Assessing and Intervening with Children Exhibiting PTSD in the School Setting

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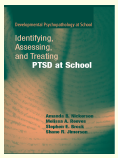
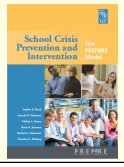
Preface

- Adapted from…

Nickerson, A. B., Reeves, M. A., Brock, S. E., & Jimerson, S. R. (2009). *Assessing, identifying, and treating posttraumatic stress disorder at school.* New York: Springer.



Brock, S. E., Nickerson, A. B., Reeves, M. A., Jimerson, S. R., Lieberman, R., & Feinberg, T. (2009). *School crisis prevention and intervention: The PREPaRE model.* Bethesda, MD: NASP.



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Preface

- PTSD necessarily involves exposure to a traumatic stressor.
- A traumatic stressor can generate initial stress reactions in just about anyone.
- However, not everyone exposed to these events develops PTSD.
- Among those who develop PTSD, significant impairments in daily functioning (including interpersonal and academic functioning) are observed.
- Developmentally younger individuals are more vulnerable to PTSD.

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Preface

- Prevalence among school age youth
  - Trauma Exposure = 68%
    - 37% report two or more traumatic events
  - Lifetime prevalence of PTSD = 6 to 10%
    - 30% among some urban populations

Berton & Stabb (1996),Buka et al. (2001); Copeland et al. (2007); Dyregrov & Yule (2006); Seedat et al. (2004)

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Preface

- The role of the school-based mental health professional **is** to be …
  - able to recognize and screen for PTSD symptoms.
  - aware of the fact PTSD may generate significant school functioning challenges.
  - knowledgeable of effective treatments for PTSD and appropriate local referrals.
  - cognizant of the limits of their training.
- It **is not** necessarily to …
  - diagnose PTSD.
  - treat PTSD.

Cook-Cattone (2004)

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Workshop Outline

- Characteristics of PTSD
- Causes of PTSD
- Identification/Assessment of PTSD
- Preventing/Mitigating PTSD
- Responding to PTSD

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Workshop Objectives

- From participation in this workshop participants will…
  1. be able to recognize the characteristics of PTSD.
  2. understand the school psychologist's role in the identification and assessment of PTSD.
  3. be able to identify strategies designed to prevent, mitigate, and respond to PTSD.

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Workshop Outline

- Characteristics of PTSD
  - *DSM IV-TR*
  - Developmental Variations
  - Manifestations at School
- Causes of PTSD
- Identification/Assessment of PTSD
- Preventing/Mitigating PTSD
- Responding to PTSD

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Characteristics of PTSD

DSM IV-TR

- An anxiety disorder that develops secondary to exposure (experiencing, witnessing, or learning about) to an "extreme traumatic stressor."
  - An event that involves actual or threatened death or serious injury, or threat to ones physical integrity.
- "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)

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Characteristics of PTSD

DSM IV-TR

- Core Symptoms
  1. Persistent re-experiencing of the trauma.
  2. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness.
  3. Persistent symptoms of increased arousal.
- Duration of the disturbance is more than one month.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

APA (2000) 10

Characteristics of PTSD

DSM IV-TR

- Re-experiencing Symptoms
  1. Recurrent/intrusive distressing recollections.
  2. Recurrent distressing dreams.
  3. Acting/feeling as if the event were recurring.
  4. Psychological distress at exposure to cues that symbolize/resemble the traumatic event.
  5. Physiological reactivity on exposure to cues that symbolize/resemble the traumatic event.

APA (2000) 11

Characteristics of PTSD

DSM IV-TR

- Avoidance & Numbing Symptoms
  1. Avoids thoughts, feelings, or conversations.
  2. Avoids activities, places, or people.
  3. Inability to recall important aspects of the trauma.
  4. Diminished interest/participation in significant activities.
  5. Feeling of detachment/estrangement.
  6. Restricted range of affect.
  7. Sense of a foreshortened future.

