Crisis Intervention Training

December 1, & 15, 2006

San Mateo - Foster City School District

Presenter:

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Conceptual Framework of the PREPaRE Model

P	**P**revent and **P**repare for psychological trauma
R	**R**eaffirm physical health and perceptions of security and safety
E	**E**valuate psychological trauma risk
P **a** **R**	**P**rovide interventions **a**nd **R**espond to psychological needs
E	**E**xamine the effectiveness of crisis prevention and intervention

Preface

The importance of being prepared to intervene with children.

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

Preface

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

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

Workshop Outline

1. Introduction
   - Crisis events, reactions, and interventions
   - The Incident Command Structure
2. Specific Crisis Interventions
   - Reaffirm physical health, and ensure perceptions of security and safety
   - Evaluate psychological trauma
   - Provide interventions and Respond to student psychological needs
   - Examine effectiveness of crisis prevention and intervention
3. Conclusion
   - Workshop evaluation

Introduction

Key Questions and Topics

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

Introduction

Crisis Event Characteristics

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

Introduction

Crisis Event Characteristics (continued)

- Extremely negative
- Uncontrollable
- Unpredictable

From Brock (2002a)

Introduction

Crisis Event Characteristics

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

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

Introduction

Crisis Event Characteristics

- Variables that affect an events traumatic potential.
  - Type of disaster.
  - Source of physical threat and/or injury.
  - Presence of fatalities.

Introduction

Levels of School Crisis Response

- Minimal Response
- Building-Level Response
- District-Level Response
- Community or Regional-Level Response

Introduction

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

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

Introduction

Crisis Event Consequences

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

Introduction

The crisis state…

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

Introduction

The Crisis State (continued)

- More than simple stress.
- Not necessarily mental illness.

Introduction

Psychopathological Consequences

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

Introduction

The Consequences of Crises on School Functioning

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

Comprehensive Crisis Response

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

Source: Brock (2006).

Crisis Interventions

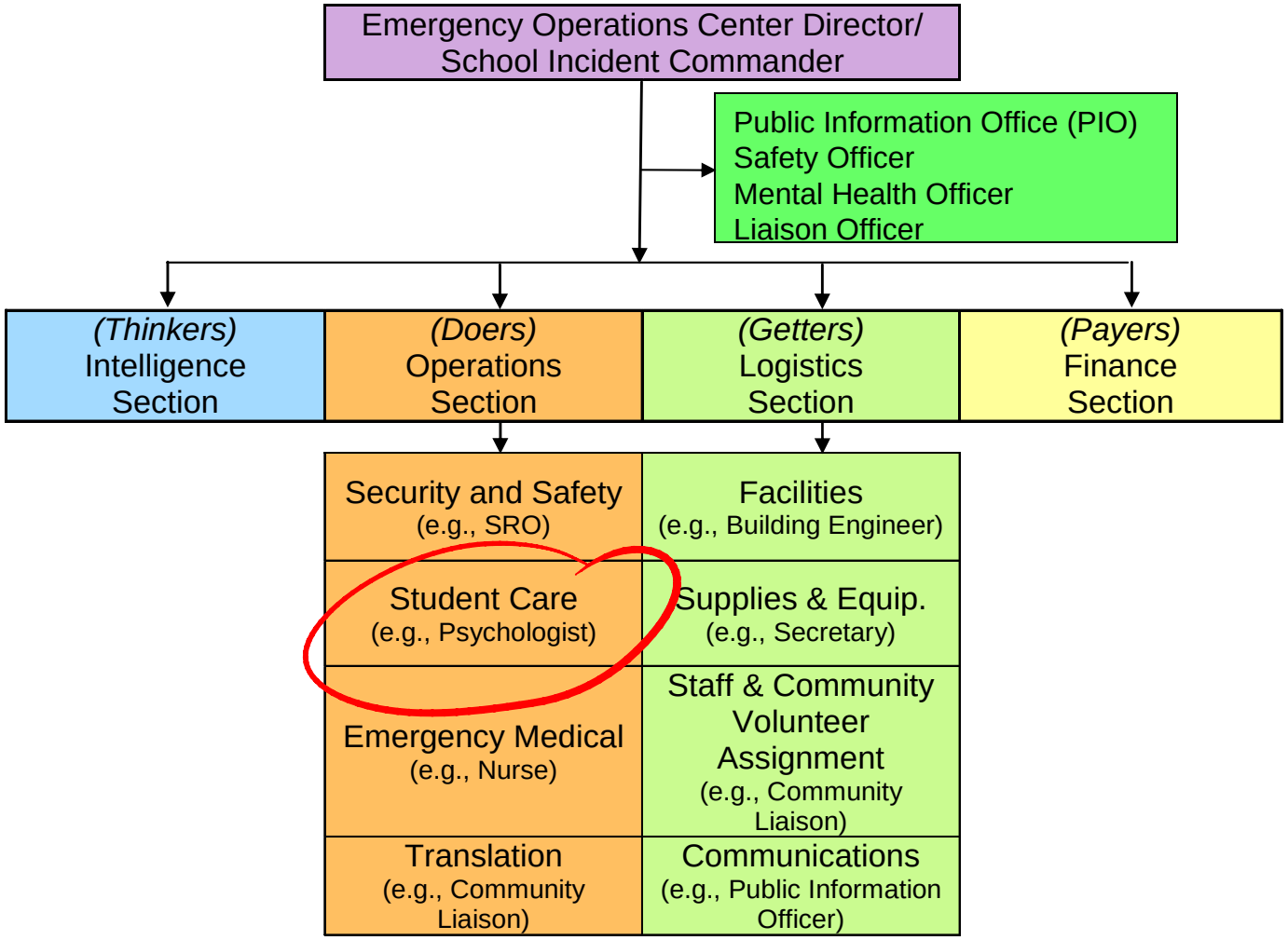
- **Reaffirm** physical health, and ensure perceptions of security & safety
  - Meet basic physical needs (water, shelter, food, clothing)
  - Facilitate perceptions of safety
- **Evaluate** psychological trauma
  - Evaluate crisis exposure and reactions
  - Evaluate internal and external resources
  - Make psychotherapeutic treatment referrals
- **Provide** interventions **a**nd **Respond** to psychological needs
  - Re-establish social support systems
  - Provide psycho-education: Empower survivors and their caregivers
  - Provide immediate crisis intervention
  - Provide/Refer for longer term crisis intervention
- **Examine** the effectiveness of crisis prevention and intervention

