SCHOOL CRISIS INTERVENTION
USING THE PREPâRE MODEL

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Session Outline

- The PREPâRE Model
- Mental Health Crisis Interventions
  1. Re-establish social support
  2. Psychological education
  3. Psychological intervention
Responding to Crisis: Mental Health Crisis Intervention

PREPARE
• Crisis Intervention and Recovery
  ◦ The Roles of School-Based Mental Health Professionals
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<th>P</th>
<th><strong>Prevent</strong> and <strong>Prepare</strong> for psychological trauma</th>
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<td><strong>Reaffirm</strong> physical health and perceptions of security and safety</td>
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<td><strong>Evaluate</strong> psychological trauma risk</td>
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<td><strong>Provide</strong> interventions and <strong>Respond</strong> to psychological needs</td>
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<td>E</td>
<td>Examine the effectiveness of crisis prevention and intervention</td>
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Brock (2011)
Prevent Crises:
Ensure physical safety

a. Crime prevention through environmental design
   i. Natural surveillance
   ii. Natural access control
   iii. Territoriality
b. Vulnerability assessment

Reeves, Nickerson, & Jimerson (2006)
Prevent Crises:

Ensure psychological safety

a. School-wide positive behavioral supports
b. Universal, targeted, and intensive academic and social–emotional interventions and supports
c. Identification and monitoring of self- and other-directed violence threats
d. Student guidance services

Reeves et al. (2006)
Prevent Traumatization: Foster Internal Student 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.
• Nurture positive emotions.
• Foster academic self-determination and feelings of competence.

Brock (2011)
Prevent Traumatization: 
Foster External Student Resiliency

• Support families.
• Facilitate peer relationships.
• Provide access to positive adult role models.
• Ensure connections with prosocial institutions.
• Provide a caring, supportive learning environment.
• Encourage volunteerism.
• Teach peace-building skills.

Brock (2011)
Prevent Trauma Exposure: Keep Students Safe

• Remove students from dangerous or harmful situations
• Implement crisis response procedures (e.g., evacuations, lockdowns)
  ◦ “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)
Prevent Trauma Exposure: 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 media exposure
  - Avoid excessive viewing of crisis images on television or Internet

Brock (2011)
Prepare for Crisis Intervention

• Develop immediate crisis intervention resources
• Identify longer-term psychotherapeutic resources

Brock et al. (2009)
Reaffirm **Physical Health & Safety**

1. General and special needs students
2. Responding to acute needs
3. Ensuring physical comfort
4. Providing accurate reassurances

Brock (2011)
Reaffirm **Psychological Health & Safety**

1. Recognizing the importance of adult reactions and behaviors
2. Minimizing crisis exposure
3. Reuniting/locating caregivers and significant others
4. Providing facts and adaptive interpretations
5. Returning students to a safe school environment
6. Providing opportunities to take action

Brock (2011)
Evaluate Psychological Trauma

Crisis Event Variables

- Predictability
- Consequences
- Duration
- Intensity

Risk Factors

- Threat Perceptions
- Exposure
- Vulnerability

Early Warning Signs
(reactions displayed during impact and recoil phases)

Enduring Warning Signs
(reactions displayed during postimpact and recovery/reconstruction phases)

Initial Crisis Reactions

Durable Crisis Reactions

Common Reactions

Psychopathological Reactions

Brock et al. (2009)
Evaluate Psychological Trauma:
Crisis Exposure Physical Proximity Risk Factor

PTSD Reaction Index × Exposure Level

Reaction Index Score ($\geq 12 = $ Severe PTSD)

Pynoos et al. (1987)
Evaluate Psychological Trauma: Crisis Exposure Risk Factors

Off track refers to students who were on vacation from school.
Pynoos et al. (1987)
Evaluate Psychological Trauma: 
Crisis Exposure Emotional Proximity Risk Factor 

PTSD and Relationship to Victim $\times$ Outcome (i.e., injury or death) 

