

Posttraumatic Stress Disorder:  
Effective School Psychological Response

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Acknowledgements

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

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Preface

- Trauma is a..
  - "... blow to the psyche that breaks through one's  
defenses so suddenly and with such force that  
one cannot respond effectively."

Kai Erickson  
*In the Wake of a Flood, 1979*

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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.
- Typically, the majority of exposed individuals recover and only a minority develop PTSD.
- However, 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 children and adolescents
  - General Population
    - Trauma Exposure    approximately 25%
    - PTSD                    6 to 10%
  - Urban Populations
    - Trauma Exposure    as high as 80%
    - PTSD                    as high as 30%

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Buka et al., 2001; Costello et al., 2002; Dyregory & Yule, 2006; Seedat et al., 2004<sup>5</sup>

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Preface

Range of Possible Traumatic Stress Reactions

***Not Psychopathological (Common)***

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Initial Crisis Reactions  
Acute Stress Disorder  
Acute Post-Traumatic Stress Disorder  
Chronic Post-Traumatic Stress Disorder

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***Psychopathological (Uncommon)***

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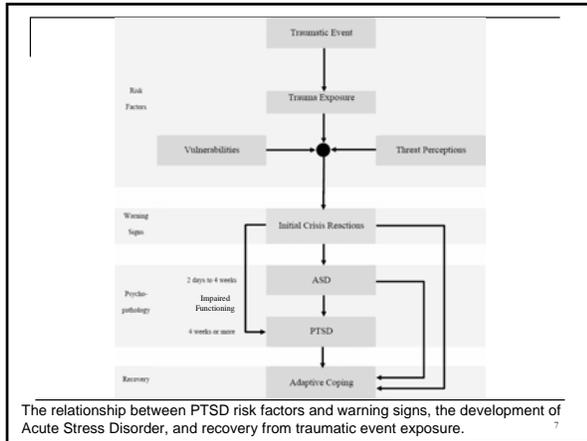
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### Preface

- PTSD among children
  - Frequency
  - Similarities with adult PTSD
  - Differences from adult PTSD

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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.

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Lecture Outline

- DSM-TR-IV Diagnostic Criteria
  - Causes
  - Consequences
    - Cognitive
    - Emotional and Behavioral
    - Academic
  - Initial Assessment (or Screening)
  - Interventions
    - Prevention
    - Academic
    - Psychological
    - Medical

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DSM-IV-TR Diagnostic Criteria for PTSD

- 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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DSM-IV-TR Diagnostic Criteria for PTSD

- Traumatic events **directly experienced** may include, but are not limited to
  - Military combat
  - Violent personal assault
  - Being kidnapped
  - Being taken hostage
  - Terrorist attack
  - Torture
  - Natural or manmade disasters
  - Severe automobile accidents
  - Being diagnosed with a life-threatening illness
- Among children these events may include
  - Developmentally inappropriate sexual experiences

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DSM-IV-TR Diagnostic Criteria for PTSD

- Traumatic events that are **witnessed** may include, but are not limited to
  - Observing the serious injury/death of another person due to
    - Violent assault
    - Accident
    - War
    - Disasters
  - Unexpectedly witnessing a dead body or body parts.

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DSM-IV-TR Diagnostic Criteria for PTSD

- Traumatic events that are experienced by others and that are subsequently **learned about** may include, but are not limited to
  - Violent personal assault
  - Serious accident
  - Serious injury experienced by a significant other
  - Learning about sudden unexpected death of a significant other

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DSM-IV-TR Diagnostic Criteria for PTSD

- Core Symptoms
  1. Persistent reexperiencing 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.