Introduction

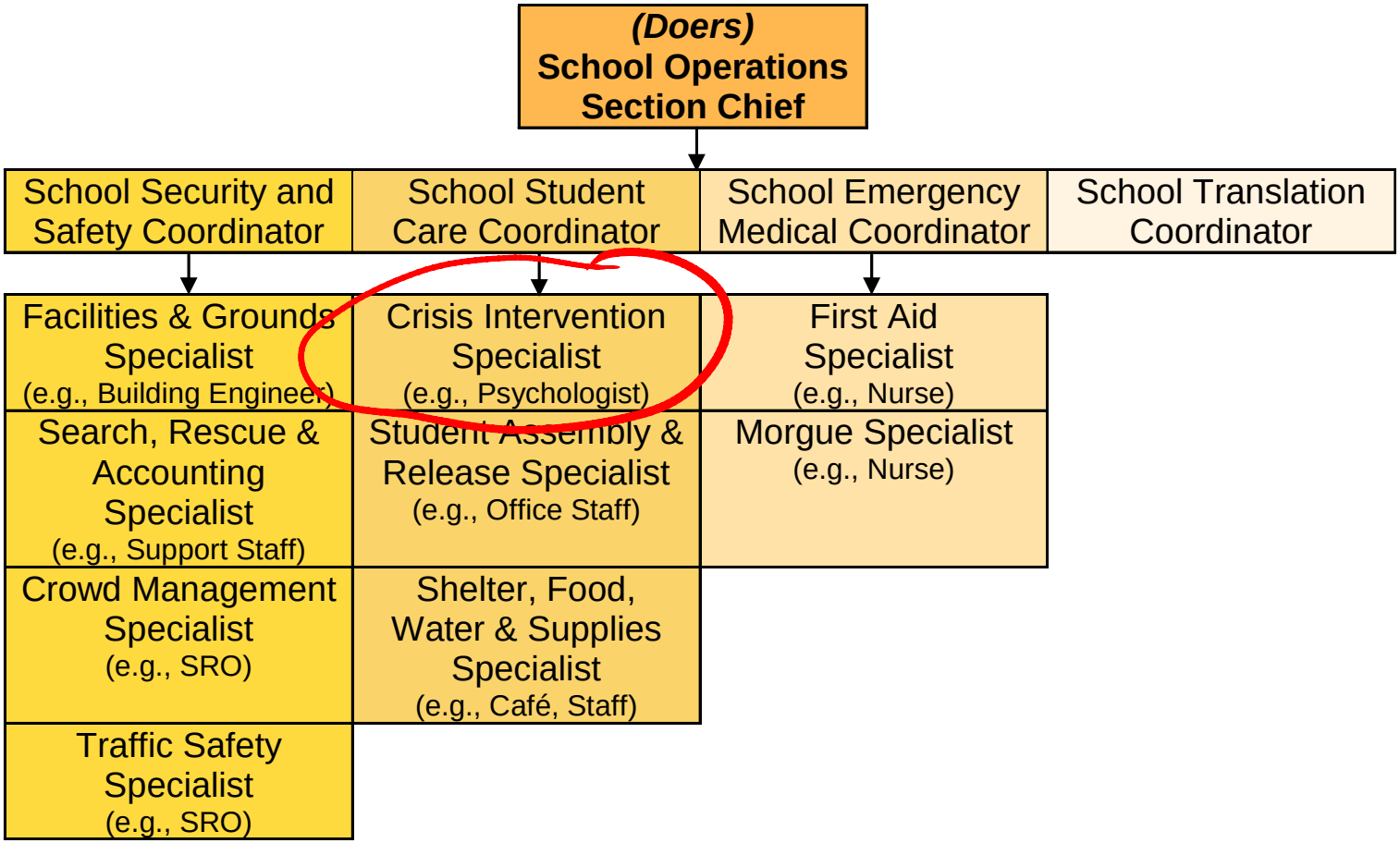
The Incident Command System (ICS)

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

Incident Command Structure (ICS)



ICS Operations Section



Workshop Outline

1. Introduction
   - Crisis events, reactions, and interventions
   - The Incident Command Structure
2. Specific Crisis Interventions
   - Reaffirm physical health, and ensure perceptions of security and safety
     - Keep students safe
     - Avoid crisis scenes and images
     - Meet basic physical needs
     - Facilitate perceptions of safety
   - Evaluate psychological trauma
   - Provide interventions and Respond to student psychological needs
   - Examine effectiveness of crisis prevention and intervention
3. Conclusion
   - Workshop evaluation

Reaffirm physical health, and ensure perceptions of security and safety

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).

Reaffirm physical health, and ensure perceptions of security and safety

Avoid Crisis Scenes and Images

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

Reaffirm physical health, and ensure perceptions of security and safety

Provide

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

Reaffirm physical health, and ensure perceptions of security and safety

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

National Center for Child Traumatic Stress (2005)

Reaffirm physical health, and ensure perceptions of security and safety

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

National Center for Child Traumatic Stress (2005)

Reaffirm physical health, and ensure perceptions of security and safety

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

Reaffirm physical health, and ensure perceptions of security and safety

Factual information can help to comfort crisis victims, and can include information about:

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

National Center for Child Traumatic Stress (2005)

Reaffirm Physical Health and Ensure Perceptions of Security & Safety

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

Workshop Outline

1. Introduction
   - Crisis events, reactions, and interventions
   - The Incident Command Structure
2. Specific Crisis Interventions
   - Reaffirm physical health, and ensure perceptions of security and safety
   - Evaluate psychological trauma
     - Definition of, and Rationale for, Psychological Triage
     - Psychological Trauma Risk Factors and Warning Signs
       1. Crisis Exposure
       2. Personal Vulnerabilities
       3. Threat Perceptions
       4. Crisis Reactions
     - Conducting Psychological Triage
   - Provide interventions and Respond to student psychological needs
   - Examine effectiveness of crisis prevention and intervention
3. Conclusion
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Evaluate Psychological Trauma

Psychological Triage Defined

"The process of evaluating and sorting victims by immediacy of treatment needed and directing them to immediate or delayed treatment. The goal of triage is to do the greatest good for the greatest number of victims" (NIMH, 2001, p. 27).

