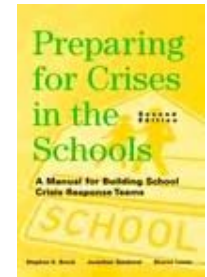
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Assessing Psychological Trauma

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Adapted from...

- Brock, S. E., Sandoval, J., & Lewis, S. (2001). *Preparing for crises in the schools: A manual for building school crisis response teams*. New York: Wiley.
- Brock, S. E. (2002). Identifying psychological trauma victims. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 367-383). Bethesda, MD: National Association of School Psychologists.



Definition

■ Psychological Triage:

- “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, 2001, p. 27).



Rational:

Why assess psychological trauma?

- 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.



Rational:

Why assess psychological trauma?

- 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.



Rational:

Why assess psychological trauma?

- 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.



Events That May Require Assessment of Psychological Trauma

- “Extreme traumatic stressors” 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).



Events That May Require Assessment of Psychological Trauma

- 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

Events That May Require Assessment of Psychological Trauma

- Extremely negative
- Uncontrollable
- Unpredictable

Variables that Affect the Traumatic Potential of a Crisis Event

- Type of disaster
- Source of physical threat and/or injury
- Presence of fatalities



Levels of Crisis Response

- The characteristics of a crisis event are helpful in determining the level of response required. Options include:
 - No Response
 - Building-Level Response
 - District-Level Response
 - Community and/or Regional-Level Response



What makes an event a personal crisis?

- A crisis event is necessary, but not sufficient when it comes to generating psychological trauma.
- Thus, psychological assessment of trauma risk must examine the individual crisis experiences, perceptions, reactions and personal vulnerabilities.



Assessment Variable 1: Crisis Exposure

- a) Physical proximity
- b) Emotional proximity



Assessment 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.
- Can interact with media exposure.



Assessment Variable 1a: Physical Proximity

Galea et al. (2002)