APA (2000) 12

Characteristics of PTSD

DSM IV-TR

- Increased Arousal Symptoms
  1. Difficulty falling or staying asleep.
  2. Irritability or outbursts of anger.
  3. Difficulty concentrating.
  4. Hypervigilance.
  5. Exaggerated startle response.

APA (2000) 13

Characteristics of PTSD

DSM IV-TR

- PTSD may be specified as
  - Acute
  - Chronic
  - Delayed onset

APA (2000) 14

Characteristics of PTSD

DSM IV-TR

- Associated Features
  - Survivor guilt
  - Impaired social/interpersonal functioning
  - Auditory hallucinations & paranoid ideation
  - Impaired affect modulations
  - Self-destructive and impulsive behavior
  - Somatic complaints
  - Shame, despair, or hopelessness
  - Hostility
  - Social withdrawal

APA (2000) 15

Characteristics of PTSD

DSM IV-TR

- Associated Mental Disorders
  - Major Depressive Disorder
  - Substance-Related Disorders
  - Panic Disorder
  - Agoraphobia
  - Obsessive-Compulsive Disorder
  - Generalized Anxiety Disorder
  - Social Phobia
  - Specific Phobia
  - Bipolar Disorder

APA (2000) 16

Characteristics of PTSD

Developmental Variations

- 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.

APA (2000), Berkowitz (2003), Cook-Cottone (2004), Dulmus (2003), Joshi & Lewin (2004), NIMH (2001), Yorbik et al. (2004) 17

Characteristics of PTSD

Developmental Variations

- 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.

APA (2000), Berkowitz (2003), Cook-Cottone (2004), Dulmus (2003), Joshi & Lewin (2004), NIMH (2001), Yorbik et al. (2004) 18

Characteristics of PTSD

Developmental Variations

- 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

APA (2000), Berkowitz (2003), Cook-Cottone (2004), Dulmus (2003), Joshi & Lewin (2004), NIMH (2001), Yorbik et al. (2004)

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Characteristics of PTSD

Developmental Variations

- Alternative Criteria for Diagnosing Infants and Young Children

A. Confirmation of exposure is **not required** within the alternate criteria. Preverbal children cannot report on their reaction at the time of the traumatic event, and an adult may not have been present to observe this.

Scheeringa et al. (1995)

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Characteristics of PTSD

Developmental Variations

- Alternative Criteria for Diagnosing Infants and Young Children

B. In the very young, recurrences and intrusive recollections of events need not be distressing.

C. Markedly diminished interest in participation in significant activities observed as a constriction of play behavior.

Feeling of detachment/estrangement is mainly evidenced as social withdrawal.

Additional Symptom for Group C

1) *Loss of a previously acquired developmental skill, such as toileting or speech.*

Scheeringa et al. (1995)

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Characteristics of PTSD

Developmental Variations

- Alternative Criteria for Diagnosing Infants and Young Children
  - D. The alternate criteria require only ONE (or more) of Group D symptoms.
  - E. **New Cluster**: At least one (or more) of the following:
    1) New separation anxiety.
    2) New onset of aggression.
    3) New fears without obvious links to the trauma, such as fear of going to the bathroom alone or fear of the dark.

Scheeringa et al. (1995)

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Characteristics of PTSD

Manifestations at School

- Lower GPA
- Lower academic achievement test scores
- Classroom adjustment difficulties
  - Difficulty concentrating
  - Inattention
  - Irritability
  - Aggression
  - Withdrawal

Saigh et al. (1997), Saltzman et al. (2001)

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Workshop Outline

- Characteristics of PTSD
- Causes of PTSD
  - Traumatic Stressor
  - Event Perceptions
- Identification/Assessment of PTSD
- Preventing/Mitigating PTSD
- Responding to PTSD

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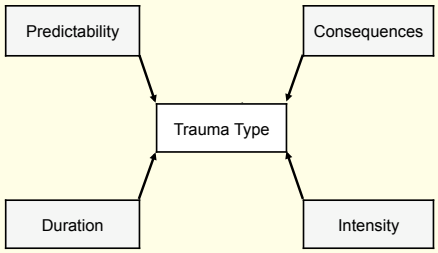
Causes of PTSD