Evaluate Psychological Trauma

Rationale for Psychological Triage

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

Evaluate Psychological Trauma

Rationale for Psychological Triage

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

EXCEPTION: Students with pre-existing psychopathology.

Evaluate Psychological Trauma

Rationale for Psychological Triage

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

Berkowitz (2003), Everly (1999)

Evaluate Psychological Trauma

Variable 1: Crisis Exposure*

a) Physical proximity

b) Emotional proximity

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

Evaluate Psychological Trauma

Variable 1a: Physical Proximity

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

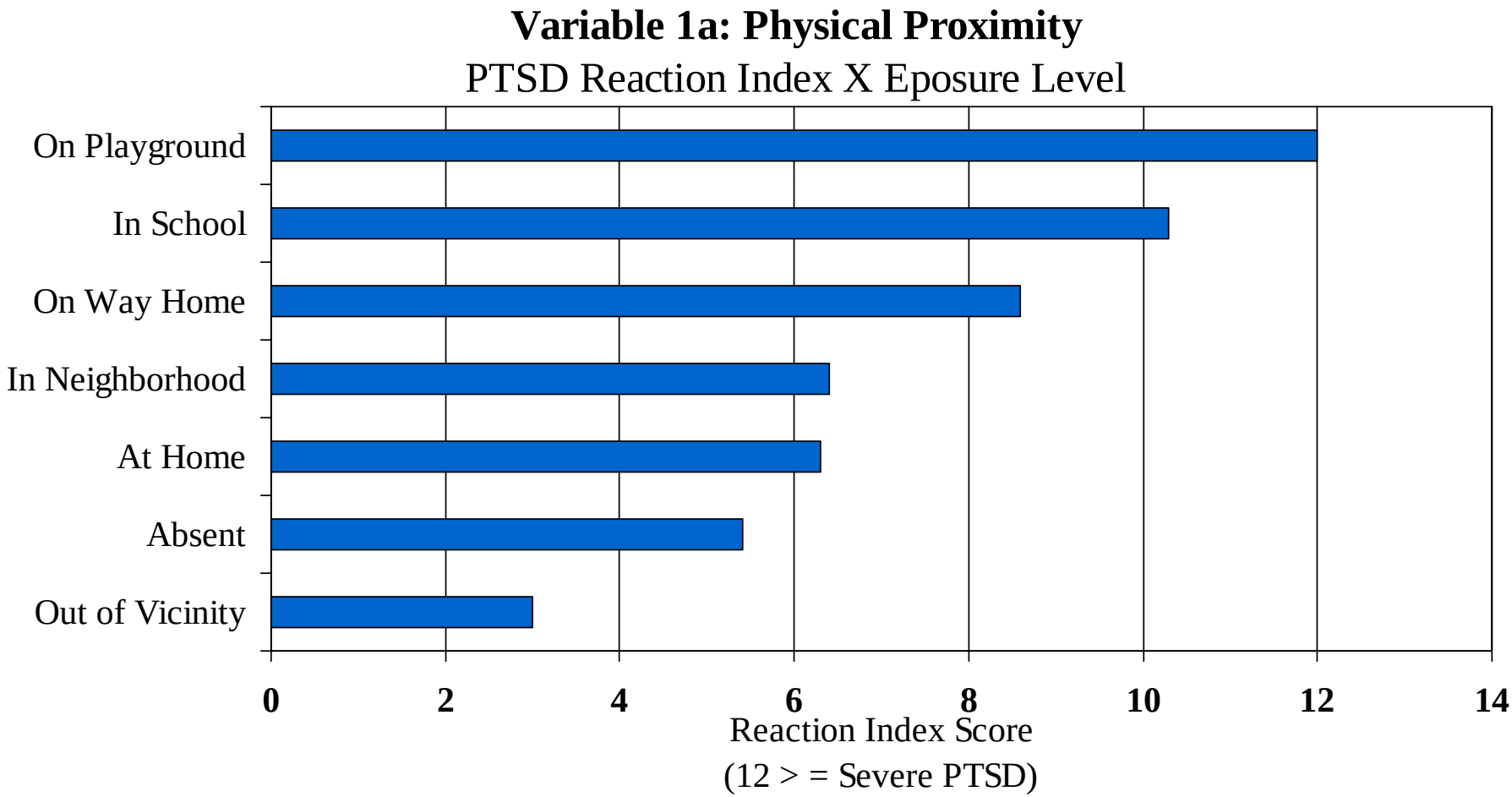
Evaluate Psychological Trauma

Variable 1a: Physical Proximity

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

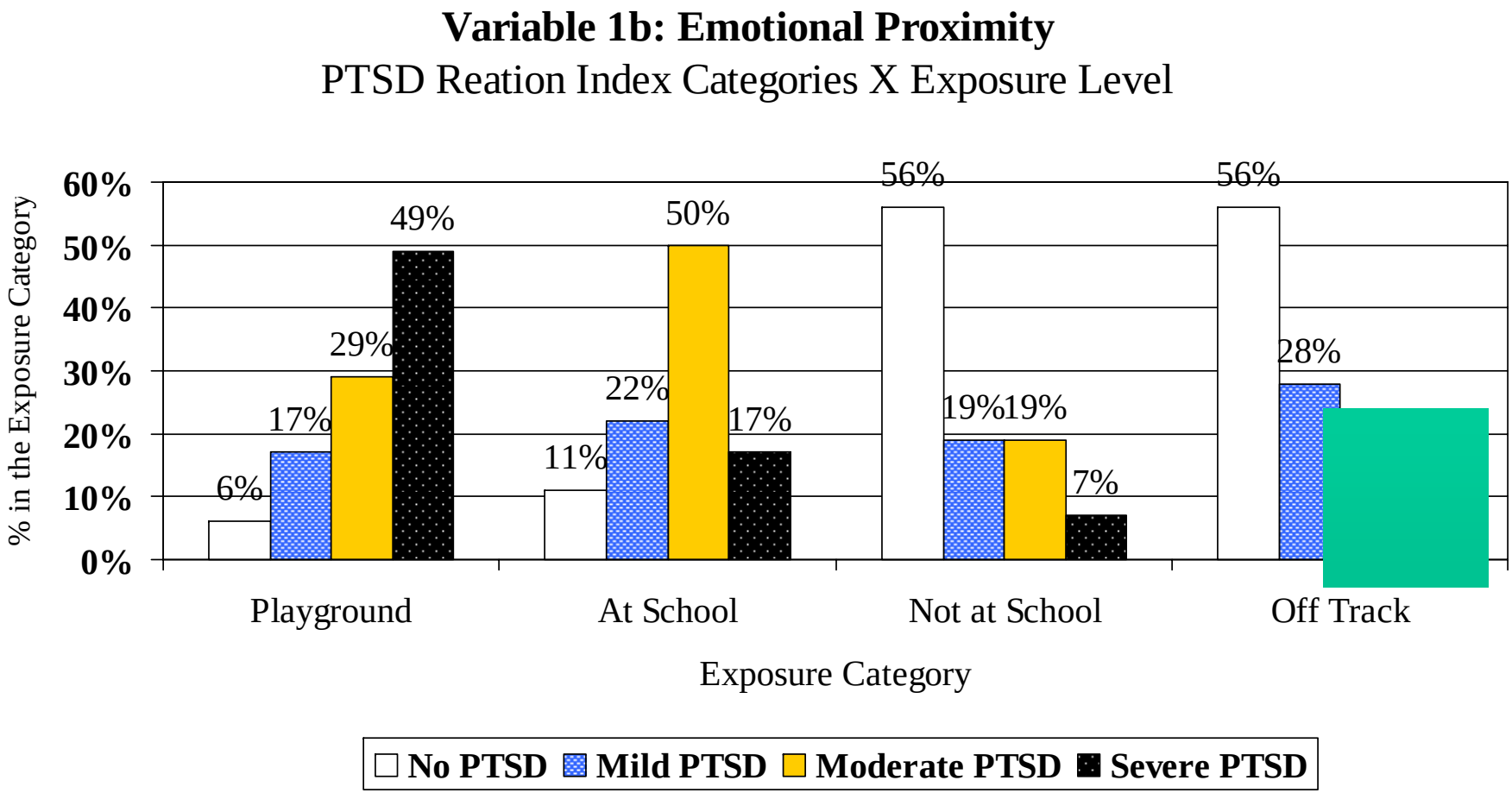
Galea et al. (2002)

Evaluate Psychological Trauma



Source: Pynoos et al. (1987)

Evaluate Psychological Trauma



Source: Pynoos et al. (1987)

Evaluate Psychological Trauma

Variable 1b: Emotional Proximity

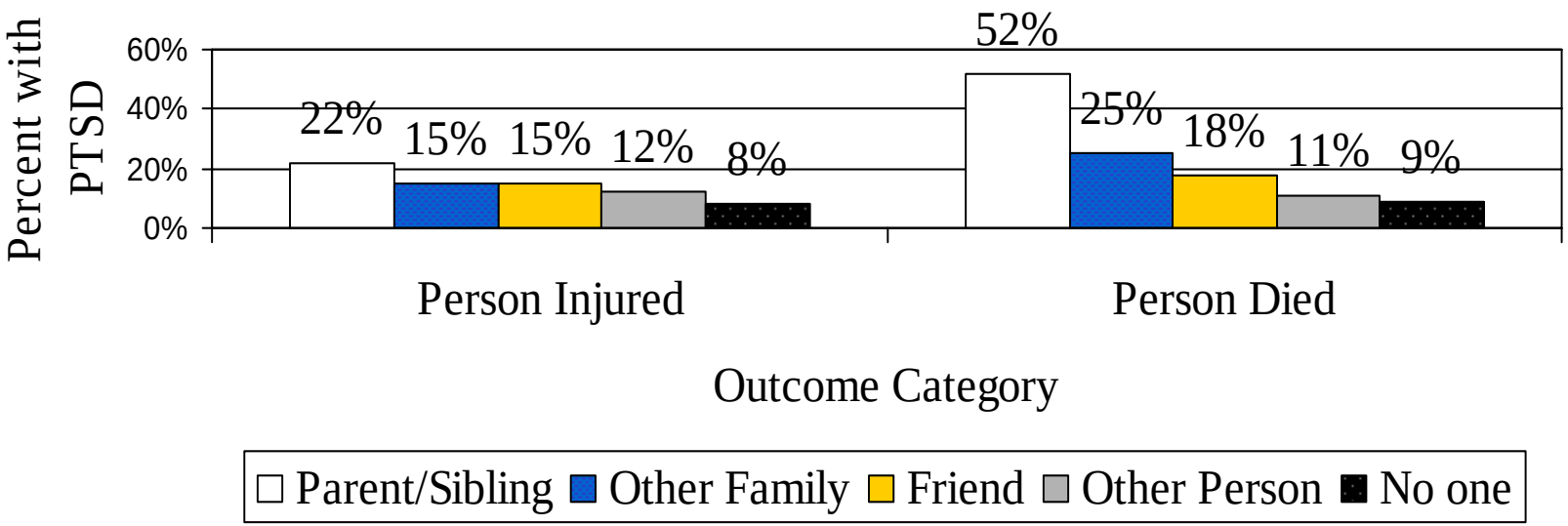
- Individuals who have/had close relationships with crisis victims should be made crisis intervention treatment priorities.
- May include having a friend who knew someone killed or injured.