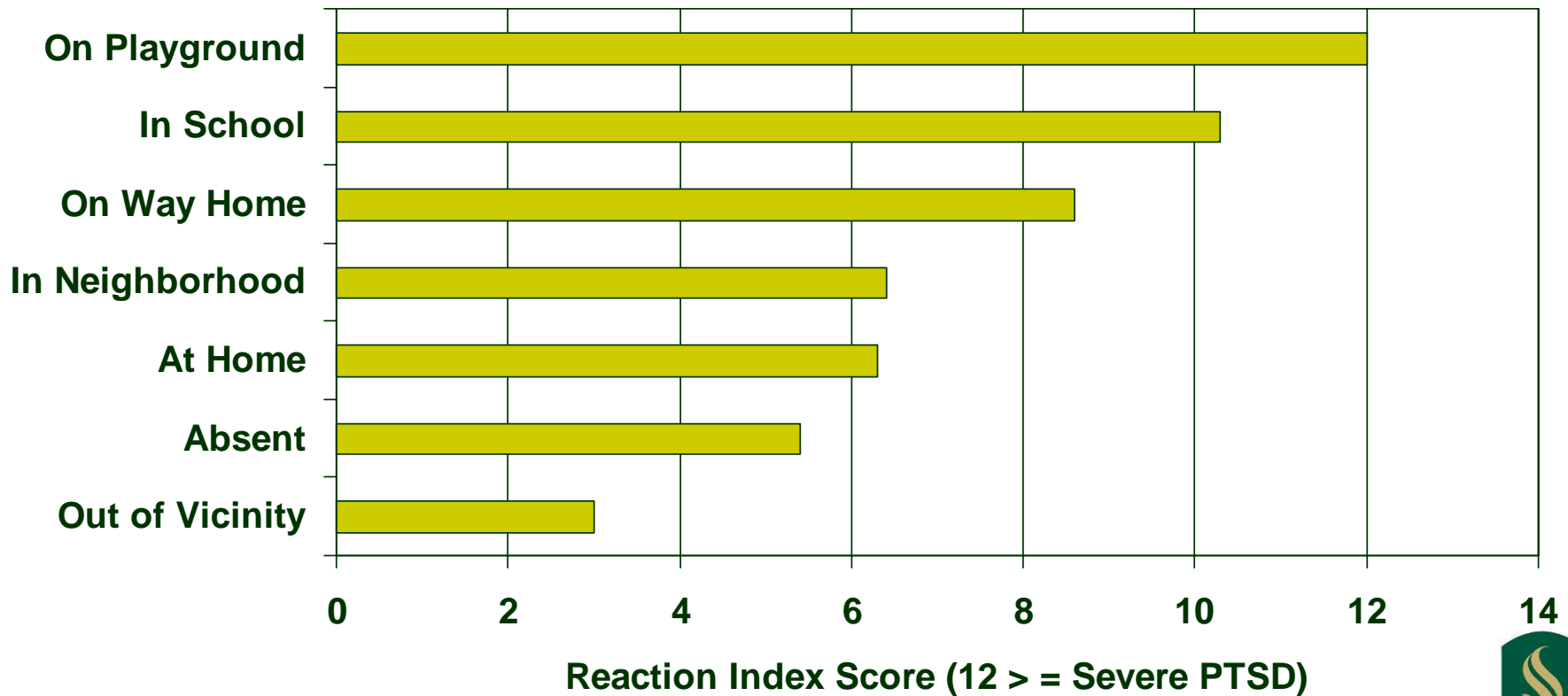


- Residence between 110th St. and Canal St., 6.8% report PTSD symptoms.
- Residence South of Canal St (ground zero), **20%** report PTSD symptoms.
- Those who did not witness the event, 5.5% report PTSD symptoms.
- Those who witnessed the event, **10.4%** report PTSD symptoms.



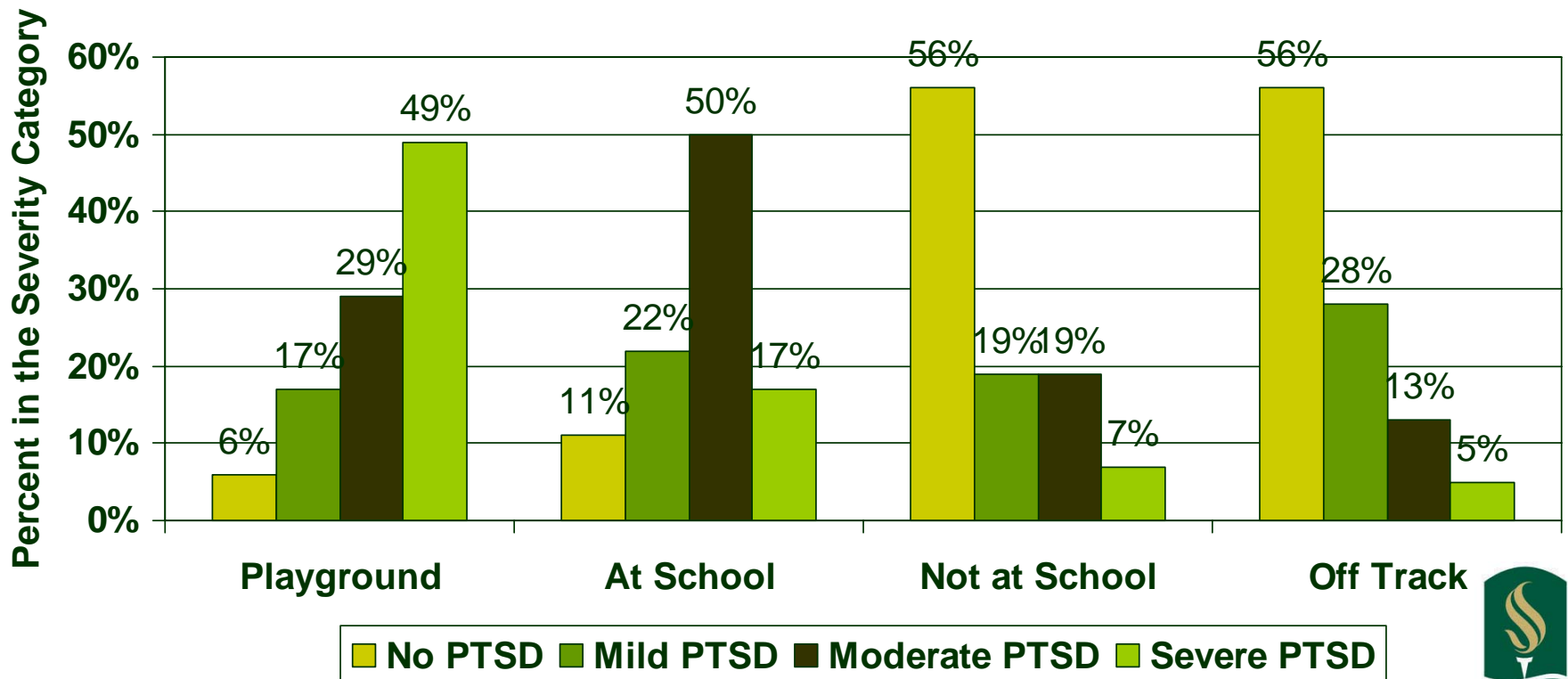
Assessment Variable 1a: Physical Proximity