Traumatic Stressor



Brock et al. (2009)

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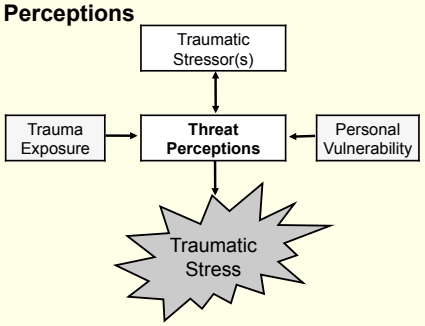
Causes of PTSD

Threat Perceptions



Brock et al. (2009)

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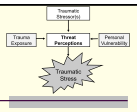
Causes of PTSD



Threat Perceptions

- Trauma Exposure
  - Physical Proximity
  - Emotional Proximity

Brock et al. (2009)

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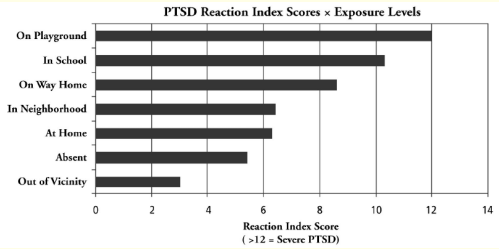
Causes of PTSD

Threat Perceptions

- Physical Proximity



Pynoos et al. (1987)

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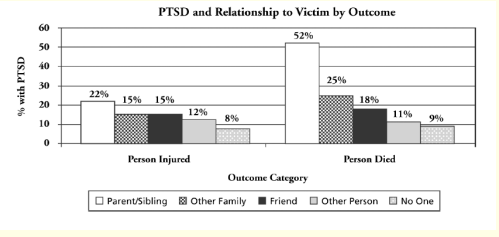
Causes of PTSD

Threat Perceptions

- Emotional Proximity



Applied Research and Consulting et al. (2002)

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Causes of PTSD

Threat Perceptions

- Personal Vulnerabilities
  - External Environmental Factors
  - Internal Personal Factors

Brock et al. (2009)

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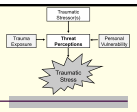
Causes of PTSD



Threat Perceptions

- Personal Vulnerabilities
  - External Environmental Factors
    - Parental Reactions
    - Social Supports
    - Trauma History
    - Family Mental Health
    - SES

Brock et al. (2009), Nickerson et al. (2009)

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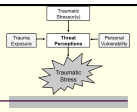
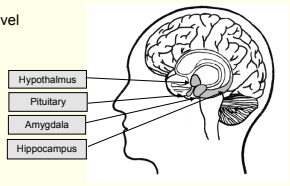
Causes of PTSD



Threat Perceptions

- Personal Vulnerabilities
  - Internal Personal Factors
    - Psychological
      - Initial Reactions
      - Mental Illness
      - Developmental Level
      - Coping Strategies
      - Locus of Control
      - Self-Esteem
    - Genetic
    - Neurobiological



Brock et al. (2009), Nickerson et al. (2009)

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Workshop Outline

- Characteristics of PTSD
- Causes of PTSD
- Identification/Assessment of PTSD
  - Risk Factors
  - Warning Signs
  - Assessment and Evaluation
- Preventing PTSD
- Minimizing Traumatic Stress
- Responding to PTSD

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Identification/Assessment of PTSD

Risk Factors

- Trauma History
  - Chronic vs. Acute trauma
- Degree of Crisis Exposure
- Personal Vulnerabilities

Brock et al. (2009), Terr (1991), van der Kolk (2005)

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Identification/Assessment of PTSD