Evaluate Psychological Trauma

Variable 1b: Emotional Proximity

PTSD and Relationship to Victim X Outcome

(i.e., injury or death)



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

Evaluate Psychological Trauma

Variable 2: Personal Vulnerabilities*

- Internal vulnerability factors.
- External vulnerability factors.

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

Evaluate Psychological Trauma

Variable 2a: Internal Vulnerability Factors

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

Evaluate Psychological Trauma

Variable 2b: External Vulnerability Factors

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

Evaluate Psychological Trauma

Variable 3: 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.

Evaluate Psychological Trauma

Variable 4: Crisis Reactions*

- Reactions suggesting the need for an immediate mental health referral.
  - Dissociation.
  - Hyperarousal.
  - Persistent re-experiencing of the crisis event.
  - Persistent avoidance of crisis reminders.
  - Significant depression.
  - Psychotic symptoms.

*Warning signs that provide concrete indication of psychological trauma.

Evaluate Psychological Trauma

Variable 4: Crisis Reactions (Acute Stress Disorder)

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

Evaluate Psychological Trauma

Acute Stress Disorder (continued)

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

Evaluate Psychological Trauma

Variable 4: Crisis Reactions (PTSD)

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

Evaluate Psychological Trauma

PTSD (continued)

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

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

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

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

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

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

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

Evaluate Psychological Trauma

Variable 4: Crisis Reactions

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

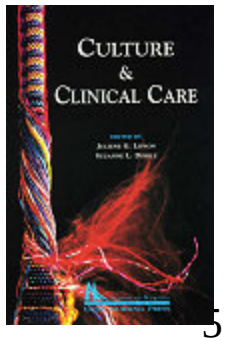
Evaluate Psychological Trauma

Variable 4: Crisis Reactions

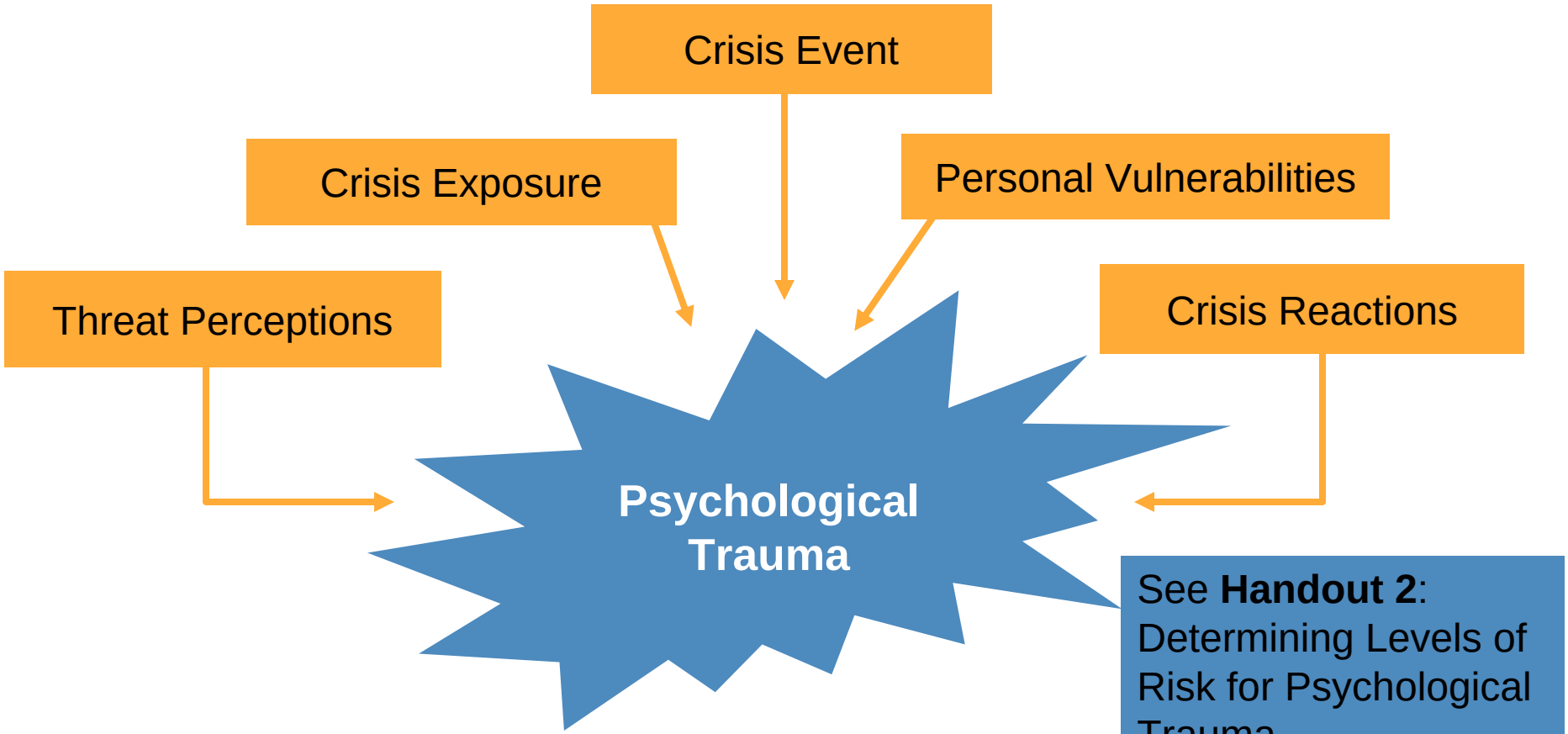
- Cultural considerations.
  - Other important determinants of crisis reactions in general, and grief in particular, are family, cultural and religious beliefs.
  - Providers of crisis intervention assistance should inform themselves about cultural norms with the assistance of community cultural leaders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

Resource:

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



Evaluate Psychological Trauma



Conducting Psychological Triage

Multi-Method & Multi-Source

"Traumatized youths do not generally seek professional assistance, and recruiting school personnel to refer trauma-exposed students to school counselors can also leave many of these students unidentified" (Saltzman et al., 2001, p. 292).