PTSD Reaction Index X Exposure Level (Pynoos et al., 1987)



Assessment Variable 1: Crisis Exposure

PTSD Reaction Index Categories X Exposure Level
(Pynoos et al., 1987)



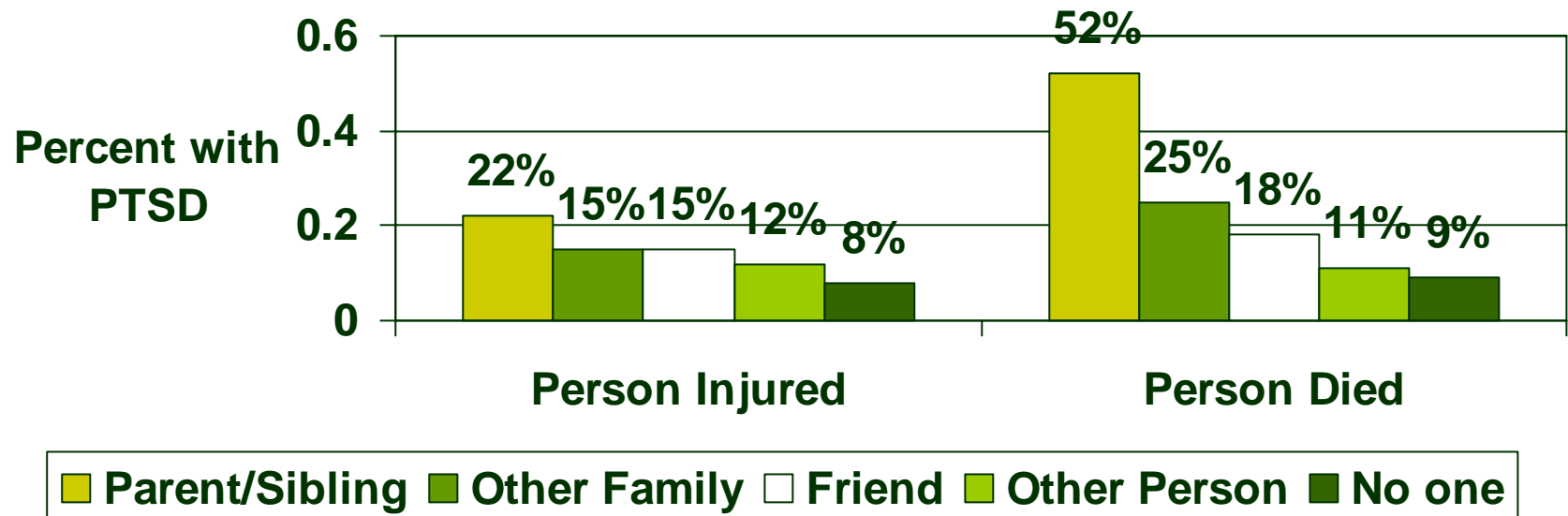
Assessment Variable 1b: Emotional Proximity