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APA, 2000 15

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DSM-IV-TR Diagnostic Criteria for PTSD

- Reexperiencing 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 16

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DSM-IV-TR Diagnostic Criteria for PTSD

- 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 17

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DSM-IV-TR Diagnostic Criteria for PTSD

- 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 18

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DSM-IV-TR Diagnostic Criteria for PTSD

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

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APA, 2000 19

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DSM-IV-TR Diagnostic Criteria for PTSD

- 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

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APA, 2000 20

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DSM-IV-TR Diagnostic Criteria for PTSD

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

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APA, 2000 21

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DSM-IV-TR Diagnostic Criteria for PTSD

- Conditions Co-morbid with Child PTSD
  - AD/HD
  - Depression
  - Obsessive/Compulsive Disorder
  - Oppositional/Defiant Disorder
  - Anxiety Disorder
  - Conduct Disorder

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Lecture Outline

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  - Prevention
  - Academic
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Causes of PTSD

Nickerson et al., (in preparation)

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**Causes of PTSD**

- **Traumatic Event Variables**
  - **Type**
    - Predictability
    - Assaultive Interpersonal Violence
    - Fatalities
  - **Severity**
    - Duration
    - Intensity
  - **Exposure**
    - Physical Proximity
    - Emotional Proximity

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Nickerson et al., (in preparation) 25

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**Causes of PTSD**

- **Environmental Factors**
  - Parental Reactions
  - Social Supports
  - History of Environmental Adversity/Traumatic Stress
  - Family Atmosphere
  - Family Mental Health History
  - Poverty

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Nickerson et al., (in preparation) 26

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**Causes of PTSD**

- **Internal Personal Vulnerabilities**
  - **Psychological Factors**
    - Crisis Perceptions and Reactions
    - Mental Illness
    - Developmental Level
    - Coping Strategies
    - Locus of Control
    - Self-esteem

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Nickerson et al., (in preparation) 27

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**Causes of PTSD**

- Internal Personal Vulnerabilities (cont.)
  - Genetic Factors
    - Family Studies
    - Twin Studies
    - Candidate Gene Studies

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Nickerson et al., (in preparation) 28

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**Causes of PTSD**

- Internal Personal Vulnerabilities (cont.)
  - Neurobiological Factors



The diagram shows a sagittal cross-section of the human brain. Four specific regions are highlighted with boxes and labeled: the Hypothalamus and Pituitary gland are located in the lower anterior region; the Hippocampus is located in the medial temporal lobe; and the Amygdala is located in the anterior temporal lobe.

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Nickerson et al., (in preparation) 29

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Consequences of PTSD

- Affects on cognitive functioning
  1. Motivation and persistence in academic tasks
  2. Development of short- and long-term goals
  3. Sequential memory
  4. Ordinal positioning
  5. Procedural memory
  6. Attention

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Consequences of PTSD

- Affects on cognitive functioning (continued)
  - Executive functioning
    - Everything you think about has an emotional context
    - You must emotionally engage students, learning doesn't occur without positive emotional engagement
    - When in an emotional state, frontal lobes are "off-line"
    - You have input and output
      - Between input and output, organization needs to take place
      - Have to have organization of input to get output
    - Executive functioning is the conductor

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Consequences of PTSD

- Emotional and behavioral consequences occurring across age groups:
  1. Regression to childish/dependent behavior
  2. Fears/anxieties
  3. Changes in eating patterns
  4. Changes in sleeping patterns
  5. Gender differences
  6. School problems
  7. Disciplinary Referrals
  8. Freezing
  9. Dissociation

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Consequences of PTSD

- Academic
  1. Cognitive
  2. Academic achievement
  3. Academic performance
  4. Grade retention
  5. Adult outcome
  6. School behavior

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Consequences of PTSD

- PTSD & LD
  - Childhood trauma creates difficulty with:
    - Focus (Traweek, 2006)
    - Social functioning (Rucklidge, 2006)
    - Decline in academic performance (Kruczek, 2006; Gahen, 2005)
    - Outbursts of anger, hyperactivity, impulsivity (Glod & Teicher, 1996)
  - All are symptoms often associated with LD

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Consequences of PTSD

- 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.

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

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Consequences of PTSD

- 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; Joghil & Lewin, 2004; National Institute of Mental Health, 2001; Yorlrik et al., 2004 )

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Consequences of PTSD

- 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; Joghil & Lewin, 2004; National Institute of Mental Health, 2001; Yorlrik et al., 2004 )

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Initial Assessment of PTSD

**Variable 1: Crisis Event Type\***

- a) Human Caused (vs. Natural)
- b) Intentional (vs. Accidental)
- c) Fatalities

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

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Source: Brock (2002d) 40

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Initial Assessment of PTSD

**Variable 2: Crisis Exposure\***

- a) Physical proximity
  - Intensity of crisis experience
- 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.