"These findings suggest that a more comprehensive assessment of exposure parameters, associated distress, and impairment in functioning is needed to make informed treatment decisions, especially given the possibility of inaccuracies in child and adolescent reports of the degree of exposure and the great variability in responses to similar traumatic events observed among survivors" (Saltzman et al., 2001, p. 292).

Conducting Psychological Triage

A Dynamic Process

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

Conducting Psychological Triage

Preparation

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

Conducting Psychological Triage

Primary Assessment of Psychological Trauma

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

Conducting Psychological Triage

Primary Assessment of Psychological Trauma

- Handout 3: Initial Risk Screening Form

Conducting Psychological Triage

Secondary Assessment of Psychological Trauma

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

Conducting Psychological Triage

Secondary Assessment 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, and self-referral procedures/forms.
  - Administering individual and/or group screening measures.

Conducting Psychological Triage

Secondary Assessment of Psychological Trauma

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

Conducting Psychological Triage

Secondary Assessment of Psychological Trauma

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

See Handout 4 for a sample referral form.

Conducting Psychological Triage

Secondary Assessment of Psychological Trauma

- Handout 5: Secondary Assessment of Psychological Trauma

Conducting Psychological Triage

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

Conducting Psychological Triage

Tertiary Assessment of Psychological Trauma

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

Conducting Psychological Triage

Tertiary Assessment of Psychological Trauma

- Handout 5: Triage Summary Sheet.

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

Conducting Psychological Triage

Crisis Situation 1

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

Conducting Psychological Triage

Crisis Situation 2

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

Conducting Psychological Triage

Crisis Situation 3

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

Conducting Psychological Triage

Crisis Situation 4

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

Evaluate Psychological Trauma

Concluding Comment

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

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

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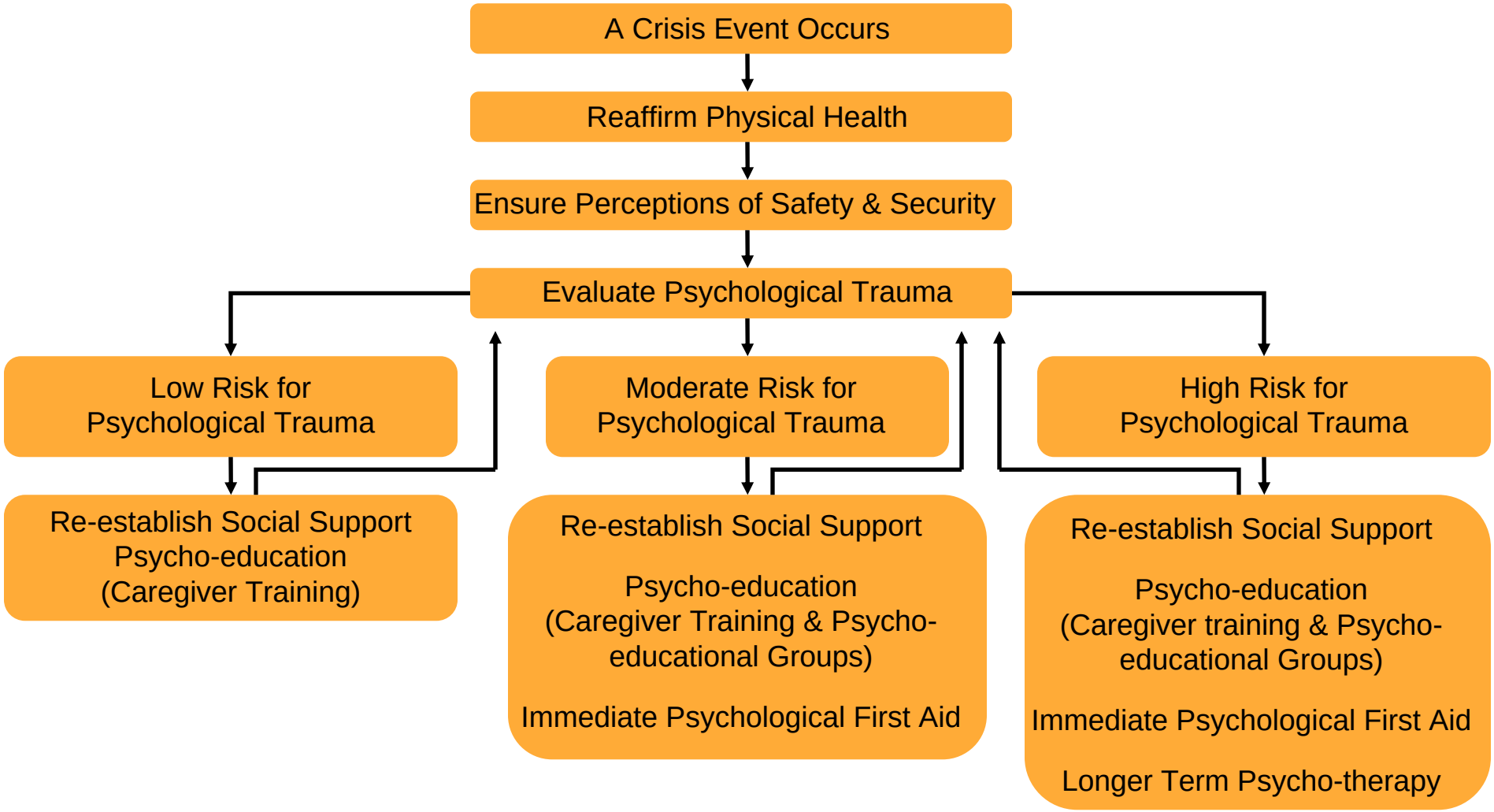
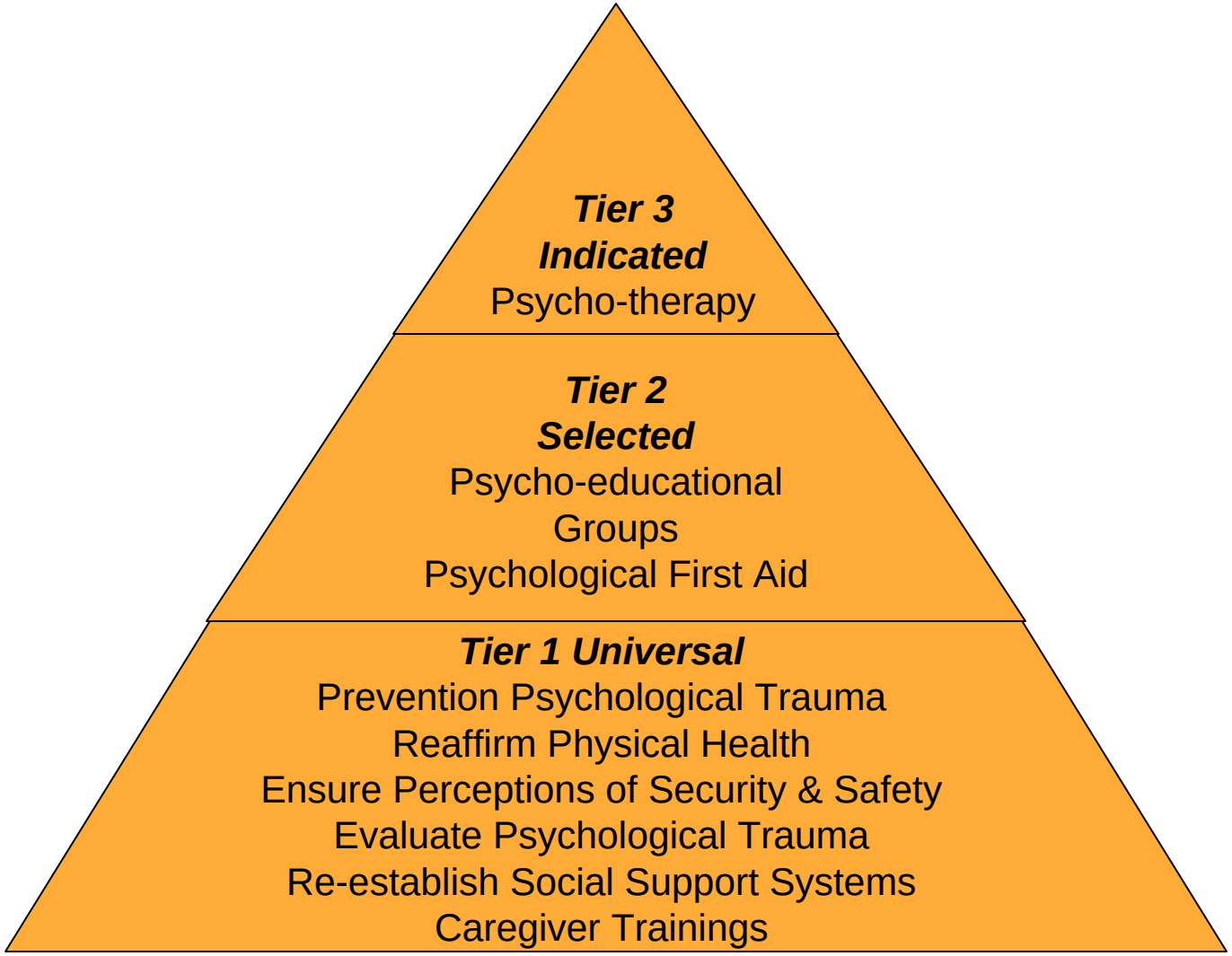
   - Crisis events, reactions, and interventions
   - The Incident Command Structure
2. Specific Crisis Interventions
   - Reaffirm physical health, and ensure perceptions of security and safety
   - Evaluate psychological trauma
   - Provide interventions and Respond to student psychological needs
     - Re-establish Social Support Systems
     - Psycho-education: Empower Survivors and Their Caregivers
     - Psychological Intervention
       - Immediate Interventions (Group and Individual Psychological First Aid
       - Long Term Interventions
   - Examine effectiveness of crisis prevention and intervention
3. Conclusion
   - Workshop evaluation