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



Assessment Variable 1b: Emotional Proximity

PTSD and Relationship to Victim X Outcome (i.e., injury or death)



Assessment Variable 2: Threat Perceptions

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



Assessment Variable 3: Crisis Reactions

- To generate a traumatic stress reaction...
 - “The person’s response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior)” (APA, 2000, p. 463).
- See Handout 1 for additional information



Assessment Variable 3: Crisis Reactions

- Crisis Reactions Indicating need for Mental Health Referral
 - Peritraumatic Dissociation
 - Peritraumatic Hyperarousal
 - Persistent Reexperiencing of the Crisis Event
 - Persistent Avoidance of Crisis Reminders
 - Significant Depression
 - Psychotic Symptoms



Assessment Variable 3: Crisis Reactions (Acute Stress Disorder)

- Crisis Reactions Indicating need for Mental Health Referral
 - 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)
 - 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



Assessment Variable 3: Crisis Reactions (PTSD)

- Crisis Reactions Indicating need for Mental Health Referral
 - 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)
 - 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



Assessment Variable 3: Crisis Reactions

- Crisis Reactions Indicating need for Mental Health Referral: Maladaptive Coping Behaviors
 - Suicidal and/or homicidal ideation
 - Abuse of others
 - Extreme substance abuse and/or self-mediation
 - Extreme rumination and/or avoidance behavior
 - Taking excessive precautions



Assessment Variable 3: 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
- Temporary loss of recently achieved developmental milestones
- Trauma related play



Assessment Variable 3: Crisis Reactions

■ Developmental Considerations

□ School-age Children

- Tend to be more directly connected to the 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



Assessment Variable 3: Crisis Reactions

- Developmental Considerations
 - Preadolescents and adolescents
 - Reactions become more adult like
 - 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



Assessment Variable 3: 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.



Assessment Variable 4: Personal Vulnerabilities

- a) Internal Vulnerability Variables
- b) External Vulnerability Variables



Assessment Variable 4a: Internal Vulnerabilities

- Avoidance coping style
- Pre-existing mental illness
- Poor self regulation of emotion
- Low developmental level and poor problem solving skills
- History of prior psychological trauma
- Self efficacy and external locus of control
- See Handout 2 for additional information