Psychological Trauma Risk Checklist

Low risk	Moderate risk	High risk
Physical proximity ☐ Out of vicinity of crisis site	*Physical proximity* ☐ Present on crisis site	*Physical proximity* ☐ Crisis victim or eye witness
Emotional proximity ☐ Did not know victim(s)	*Emotional proximity* ☐ Friend of victim(s) ☐ Acquaintance of victim(s)	*Emotional proximity* ☐ Relative of victim(s) ☐ Best friend of victim(s)
Internal vulnerabilities ☐ Active coping style ☐ Mentally healthy ☐ Good self regulation of emotion ☐ High developmental level ☐ No trauma history	*Internal vulnerabilities* ☐ No clear coping style ☐ Questions exist about pre-crisis mental health ☐ Some difficulties with self regulation of emotion ☐ At times appears immature ☐ Trauma history	*Internal vulnerabilities* ☐ Avoidance coping style ☐ Preexisting mental illness ☐ Poor self regulation of emotion ☐ Low developmental level ☐ Significant trauma history
External vulnerabilities ☐ Living with intact nuclear family members ☐ Good parent/child relationship ☐ Good family functioning ☐ No parental traumatic stress ☐ Adequate financial resources ☐ Good social resources	*External vulnerabilities* ☐ Living with some nuclear family members ☐ Parent/child relationship at times stressed ☐ Family functioning at times challenged ☐ Some parental traumatic stress ☐ Financial resources at times challenged ☐ Social resources/relations at times challenged	*External vulnerabilities* ☐ Not living with any nuclear family members ☐ Poor parent/child relationship ☐ Poor family functioning ☐ Significant parental traumatic stress ☐ Inadequate financial resources ☐ Poor or absent social resources
Crisis reactions and coping behaviors ☐ Only a few common crisis reactions displayed ☐ Coping is adaptive (i.e., it allows facilitates daily functioning at pre-crisis levels)	*Crisis reactions and coping behaviors* ☐ Many common crisis reactions displayed ☐ Coping is tentative (e.g., the individual is unsure about how to cope with the crisis)	*Crisis reactions and coping behaviors* ☐ Mental health referral indicators displayed (e.g., acute dissociation, hyperarousal, and re-experiencing of the crisis; depression; psychosis) ☐ Coping is absent or maladaptive (e.g., suicidal/homicidal ideation, extreme rumination, excessive avoidance/precautions, substance abuse)
Total:	Total:	Total:

Brock & Davis (2008)

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Identification/Assessment of PTSD

Warning Signs

- Acute Stress Disorder (ASD)
  - Like PTSD, ASD requires
    - Traumatic event exposure
    - Similar symptoms
  - Unlike PTSD, ASD requires
    - No symptom decline after two days
    - Emphasizes dissociative symptoms (i.e., Psychic numbing and detachment, depersonalization, de-realization).
    - Has fewer avoidance and hyperarousal requirements

APA (2000), Brewin, Andrews, & Rose (2003)

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Identification/Assessment of PTSD

Warning Signs

- Preschoolers
  - Decreased verbalization
  - Increased anxious behaviors
  - Bed wetting
  - Fears (e.g. darkness, animals, etc)
  - Loss of increase in appetite
  - Fear of being abandoned or separated from caretaker
  - Reenactment of trauma in play
  - Cognitive confusion
  - Regression in skills (e.g. loss of bladder/bowel control; language skills, etc..)
  - Thumb sucking
  - Clinging to parents/primary caretakers
  - Screaming, night terrors
  - Increased anxiety

Pfohl et al. (2002)

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Identification/Assessment of PTSD

Warning Signs

- School-aged
  - Irritability
  - Whining
  - Clinging
  - Obsessive retell
  - Night terrors, nightmares, fear of darkness; sleep disturbances
  - Withdrawal
  - Disruptive behaviors
  - Regressive behaviors
  - Depressive symptoms
  - Emotional numbing
  - Increase in aggressive or inhibited behaviors
  - Psychosomatic complaints
  - Overt competition of adult attention
  - School avoidance
  - Increased anxiety
  - Loss of interest and poor concentration in school
  - Decrease in academic performance
  - Feelings of guilt

Pfohl et al. (2002)

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Identification/Assessment of PTSD