Linking the Evaluation to School Crisis interventions



Levels of School Crisis interventions



Re-establish Social Support Systems

Primary School Crisis Intervention

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

Litz et al. (2002), Caffo and Belaise (2003), Ozer et al. (2003) Barenbuam et al. (2004)

Re-establish Social Support Systems

Challenges

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

Re-establish Social Support Systems

Specific Techniques

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

Re-establish Social Support Systems

Reunite Students With Primary Caregivers

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

Re-establish Social Support Systems

Reunite Students with Peers and Teachers

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

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

Re-establish Social Support Systems

Return Students to Familiar Environments & Routines

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

Barenbaum et al. (2004)

Re-establish Social Support Systems

Facilitate Community Connections

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

Re-establish Social Support Systems

Empower with Caregiving/Recovery Knowledge

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

Psycho-Education

Empowering Crisis Survivors and Caregivers

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

Psycho-Education

Rationale

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

Psycho-Education

Research Support

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

Psycho-Education

Limitations

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

Psycho-Education

Student Psycho-Educational Group

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

Psycho-Education

Student Psycho-Educational Group

Elements

a) **Introduce** students to the lesson.

b) **Answer** questions and dispel rumors.

c) **Prepare** students for the reactions that may follow crisis exposure.

d) **Teach** students how to manage crisis reactions.

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

Psycho-Education

Student Psycho-Educational Group

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

Psycho-Education

Student Psycho-Educational Group

b) Answer questions and dispel rumors.

- Approximate duration: 20 min.
- Goals:
  - Students gain cognitive mastery of the crisis event.
  - Crisis rumors are stopped.

Caution:

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

Psycho-Education

Student Psycho-Educational Group

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

Psycho-Education

Student Psycho-Educational Group

d) Teach students how to manage crisis reactions.

- Approximate duration: 15 min.
- Goals:
  - Coping strategies that will help to manage stress reactions are identified.
  - Self-care plans are developed.