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Source: Brock (2002d) 41

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Initial Assessment of PTSD

**Variable 2a: 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.

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Source: Brock (2002d) 42

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### Initial Assessment of PTSD



**Variable 2a: 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) <sup>43</sup>

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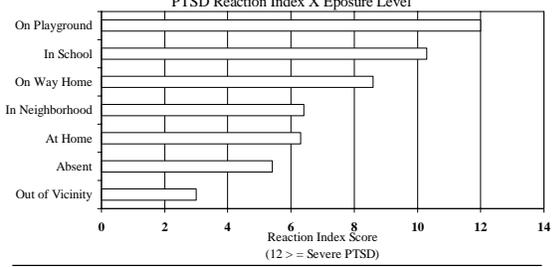
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### Initial Assessment of PTSD

**Variable 2a: Physical Proximity**  
PTSD Reaction Index X Exposure Level



Exposure Level	Reaction Index Score (12 > = Severe PTSD)
On Playground	12
In School	10
On Way Home	8
In Neighborhood	6
At Home	6
Absent	5
Out of Vicinity	3

Source: Pynoos et al. (1987) <sup>44</sup>

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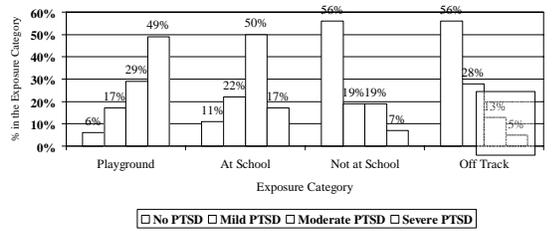
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### Initial Assessment of PTSD

**Variable 2b: Emotional Proximity**  
PTSD Reaction Index Categories X Exposure Level



Exposure Category	No PTSD	Mild PTSD	Moderate PTSD	Severe PTSD
Playground	6%	17%	29%	49%
At School	11%	22%	17%	50%
Not at School	19%	19%	7%	56%
Off Track	28%	13%	15%	56%

Source: Pynoos et al. (1987) <sup>45</sup>

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Initial Assessment of PTSD

**Variable 2b: 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) 46

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Initial Assessment of PTSD

**Variable 2b: Emotional Proximity**  
PTSD and Relationship to Victim X Outcome  
(i.e., injury or death)

Outcome Category	Parent/Sibling	Other Family	Friend	Other Person	No one
Person Injured	22%	15%	15%	12%	8%
Person Died	52%	25%	18%	11%	9%

Source: Applied Research and Consulting et al. (2002, p. 34) 47

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Initial Assessment of PTSD

**Variable 3: 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) 48

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Initial Assessment of PTSD

**Variable 3a: 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

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Source: Brock (2002d) 49

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Initial Assessment of PTSD

**Variable 3b: 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

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Source: Brock (2002d) 50

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Initial Assessment of PTSD

**Variable 4: Threat Perceptions\***

- Subjective impressions can be more important that 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.

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Source: Brock (2002d) 51

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Initial Assessment of PTSD

**Variable 5: Crisis Reactions\***

Severe acute stress reactions predict PTSD. 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) 52

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Initial Assessment of PTSD

**Variable 5: 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.



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

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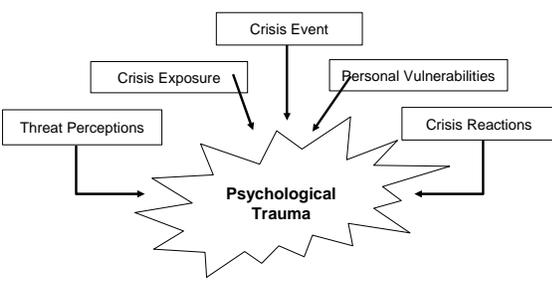
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Initial Assessment of PTSD