Warning Signs

- Adolescents
  - Emotional numbing
  - Flashbacks
  - Sleep disturbances
  - Appetite disturbance
  - Rebellion
  - Refusal
  - Agitation or decrease in energy level (apathy)
  - Avoidance of reminders of the event
  - Depression
  - Antisocial behaviors
  - Revenge fantasies
  - Increase in aggressive or inhibited behaviors
  - Difficulty with social interactions
  - Psychosomatic complaints
  - School difficulties (fighting, attendance, attention-seeking behaviors)
  - Increased anxiety
  - Loss of interest and poor concentration in school
  - Decrease in academic performance
  - Feelings of guilt

Pfohl et al. (2002)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Screening (see Handout 3)
  - Trauma Symptom Checklist for Young Children
  - Trauma Symptom Checklist of Children
  - Child PTSD Symptoms Scale
  - Parent Report of Posttraumatic Symptoms
  - Child/Adolescent Report of Posttraumatic Symptoms
  - Children's Reactions to Traumatic Events Scale
  - Children's PTSD Inventory
  - Pediatric Emotional Distress Scale
  - UCLA PTSD Reaction Index of DSM-IV

Brock (2006); Brock et al. (2009), Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Diagnosis
  - Background Information (see Handout 4)
    - www.csus.edu/indiv/b/brocks/Courses/EDS%20243/student_materials.htm
  - Interviews
    - Students
    - Caregivers

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Diagnosis
  - Diagnostic Interviews
    - *Diagnostic Interview of Children and Adolescents*
    - *Kiddie Schedule for Affective Disorders and Schizophrenia for School-age Children*
    - *Structured Clinical Interview of DSM IV*
    - *Clinician Administered PTSD Scales*

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Diagnosis
  - Self-Report Measures
    - *Impact of Events Scale*
    - *Child Post-Traumatic Stress Disorder Inventory*
    - *Child PTSD Symptoms Scale*
  - Support and Coping
    - *Social Support Scale for Children and Adolescents*
    - *KidCope*

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Diagnosis
  - Acute Stress Disorder
    - *Stanford Acute Stress Reactions Questionnaire*
    - *Peritraumatic Dissociative Experiences Questionnaire*
  - Comorbitity
    - *Strengths and Difficulties Questionnaire*
    - *Revised Childhood Manifest Anxiety Scale*
    - *Children's Depression Inventory*
    - *State-Trait Anxiety Inventory for Children*

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Diagnosis
  - Differential Diagnosis from disorders associated with trauma exposure.
    - Generalized Anxiety Disorders
    - Panic Disorders
    - Specific Phobia
    - Major Depressive Disorder
    - Bipolar Disorder
    - Somatization Disorder
    - Sleep Disorder
    - Adjustment Disorder
    - Substance-Related Disorder

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Diagnosis
  - Differential Diagnosis from disorders not associated with trauma exposure (but with overlapping symptoms).
    - ADHD
    - Oppositional Defiant Disorder
    - Borderline Personality Disorder

Nickerson et al. (2009) 46

Identification/Assessment of PTSD

Assessment and Evaluation

- Psycho-Educational Evaluation
  - ED Eligibility
  - Psychometric Assessment
  - Interviews
  - Observations

Nickerson et al. (2009) 47

Identification/Assessment of PTSD

Assessment and Evaluation

- Psycho-Educational Evaluation (continued)
  - Broadband Behavior Rating Scales
    - *Achenbach System of Empirically Based Assessment*
    - *Behavioral Assessment System for Children-2nd ed.*
  - Narrow band Behavior Rating Scales
    - *Multidimensional Anxiety Scale for Children*
    - *Screen for Child Anxiety Related Emotional Disorders*
    - *Revised Children's Manifest Anxiety Scale*
    - *Anxiety Inventory for Children*

Nickerson et al. (2009) 48

Workshop Outline

- Characteristics of PTSD
- Causes of PTSD
- Identification/Assessment of PTSD
- Preventing/Mitigating PTSD
  - Strengthen Resiliency
  - Ensure Objective/Psychological Safety
  - Minimize Trauma Exposure
  - Shape Traumatic Event Perceptions
- Responding to PTSD

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Preventing/Mitigating PTSD

Strengthen Resiliency

- 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?