Applied Research and Consulting et al. (2002, p. 34)
Evaluating Psychological Trauma: Internal Vulnerability Risk Factors

i. Avoidance coping style

ii. Pre-crisis psychiatric challenges

iii. Poor ability to regulate emotions

iv. Low developmental level and poor problem solving

v. History of prior psychological trauma

Brock et al. (2009)
Evaluating Psychological Trauma: External Vulnerability Risk Factors

i. Family resources
   1. Not living with a nuclear family member
   2. Family dysfunction (e.g., alcoholism, violence, child maltreatment, mental illness)
   3. Parental PTSD/maladaptive coping with the stressor
   4. Ineffective and uncaring parenting
   5. Poverty or financial stress

ii. Extra-familial social resources
   1. Social isolation
   2. Lack of perceived social support

Brock et al. (2009)
Evaluating Psychological Trauma: Threat Perception Risk Factor*

a. Subjective impressions can be more important than actual crisis exposure.

b. Adult reactions are important influences on student threat perceptions.

*Risk factors increase the probability of psychological trauma and, as such, should result in increased vigilance for symptoms of traumatic stress (or warning signs).

Brock et al. (2009)
Evaluating Psychological Trauma: Crisis Reaction Warning Signs*

a. Early warning signs
b. Enduring warning signs
c. Developmental variations
d. Cultural variations

*Warning signs are symptoms of traumatic stress.

Brock et al. (2009)
1. Reaffirm physical health.
2. Ensure perceptions of safety.
3. Evaluate psychological trauma.
4. Make initial crisis intervention treatment decisions.
5. Reevaluate degree of psychological injury and make more informed crisis intervention treatment decisions.

Brock (2011)
**Indicated Crisis Interventions**
Provided to those who were severely traumatized
Typically a minority of crisis survivors; however, depending upon the nature of the crisis can include a significant percentage

**Selected Crisis Interventions**
Provided to those who were moderately to severely traumatized
Following highly traumatic crises, can include an entire school

**Universal Crisis Interventions**
Provided to all students who were judged to have some risk of psychological trauma
Depending on the nature of the crisis, can include an entire school

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**Tier 1**
- Caregiver Trainings
- Classroom Meetings
- Informational Bulletins, Flyers, and Handouts
- Reestablishing of Social Support Systems
- Evaluation of Psychological Trauma
- Endured Perceptions of Security and Safety
- Reaffirmation of Physical Health
- Prevention of Psychological Trauma

**Tier 2**
- Individual Crisis Intervention
- Classroom-Based Crisis Intervention
- Student Psychoeducational Groups

**Tier 3**
Psychotherapy

Brock (2011)
Session Outline

- The PREPāRE Model
- Mental Health Crisis Interventions
  1. Re-establish social support
  2. Psychological education
  3. Psychological intervention
Reestablish Social Support Systems
1. Reunite students with primary caregivers.
2. Reunite students with peers and teachers.
3. Return students to familiar environments and routines.
4. Facilitate community connections.
5. Empower caregivers with crisis recovery information.

Limitations of Social Support

1. Caregivers can be significantly affected by the crisis.
2. Not sufficient following extremely violent and life-threatening crises (e.g., mass violence), chronic crisis exposure, or when psychopathology is present.
3. Support is sometimes not perceived as helpful.

Psychoeducation

- The provision of direct instruction and/or the dissemination of information that helps crisis survivors and their caregivers in understanding, preparing for, and responding to the crisis event, and the problems and reactions it generates (both in oneself and among others).

Brock et al. (2009);
Psychoeducation Strategies

1. Informational documents
2. Caregiver trainings
3. Classroom meetings
4. Student psychoeducational groups

Brock et al. (2009); Reeves, Kanan, & Plog (2010)
Student Psychoeducational Group Goals

1. To ensure that students are in possession of crisis facts and that crisis–related rumors are dispelled
2. To identify and normalize common crisis reactions
3. To ensure students are able to recognize psychopathological reactions and coping strategies
4. To ensure that specific strategies for managing crisis reactions are identified or explicitly taught

This is direct instruction.