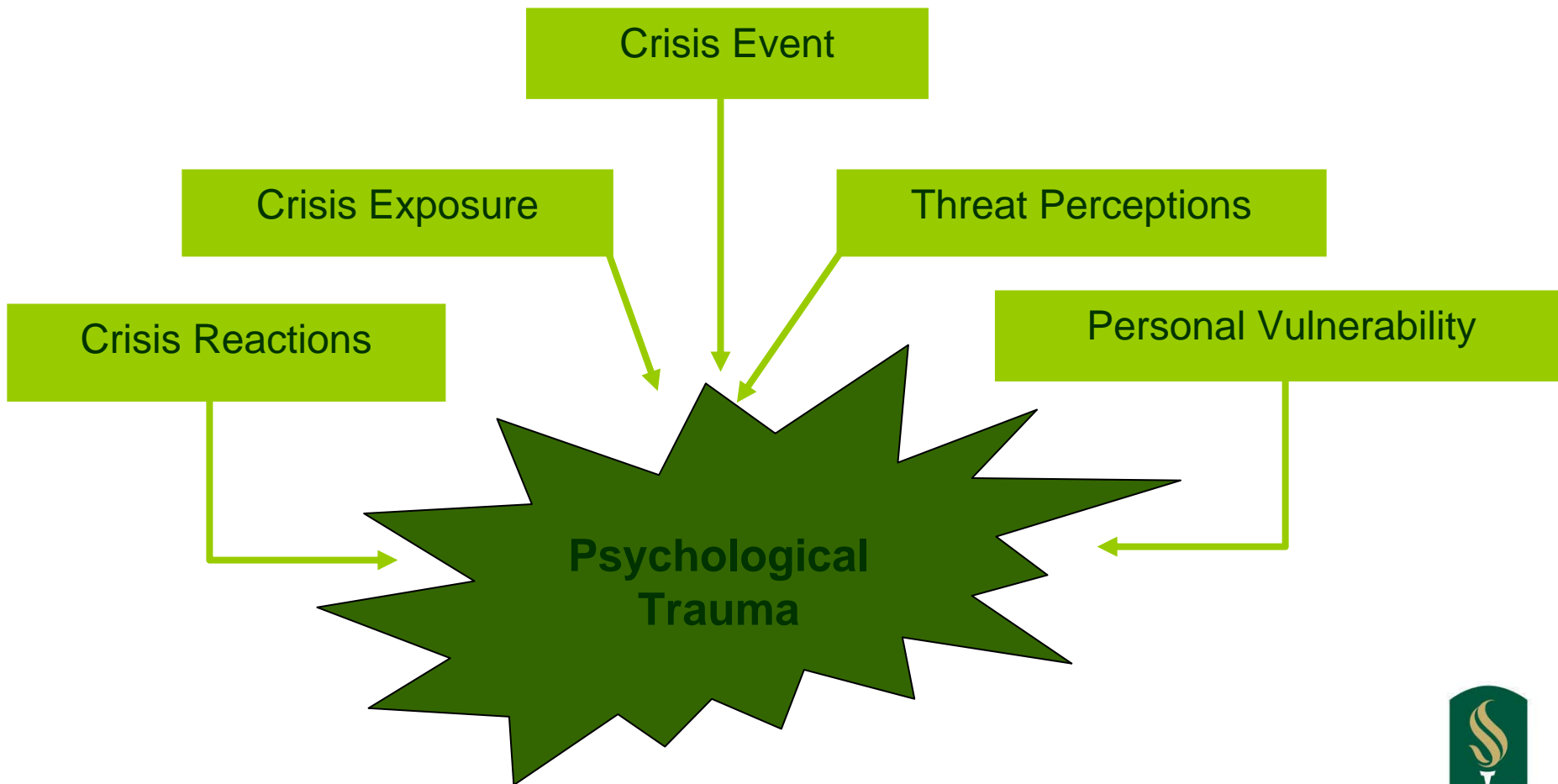


Assessment Variable 4b: External Vulnerabilities

- 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



Assessment of Psychological Trauma: Summary



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” (Saltzman et al., 2001, p. 292).
- “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” (Saltzman et al., 2001, p. 292).



Conducting Psychological Triage: A Dynamic Process

■ Levels of Triage

- 1) Primary Assessment of Psychological Trauma
- 2) Secondary Assessment of Psychological Trauma
- 3) Tertiary Assessment of Psychological Trauma



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



Conducting Psychological Triage:

Primary Assessment of Psychological Trauma

- Begins as soon as possible/appropriate, 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



Conducting Psychological Triage: Primary Assessment of Psychological Trauma

- Handout 3: Initial Risk Screening Form



Conducting Psychological Triage: Secondary Assessment of Psychological Trauma

- Begins as soon as school crisis interventions begin to be provided.
- Designed to identify those who are actually demonstrating signs of psychological trauma and to make more informed school crisis intervention treatment decisions.
- Typically involves the following strategies:
 - Use of parent, teacher, and self-referral procedures/forms
 - Administering individual and/or group screening measures



Conducting Psychological Triage: Secondary Assessment 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



Conducting Psychological Triage: Secondary Assessment of Psychological Trauma

- Parent, teacher, and self-referral procedures/forms
 - Elements of a referral form (continued)
 - Crisis Reactions
 - Dissociation
 - Hyperarousal
 - Re-experiencing
 - Avoidance
 - Depression
 - Psychosis
 - Dangerous Coping Effort (i.e., behaviors that involve any degree of lethality)