Brock (2006), Brock et al. (2009)

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Preventing/Mitigating PTSD

Strengthen Resiliency

- 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?

Brock (2006), Brock et al. (2009)

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Preventing/Mitigating PTSD

Ensure Objective/Psychological Safety

- 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).
- Facilitate the cognitive mastery

Brock (2006), Brock et al. (2009)

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Preventing/Mitigating PTSD

Minimize Trauma Exposure

- Avoid Crisis Scenes, Images, and Reactions of Others
  - Direct ambulatory students away from the crisis site.
  - Do not allow students to view medical triage.
  - Restrict and/or monitor television viewing.
  - Minimize exposure to the traumatic stress reactions seen among others (especially adults who are in care-giving roles)

Brock (2006), Brock et al. (2009), Dyregov & Yule (2006)

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Preventing/Mitigating PTSD

Shape Traumatic Event Perceptions

- Reunite children with their primary caregivers.
- Monitor adult reactions
- Stimulate family communication and support

Brock (2006), Brock et al. (2009), Nickerson et al (2009)

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Workshop Outline

- Characteristics of PTSD
- Causes of PTSD
- Identification/Assessment of PTSD
- Preventing/Mitigating PTSD
- Responding to PTSD
  - School-Based Interventions
  - Psychotherapeutic Interventions

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Responding to PTSD

P R E PaR E

School-Based Interventions

- Psychological Triage
  - Crisis Exposure
  - Threat Perceptions
  - Personal Vulnerabilities
  - Crisis Reactions
    - Durability of crisis reactions

Brock (2006), Brock et al. (2009), Nickerson et al. (2009)

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Responding to PTSD

P R E PaR E

School-Based Interventions

- Psychological Education
  - Parents and Teachers
  - Students

Brock (2006), Brock et al. (2009), Nickerson et al. (2009)

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Responding to PTSD

P R E PaR E

School-Based Interventions

- Psychological First Aid
  - Clarify trauma facts
  - Normalize reactions
  - Encouraging expression of feelings
  - Provide education to the child about experience
  - Encourage exploration and correction of inaccurate attributions regarding the trauma
  - Stress management strategies

Brock (2006), Brock et al. (2009), Nickerson et al. (2009)

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Responding to PTSD

School-Based Interventions

- Immediate Crisis Intervention
  - General Issues
    1. Cultural differences
    2. Body language
    3. Small groups
    4. Genders
    5. Appropriate tools
    6. Frequent breaks
    7. Develop narrative

Reeves (2008)

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Responding to PTSD

School-Based Interventions

- Maintain Academic and Behavioral Standards
- Discourage Avoidance
- Encourage Sharing
- Help Students Cope with Triggers

Nickerson et al. (2009)

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Responding to PTSD

School-Based Interventions

- Academic Interventions
  - Promote Initiation/Focus
    1. Increase structure
    2. Consistent and predictable daily routines
    3. Short breaks and activities
    4. External prompting (cues, oral directions)
    5. Allow time for self-engagement instead of expecting immediate compliance

Reeves (2008)

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Responding to PTSD

School-Based Interventions

- Academic Interventions
  - Inhibition = resistance to act upon first impulse
    1. Modeling, teaching, and practicing mental routines encouraging child to stop and think
       - Stop! Think. Good choice? Bad Choice?
    2. Anticipate when behavior is likely to be a problem
    3. Examining situations/environments to identify antecedent conditions that will trigger disinhibited behavior – alter those conditions
    4. Explicitly inform student of the limits of acceptable behavior
    5. Provide set routines with written guidelines

Reeves (2008)

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Responding to PTSD

School-Based Interventions

- Critical Incident Stress Debriefing
  - No evidence to suggest it prevents PTSD
  - No evidence to suggest it increases adverse psychological reactions
  - May reduce trauma-related symptoms

Stallard & Slater (2003)

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Responding to PTSD

School-Based Interventions

- Critical Incident Stress Debriefing
  - Meta-analysis of single session debriefings.
  - Utilized CISD interventions.
  - Intervention provided within one month of event.
    - Results: CISD was not found to be effective in lowering the incidence of PTSD.