Brock et al. (2009)
Steps in a PREPaRE Student Psychoeducational Group

Time: about one hour

1. Introduce students to the lesson (5 mins).
2. Answer questions and dispel rumors (20 mins).
3. Prepare students for the reactions that may follow crisis exposure (15 mins).
4. Teach students how to manage crisis reactions (15 mins).
5. Close by ensuring that students have a crisis reaction management plan (5 mins).

Brock et al. (2009)
Considerations in Differentiating Group Curriculum

• Age
  ➢ Primary Grades (PG): K-3
  ➢ Upper Elementary (UE): 4-6
  ➢ Middle School (MS): 7-9
  ➢ High School (HS): 10-12

• Developmental level

• Language proficiency
Format

Traditional teacher lesson plan format, including objectives, materials, & procedures

Stein, Chiolan, Campisi, & Brock (2015)
Key Components: Step 1

Introduce students to the lesson (5 mins)

GOALS:

To orient students to the lesson; to introduce facilitator; to lay ground rules

- Tell students the goals of the lesson: to understand the events that occurred; to identify coping strategies and additional supports and resources
- Introduce facilitators (and their school roles)
- Review lesson plan items and time
Step 1: Differentiation Consideration

Vocabulary used to introduce the lesson

- Primary Grades
- Upper Elementary
- Middle School
- High School
Step 1 Differentiation: Scripts

Note: The scripts are optional items aimed at aiding teachers in framing the lesson. An introduction to the lesson is expected but the verbiage is not mandated.

Stein, Chiolan, Campisi, & Brock (2015)
Key Components: Step 2

Answer questions and dispel rumors (20 mins).

GOALS: To dispel rumors

• Set rules of discussion
   No personal anecdotes—save for a different venue
   Leaders let student questions guide the information that is given (unless they are judged to be important to adaptive coping with the stressor, unasked-for details should be avoided)
Step 2 Differentiation

Vocabulary, prepared for different kinds of questions

- **Primary, PG (K-3):** more subject to cognitive distortions; therefore, give basic explanations
- **Upper Elementary, UE (4-6):** abstract, hypothetical thinking is not yet developed; deductive logic undeveloped
- **Middle, MS (7-9):** more capable of deductive reasoning and can do more problem solving; exposed to more details because of social media
- **High School, HS (10-12):** more sophisticated; self-advocacy skills typically more developed; greater exposure to more details because of social media
Key Components: Step 3

Prepare students for the reactions that may follow crisis exposure (15 mins).

**GOAL:** To identify how crisis events affect people

- Helping students anticipate the reactions that follow exposure to a crisis event
- Identify how crisis events affect people
- Normalize most initial crisis reactions and acknowledge...
  - Leader should acknowledge that most reactions will become less intense and that recovery is the norm
  - Acknowledge that if reactions do NOT lessen with time, a referral for mental health crisis intervention assistance will be needed
    - An exception would be suicidal or homicidal ideation, which should be responded to immediately
- Explain how students can obtain crisis intervention assistance for themselves and others
Step 3: Differentiation Considerations

How to explain/normalize common crisis reactions

- **Primary**—typically expressed behaviorally
  - Stay away from jargon (e.g., “de-realization, dissociative”)
  - Use more images

- **Upper Elementary & Middle School**—often expressed through language or drawing
  - Incorporate opportunities for expression

- **High School**—may have more entrenched maladaptive coping strategies that are often reaffirmed by peers
  - Can talk about intrusive images
Step 3, Differentiation Examples

Primary Grades

Upper Elementary/Middle School

High School

Stein, Chiolan, Campisi, & Brock (2015)
Key Components: Step 4

Teach students how to manage crisis reactions (15 mins).