Conducting Psychological Triage: Secondary Assessment of Psychological Trauma

- Handout 4: Sample Referral Form



Conducting Psychological Triage: Secondary Assessment of Psychological Trauma

Measure	Author	Age Group	Admin. Time	Availability
Trauma Symptom Checklist for Children	Briere (1996)	7-16 years	20-30 min.	www.parinc.com
Child PTSD Symptom Scale	Foa (2002)	8-15 years	15 min.	foa@mail.med.upenn.edu
Parent Report of Posttraumatic Symptoms	Greenwald & Rubin (1999)	Grades 4-8	15 min.	http://www.sidran.org/catalog/crops.html
Child Report of Posttraumatic Symptoms	Greenwald & Rubin (1999)	Grades 4-8	15 min	http://www.sidran.org/catalog/crops.html
Children's Reactions to Traumatic Events Scale	Jones (2002)	8-12 years	5 min	rtjones@vt.edu
Children's PTSD Inventory	Saigh (2004)	6-18 years	15-20 min	www.PsychCorp.com
Pediatric Emotional Distress Scale	Saylor (2002)	2-10 years	5-10 min.	conway.saylor@citadel.edu
UCLA PTSD Reaction Index for DSM-IV	Steinberg et al. (n.d.)	7-adult years	20 min.	rpynoos@mednet.ucla.edu

See Handout 5



Conducting Psychological Triage: Tertiary Assessment 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.
- NOTE: “Survivors of traumatic events who do not manifest symptoms after approximately two months generally do not require follow-up (NIMH, 2001, p. 9).



Conducting Psychological Triage: Tertiary Assessment of Psychological Trauma

- Handout 6: Triage Summary Sheet



Conducting Psychological Triage: Practice Activity

- Break into small groups
- Discuss the crisis event provided in Handout 7
- Answer the questions regarding crisis intervention response and the primary assessment of psychological risk
- Record your thoughts and be prepared to share your responses with the entire group.



Conducting Psychological Triage: Practice Activity

■ 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.



Conducting Psychological Triage: Practice Activity

■ 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 one of the students who had fallen into the lake.



Conducting Psychological Triage: Practice Activity

■ Crisis Situation 3

- An irate father has come on to your elementary school site 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 pick-up truck. The event took place in less than 5 minutes/



Conducting Psychological Triage: Practice Activity

■ 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.