Van Emmerik et al. (2002)

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Responding to PTSD

School-Based Interventions

- Critical Incident Stress Debriefing
  - May interfere natural processing of a traumata
  - May lead victims to bypass natural supports
  - May increase awareness to normal reactions and suggest those reactions warrant professional care
  - Not effective in lowering the incidence of PTSD
  - In some cases, debriefing was harmful
    - Appears to have made those who were acutely psychologically traumatized worse.

Van Emmerik et al. (2002)

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Responding to PTSD

Psychotherapeutic Interventions

- Empirically Supported Cognitive-Behavioral Approaches
  1. Exposure Therapy
  2. Cognitive Restructuring
  3. Stress Inoculation Training
  4. Anxiety Management Training
  5. Trauma Focused CBT

Dyregrov & Yule (2006), Feeny et al. (2004), Nickerson et al. (2009), NIMH (2007)

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Responding to PTSD

Psychotherapeutic Interventions

- Exposure Therapy
  - Designed to help children confront feared objects, situations, memories, and images associated with the crisis event.
  - Face and gain control of overwhelming fear and distress.

Carr (2004), NIMH (2007)

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Responding to PTSD

Psychotherapeutic Interventions

- Exposure Therapy
  - Involves …
    1. Visualization
    2. Anxiety rating
    3. Habituation

Carr (2004), NIMH (2007)

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Responding to PTSD

Psychotherapeutic Interventions

- Exposure Therapy
  - Imaginal Exposure
    - Repeated re-counting of (or imaginal exposure to) the traumatic memory; uses imagery or writing
  - In Vivo Exposure
    - Visiting the scene of the trauma

Carr (2004), NIMH (2007)

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Responding to PTSD

Psychotherapeutic Interventions

- Group Approaches
  - Group-Delivered Cognitive-Behavioral Interventions
    - The effectiveness of group interventions has been proven effective among refugee children.
    - Benefits of a group approach included:
      - Assisted a large number of students at once.
      - Decreased sense of hopelessness.
      - Normalizes reactions.

Ehntholt et al. (2005)

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Responding to PTSD

Psychotherapeutic Interventions

- Eye Movement Desensitization and Reprocessing (EMDR)
  - Uses elements of cognitive behavioral and psychodynamic treatments
  - Employs an Eight-Phase treatment approach
  - Principals of dual stimulation set this treatment apart: tactile, sound, or eye movement components

Korn & Leeds (2002)

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Responding to PTSD

Psychotherapeutic Interventions

- Eye Movement Desensitization and Reprocessing (EMDR) Pros
  - More efficient (less total treatment time)
  - Reduces trauma related symptoms
  - Comparable to other Cognitive Behavioral Therapies
    - Suggested to be more effective than Prolonged Exposure

Korn & Leeds (2002)

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Responding to PTSD

Psychotherapeutic Interventions

- Eye Movement Desensitization and Reprocessing (EMDR) Cons
  - Limited research with children
  - No school-based research
  - Referral to a trained professional is required

Perkins & Rouanzion (2002)

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Responding to PTSD

Psychotherapeutic Interventions

- Empirically Supported Cognitive-Behavioral Approaches
  - "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)

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Responding to PTSD

Psychotherapeutic Interventions

- Empirically Supported Cognitive-Behavioral 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"

Brown & Bobrow (2004, p. 216)

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Responding to PTSD

Psychotherapeutic Interventions

- Medication
  - Limited research
  - Imipramine
  - "Without more and better studies documenting good effects and absence of serious side-effects, we urge clinicians to exercise extreme caution in using psycho-pharmacological agents for children, especially as CBT-methods are available to reduce posttraumatic symptoms and PTSD"

Dyregrov & Yule (2006, p. 181)

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