GOALS: To help students strategies that will help them and those they care about

- Identify existing supports and referral procedures
- Teach stress management and relaxation techniques
  - Identify adaptive coping strategies and redirect students away from maladaptive strategies
    - Acknowledge maladaptive strategies (e.g., drinking or drugs) and their temporary nature
- Self-monitoring and follow-up
Step 4: Differentiation Considerations

- **Primary**
  - “This is what you need to do.”

- **Upper Elementary**
  - “Here is more of what you need to do.”

- **Middle School**
  - “What are you doing? Here are other additional ways to do it.”

- **High School**
  - “What do you think?”
A Closer Look...

**Primary Grades**
- Healthy Living Plan
- Picture-Based
- Deep Breathing Activity

**Upper Elementary**
- Personal Resources & Management Plan
- Balance of pictures & text
- Deep Breathing Activity
- Take-home to parent & return for signature

**Middle School**
- Personal Resources & Management Plan
- Balance of pictures and text
- Deep Breathing Activity
- Submit at the end of the period; self-referral

**High School**
- Personal Resources & Management Plan
- Heavily text-based
- Deep Breathing Activity
- Submit at the end of the period; self-referral
Step 4:
Primary Grades vs. Upper Elementary

Stein, Chiolan, Campisi, & Brock (2015)
Step 4:

Upper Elementary

Middle School

High School

Stein, Chiolan, Campisi, & Brock (2015)
Key Components: Step 5

Close by ensuring that students have a crisis reaction management plan (5 mins).

**GOALS: Close the lesson by evaluating student understanding**

- Checking for understanding
- Producing written plan (can be used as secondary triage)
- Provide additional resources
Step 5: Differentiation Considerations

Primary
- Submit checking for understanding and take-home referral for parents and caregivers

Upper Elementary
- Complete handout and take-home referral for parents and caregivers
- Take home: List of Stress Management Resources, UE & MS

Middle School
- Complete and submit handout with self-referral
- Take home: List of Stress Management Resources, UE & MS

High School
- Complete and submit handout with self-referral
- Take home: List of Stress Management Resources, HS
Step 5: Checking for Understanding, PG

Stein, Chiolan, Campisi, & Brock (2015)
Handout #5: Stress Management Resources

Adaptive Coping Strategies for Dealing with Traumatic Stress Reactions
1. Talk with others who have been through the same crisis experience.
2. Participate in local, state, and national associations or groups that aim to prevent future crises.
3. Obtain training that will help prevent and mitigate future stress events.
4. Incorporate physical exercise into your routine.
5. Get normal amounts of rest and sleep.
6. Avoid alcohol and drugs.
7. Maintain normal routines and comfortable rituals.
8. Eat well-balanced and regular meals.
9. Surround yourself with support (e.g., partners, pals, and pets).
10. Pursue your passions (don't feel guilty about finding pleasure in life).
12. Embrace your spirituality or belief systems.

Visualization/Imagery: Visualization offers a retreat from overpowering thoughts by using imagery to evoke relaxation. The sights, sounds, smells, and tactile sensations associated with a particularly calm scene induce a state of pleasure.

Meditation: Meditation is a mental exercise that can manifest in myriad ways. People may concentrate on their breathing or repeat a mantra. Various types of meditation that are recognized include transcendental meditation, prayer, Zen meditation, Taoist meditation, mindfulness meditation, Buddhist meditation and others. The end goal of all types of meditation lead to a mind that is quieted and free from stress by the use of quiet contemplation and reflection. Free online videos, apps, and playlists are available to guide people new to the practice.

Script for Deep Breathing Activity

"I want you to take a moment to get into a comfortable position. Think about how your body feels in your chair. Feel the weight of your arms and your legs. Close your eyes. Once your eyes are closed, take a deep breath...now breathe out, emptying your lungs completely. Breathe in slowly...and out slowly.

Take a deep breath in through your nose to the count of (4-8) and out through your mouth to the count of (4-8). Breathe in...2...3...4...HOLD...2...3...4...exhale...2...3...4...5.

Feel the tension leaving your body, bit by bit, with each breath.