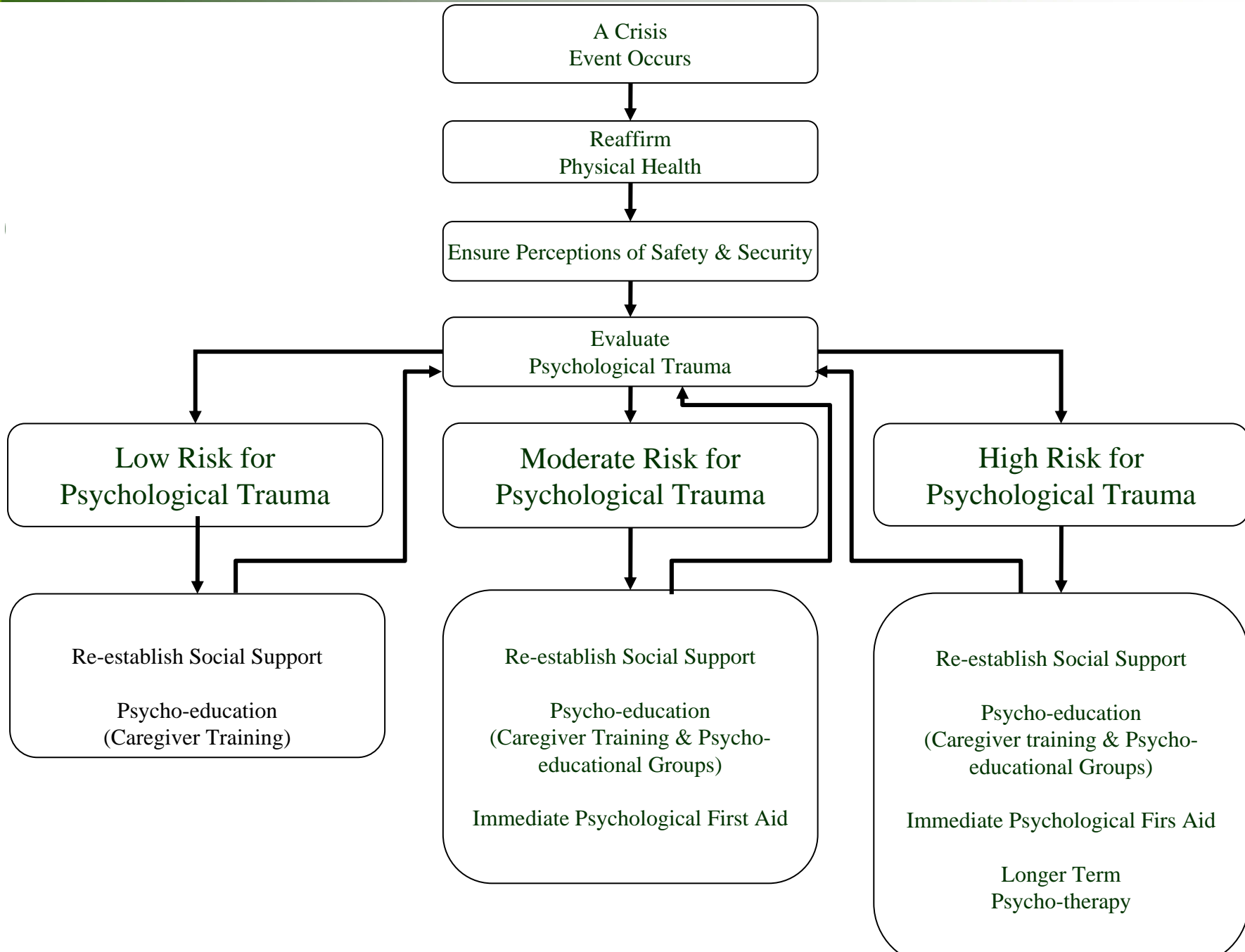


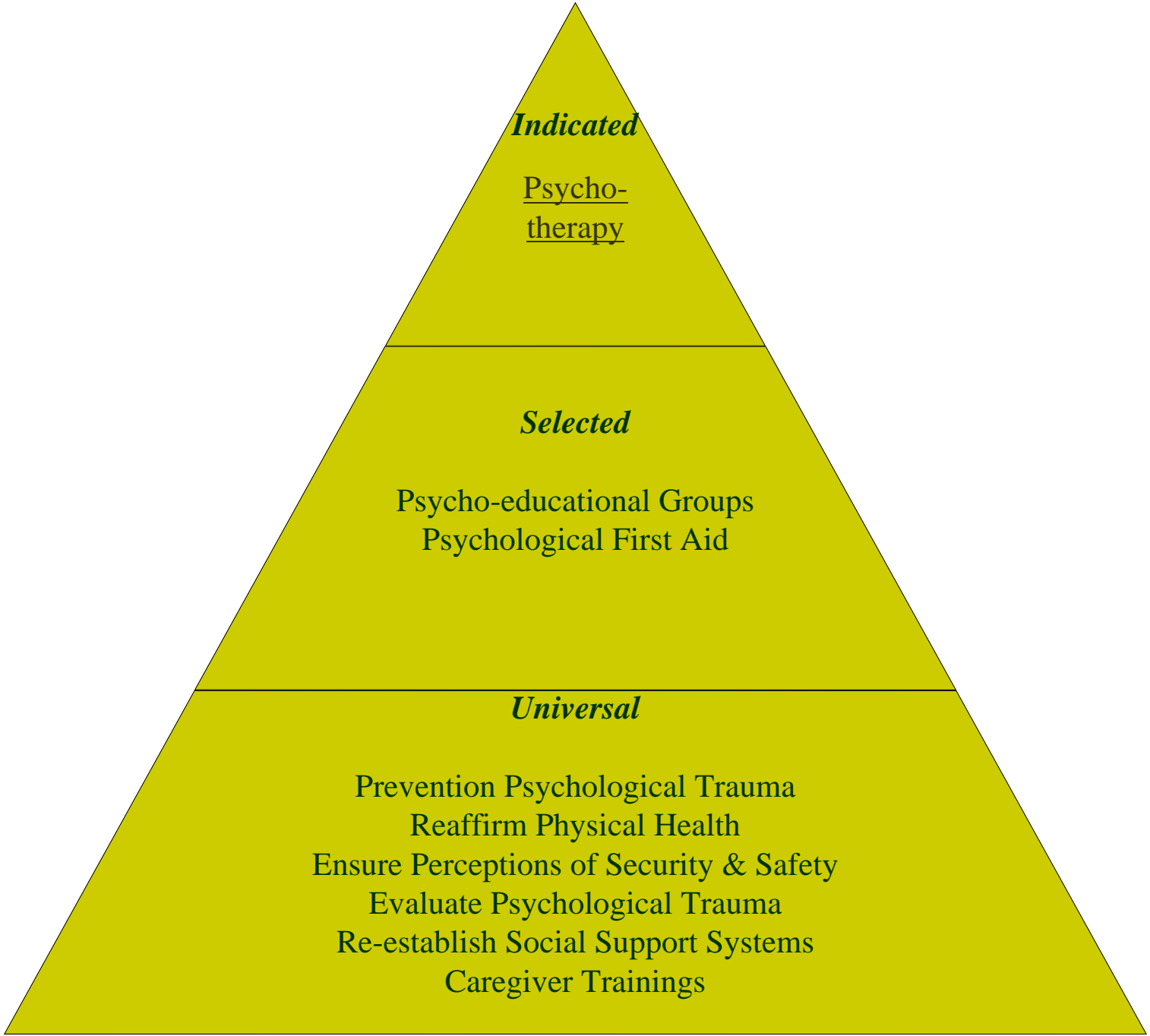
Conducting Psychological Triage: Concluding Comment

- 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).

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







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



1. Re-establish Social Support Systems: The 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.



1. Re-establish Social Support Systems: Challenges

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



1. 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



1. 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.



2. **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).



2. Psycho-education: Empowering Crisis Survivors and Caregivers

■ 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).



2. Psycho-education: Empowering Crisis Survivors and Caregivers

■ Limitations

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



2. Psycho-education: Specific Strategies

- The student psycho-educational group
- Caregiver trainings
- Informational bulletins and handouts



2. **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.



3. Psychological Interventions

- a) Immediate Psychological First Aid Interventions
 - i. Group
 - ii. Individual
- b) Long Term Psychotherapeutic Treatment Interventions



3. 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.
- A psychological triage tool.
- Cautions/Limitations.



3. Psychological Interventions: Immediate Group Psychological First Aid

■ Goals

- a) The 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.



3. 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) What are the contraindications?
- i) Is permission needed?



3. 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



3. 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.



3. Psychological Interventions: Long Term Psychotherapeutic Treatment Interventions

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



3. 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).
- “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)



P·R·E·PAR·E: School Crisis Prevention & Intervention Training Curriculum

- Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals
 - Questions and Comments about the P·R·E·PAR·E model
 - Stephen E. Brock, Ph.D., NCSP, P·R·E·PAR·E primary author
 - brock@csus.edu
 - Questions and Comments about the Crisis Prevention & Intervention (CPI) Workgroup
 - Richard Lieberman, NCSP, CPI Chairperson
 - leebro@comcast.net
 - Melissa Reeves, Ph.D., NCSP, CPI Co-Chairperson
 - mereev@aol.com



P·R·E·P·A·R·E: School Crisis Prevention & Intervention Training Curriculum

- Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals
 - Immediate Crisis Intervention Consultation
 - National Emergency Assistance Team (NEAT)
 - Frank Zenere, NCSP, NEAT Chairperson
 - fzen3@hotmail.com
 - Online Crisis Intervention Resources
 - <http://www.nasponline.org/NEAT/crisismain.html>