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graph TD; CE[Crisis Event] --> PT[Psychological Trauma]; CE --> CR[Crisis Reactions]; CE --> PE[Personal Vulnerabilities]; CE --> CP[Crisis Exposure]; TP[Threat Perceptions] --> PT; CR --> PT; PE --> PT; CP --> PT;
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Source: Brock (2002d) 54

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**Initial Assessment of PTSD**

**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."

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Source: Saltzman et al., 2001, p. 292 55

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**Initial Assessment of PTSD**

**Primary Evaluation of Psychological Trauma**

- Takes place immediately after the crisis
- Initial Risk Screening Form

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Source: Brock et al. (2001) 56

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**Initial Assessment of PTSD**

**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.

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**Initial Assessment of PTSD**

**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

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**Initial Assessment of PTSD**

**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

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**Initial Assessment of PTSD**

**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)

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Source: Brock et al. (2001) 60

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**Initial Assessment of PTSD**

**Secondary Evaluation of Psychological Trauma**

Screening Measure	Author	Age Group	Admin. Time	Availability
<i>Trauma Symptom Checklist for Children</i>	Briere (1996)	7-16 years	20-30 min.	<a href="http://www.parinc.com">www.parinc.com</a>
<i>Child PTSD Symptom Scale</i>	Foa (2002)	8-15 years	15 min.	<a href="mailto:foa@mail.med.upenn.edu">foa@mail.med.upenn.edu</a>
<i>Parent Report of Posttraumatic Symptoms</i>	Greenwald & Rubin (1999)	Grades 4-8	15 min.	<a href="http://www.fordham.edu/images/academics/graduate_schools/gsss/ptsd%20&amp;%20dissociative%20measures%201.pdf">www.fordham.edu/images/academics/graduate_schools/gsss/ptsd%20&amp;%20dissociative%20measures%201.pdf</a>
<i>Child Report of Posttraumatic Symptoms</i>	Greenwald & Rubin (1999)	Grades 4-8	15 min.	<a href="http://www.fordham.edu/images/academics/graduate_schools/gsss/ptsd%20&amp;%20dissociative%20measures%201.pdf">www.fordham.edu/images/academics/graduate_schools/gsss/ptsd%20&amp;%20dissociative%20measures%201.pdf</a>

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**Initial Assessment of PTSD**

**Secondary Evaluation of Psychological Trauma**

Screening Measure	Author	Age Group	Admin. Time	Availability
<i>Children's Reactions to Traumatic Events Scale</i>	Jones (2002)	8-12 years	5 min.	<a href="mailto:rtjones@vt.edu">rtjones@vt.edu</a>
<i>Children's PTSD Inventory</i>	Saigh (2004)	6-18 years	15-20 min.	<a href="http://www.PsychCorp.com">www.PsychCorp.com</a>
<i>Pediatric Emotional Distress Scale</i>	Saylor (2002)	2-10 years	5-10 min.	<a href="mailto:conway.saylor@citadel.edu">conway.saylor@citadel.edu</a>
<i>UCLA PTSD Reaction Index for DSM-IV</i>	Steinberg et al. (n.d.)	7-adult years	20 min.	<a href="mailto:rpynoos@mednet.ucla.edu">rpynoos@mednet.ucla.edu</a>

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**Initial Assessment of PTSD**

**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.

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Lecture Outline

- DSM-TR-IV Diagnostic Criteria
- Causes
- Consequences
  - Cognitive
  - Emotional and Behavioral
  - Academic
- Initial Assessment (or Screening)
- Interventions
  - Prevention
  - Academic
  - Psychological
  - Medical

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Interventions for PTSD

- Prevention of PTSD
  - 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?

Brock (2006) 65

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Interventions for PTSD

- Prevention of PTSD
  - 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) 66

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**Interventions for PTSD**

- **Prevention of PTSD**
  - **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).