Now place your hand gently on your abdomen right below your rib cage. Inhale slowly and deeply through your nose and push the air into the bottom of your lungs into the deepest part of your belly. Your chest should only move slightly as you bring the air into your stomach. Feel your stomach rise fully pushing your hand up. Let's repeat this again, in through your nose...out through your mouth.

Start to notice the sounds around the room. This might be the sound of the air conditioner, or even the sound of other students sitting in their chairs.

Picture the thought in your head. Now take that thought and place it in a bubble. Now watch that bubble, that thought, drift away. If another thought comes into your mind, do the same thing: place it in a bubble and let it drift away. (Pause)

Once again, we are going to take a deep breath in through your nose to the count of (4-8) and out through your mouth to the count of (4-8). Now open your eyes. Notice how your body feels. How your pulse has slowed, and how you may feel more relaxed."

List of Stress Management Resources

Websites
Managing Stress and Recovering from Trauma
  * http://www.pstl.va.gov/apps/pstlcounseling/home/default.htm
Oklahoma State University Stress Management Library
  * http://ehs.okstate.edu/links/stress.htm
Stress Management: How to Reduce, Prevent, and Cope with Stress

Other free resources available to students:
Apps for iPhones and Androids, iTunes University, YouTube Videos
Keywords for Videos
Progressive muscle relaxation, guided meditation, deep breathing, visualization/imagery

Relaxation Activities

Deep Breathing: A common symptom of stress is an increase in breathing rate. Oftentimes, this coincides with shallow breathing occurs higher in the chest. A deep breathing exercise allows us to take slower, deeper belly breaths reflecting a true relaxed state.

Progressive Muscle Relaxation: This practice involves tensing and relaxing the large skeletal muscle groups, one at a time. Muscle relaxation is achieved by noting the contrast between the state of tension and relaxation and by increasing awareness of muscle groups that often carry tension.

Stein, Chiolan, Campisi, & Brock (2015)
Limitations of Psychoeducation

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

Amstadter, McCart, & Ruggiero (2007); Howard & Goelitz (2004); Lukens & McFarlane (2004); Oflaz, Hatipoğlu, & Aydin (2008)
Psychological Intervention Strategies

1. Immediate classroom-based (or group) crisis intervention
2. Immediate individual crisis intervention
3. Long-term psychotherapeutic treatment interventions

Brock et al. (2009)
Psychological Interventions: Classroom-Based Crisis Intervention

1. **Introduce** session (10–15 min)
2. **Provide** crisis facts and dispel rumors (30 min)
3. **Share** crisis stories (30–60 min)
4. **Identify** crisis reactions (30 min)
5. **Empower** students (60 min)
6. **Close** (30 min)

Brock et al. (2009)
Psychological Interventions: Individual Crisis Intervention Elements

1. Establish contact
2. Verify readiness
3. Identify and prioritize problems
4. Address crisis problems
5. Evaluate and conclude

Not necessarily a linear process

Brock et al. (2009)
Psychological Interventions: Psychotherapeutic Treatments Trauma-Focused Therapies

Trauma-focused psychotherapies should be considered first-line treatments for children and adolescents with PTSD. These therapies should

1. Directly address children’s traumatic experiences
2. Include parents in treatment in some manner as important agents of change
3. Focus not only on symptoms improvement but also on enhancing functioning, resiliency, and/or developmental trajectory.

Cohen et al. (2010, pp. 421–422)
Psychological Interventions: Psychotherapeutic Treatments
Cognitive–Behavioral Therapies

1. Imaginal and in vivo exposure
2. Eye-movement desensitization and reprocessing (EMDR)
3. Anxiety management training
4. Cognitive–behavioral intervention for trauma in schools (CBITS; group delivered)
5. Parent training

Brock et al. (2009); Cohen et al. (2010)
Psychological Interventions: 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.”

“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.”

Feeney et al. (2004, p. 473); Brown & Bobrow (2004, p. 216)
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