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Brock (2006) 67

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**Interventions for PTSD**

- **Prevention of PTSD**
  - **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 caregiving roles)

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Brock (2006) 68

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**Interventions for PTSD**

- **Academic Interventions**
  1. Use a constructivist approach
  2. Include discovery of competence
  3. Hunter's Lesson Plan Model
  4. Cooperative learning

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Interventions for PTSD

- Academic Interventions: Executive Functioning
  - 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

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Interventions for PTSD

- Academic Interventions: Executive Functioning (cont.)
  - Holding = maintain information in working memory until can process and act upon
    1. Shorten multi-step directions
    2. Post the directions on board/in classroom
    3. Provide visual aides
    4. Use visualization or “seeing” the information as a teaching strategy

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Interventions for PTSD

- Academic Interventions: Executive Functioning (cont.)
  - 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

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Interventions for PTSD

- Academic Interventions: Executive Functioning (cont.)
  - Monitoring = ability to check for accuracy
    1. Model, teach, and practice use of monitoring routines
    2. Prompt student if they fail to self-cue
    3. Provide opportunities for guided practice

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Interventions for PTSD

- Psychological Interventions
  - General Therapy Issues
    - Clarifying the facts about the traumatic event
    - Normalizing 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

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Interventions for PTSD

- Psychological Interventions
  - Early Interventions
  - Cognitive Behavioral Therapies
  - Groups Approaches
  - Other Treatments

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**Interventions for PTSD**

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

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**Interventions for PTSD**

- Psychological Interventions
  - Recommended Early Interventions
    - Minimize crisis exposure
    - Ensure that the child feels safe
    - Facilitate the cognitive mastery
    - Stimulate family communication and support

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Dyregov & Yule (2006) 77

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**Interventions for PTSD**

- Psychological Interventions
  - Questionable Early Interventions
    - Psychological Debriefing (e.g., 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

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Cohen, 2003; Stallard & Slater, 2003 78

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**Interventions for PTSD**

- 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.

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Van Emmerik et al., 2002 79

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**Interventions for PTSD**

- Conclusions about CISD and PTSD
  - May interfere natural processing of a traumatic event
  - May inadvertently lead victims to bypass natural supports (i.e., family and friends)
  - May increase awareness to normal reactions of distress and suggest that those reactions warrant professional care
  - Group debriefings were not effective in lowering the incidence of PTSD
  - In some cases, debriefing was suggested to be more harmful than good.
    - Appear to have made those who were acutely psychologically traumatized worse.

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**Interventions for PTSD**

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

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Dyregrov & Yule, 2005; Feeny et al. (2004), NIMH (2007) 81

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**Interventions for PTSD**

- Psychological Interventions
  - Empirically Supported Cognitive Behavioral Approaches
    - 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.

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Carr (2004), NIMH (2007) 82

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**Interventions for PTSD**

- Psychological Interventions
  - Empirically Supported Cognitive Behavioral Approaches
    - 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

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Carr (2004), NIMH (2007) 83

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**Interventions for PTSD**

- Psychological Interventions
  - Empirically Supported Cognitive Behavioral Approaches
    - Exposure Therapy
      - Involves ...
        - Visualization
        - Anxiety rating
        - Habituation

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Carr (2004), NIMH (2007) 84

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Interventions for PTSD

- Psychological Interventions
  - 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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Interventions for PTSD

- Psychological Interventions
  - 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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Interventions for PTSD

- Psychological 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.

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Ehnholt et al. (2005) 87

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**Interventions for PTSD**

- Psychological Interventions
  - Other Approaches
    - Eye Movement Desensitization and Reprocessing (EMDR)
      - Uses elements of cognitive behavioral and psychodynamic treatments
      - Employs an Eight-Phase treatment approach
      - Principles of dual stimulation set this treatment apart: tactile, sound, or eye movement components
    - Narrative Exposure Therapy

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**Interventions for PTSD**

- 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

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Korn et al. (2002) 89

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**Interventions for PTSD**

- EMDR Cons
  - Limited research with children
  - No school-based research
  - Referral to a trained professional is required

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Perkins et al. (2002) 90

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### Interventions for PTSD

#### ■ Medical Treatments for PTSD

- 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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## Posttraumatic Stress Disorder: Effective School Psychological Response

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