Psycho-Education

Internet Resources on Stress Management and Relaxation

Tips for Relaxation

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

Stress Management

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

Loyola College Relaxation Page

- http://www.loyola.edu/campuslife/healthservices/counselingcentr/relaxation.html

Psycho-Education

Internet Resources on Stress Management and Relaxation

Western Michigan Univ. Stress Management Page

- http://t3.preservice.org/T0211301/info.htm

Oklahoma State Univ. Stress Management Library

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

Stress Virtual Library

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

Psycho-Education: A Specific Strategy
The Student Psycho-Education Group

Student Psycho-Educational Group

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

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

Psycho-Education

Student Psycho-Educational Group

- See: http://www.ncptsd.va.gov/pfa/When_Terrible_Things_Happen.pdf

  for a psycho-educational handout appropriate for use as a psycho-educational group closes.

Psycho-Education

Caregiver Training

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

Psycho-Education

Caregiver Training

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

Psycho-Education

Caregiver Training

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

Psycho-Education

Caregiver Training

a) **Introduce** caregivers to the lesson.
   - Approximate duration: 5 min.
   - Goals:
     - The purpose, process, and steps of the training are understood.
     - Group leaders are identified .

Psycho-Education

Caregiver Training

b) **Provide** crisis facts.

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

Caution:

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

Psycho-Education

Caregiver Training

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

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

Psycho-Education

Caregiver Training

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

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

Psycho-Education

Resources for Responding to Children's Crisis Reactions

- Review NIMH (2001) suggestions for how to help children cope.
  - http://www.nimh.nih.gov/publicat/NIMHviolence.pdf
- Guidance for specific developmental levels is offered by NCCTS (2005).
  - http://www.ncptsd.va.gov/pfa/PFA.html
    - Preschool Children
    - School Age Children
    - Adolescents
- Bibliotherapy
  - http://childrensbooks.about.com/gi/dynamic/offsite.htm?site=http://www.scbwi.org/news%5Finfo/Children%5FCrisis.pdf

Psycho-Education

Informational Bulletins, Flyers, and/or Handouts

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

Psychological Interventions

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

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

Psychological Interventions

Immediate Group Psychological First Aid

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

Psychological Interventions

Immediate Group Psychological First Aid

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

Psychological Interventions

Immediate Group Psychological First Aid

- Indications

  a) as a more involved (more than 60 min. and/or combined with other interventions) intervention.

  b) as a group intervention.

  c) with adults and adolescents who have experienced a crisis, but were not physically injured.

Psychological Interventions

Immediate Group Psychological First Aid

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

Psychological Interventions

Immediate Group Psychological First Aid

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

Psychological Interventions

Immediate Group Psychological First Aid

a) Introduction to the Session

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

Psychological Interventions

Immediate Group Psychological First Aid

b) Provide facts and dispel rumors.

- Approximate duration: 30 min.
- Goals:
  - Students gain cognitive mastery of the crisis event.
  - Crisis rumors are stopped.
- Strategies:
  - Questions and answers.
  - Carefully selected/screened media presentations.

Caution:

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

Psychological Interventions

Immediate Group Psychological First Aid

c) Sharing Stories

- Approximate duration: 30 to 60 min.
- Goals:
  - Students share their crisis experiences and commonalities are identified (normalized).
- Strategies:
  - Asking for volunteer.s
  - Giving each student a chance to share.
  - Art activities.

Psychological Interventions

Immediate Group Psychological First Aid

d) Share Reactions

- Approximate duration: 30 min.
- Goals:
  - Students share their crisis reactions and commonalities are identified (normalized).
- Strategies:
  - Teach common crisis reactions.
  - Give each student a chance to share.
- NOTE: Mention self referral procedures.

Psychological Interventions

Immediate Group Psychological First Aid

e) Empowerment

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

Psychological Interventions

Immediate Group Psychological First Aid

f) Closing

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

Psychological Interventions

Immediate Group Psychological First Aid

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

Psychological Interventions

Immediate Individual Psychological First Aid

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

Psychological Interventions

Immediate Individual Psychological First Aid

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

Psychological Interventions

Immediate Individual Psychological First Aid

a) Establish rapport: Make psychological contact with the person in crisis.
   - Introduction:
     - Introduce yourself and inquire about basic needs.
   - Empathy:
     - Identify facts and feelings.
   - Respect:
     - Pause to listen and do not dominate conversation.
     - Do not try to smooth things over.
   - Warmth
     - Make nonverbal communication consistent with verbal message.
     - Touch is used as indicated.

Psychological Interventions

Immediate Individual Psychological First Aid

b) Identify and prioritize crisis problems: Identify the most immediate concerns.
   - Inquire about what happened: The crisis story.
   - Inquire about the problems generated by the crisis event.
   - Rank order problems.

Psychological Interventions

Immediate Individual Psychological First Aid

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

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

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

Psychological Interventions

Immediate Individual Psychological First Aid

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

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration

- This crisis situation begins with an intermediate grade student, Chris, crying in a corner of a school yard, just out of view of the playground. Two days earlier, Chris had witnessed a school yard shooting.
- See Handout 6 for a copy of this psychological first aid demonstration script.

Psychological Interventions

Immediate Individual Psychological First Aid

Demonstration: Large Group Role Play

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

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration: Large Group Role Play

You have established rapport with Chris, his basic needs are currently met, and he is willing to talk to you. What is your next step?

How might you identify and prioritize Chris' problems?

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration: Large Group Role Play

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

How might you help Chris address his problems?

Psychological Interventions

Immediate Individual Psychological First Aid Demonstration: Large Group Role Play

Chris' initial strategy to cope with being afraid of going to school is to kill the person whom he thought murdered his friend Juan. What is your next step?

In assisting Chris take concrete action we will need to be very directive.

Psychological Interventions

Long-Term Psychotherapuetic Treatment Interventions

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

Psychological Interventions

Long-Term Psychotherapuetic Treatment Interventions

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

Psychological Interventions

Long-Term Psychotherapuetic Treatment Interventions

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

Workshop Outline

1. Introduction
   - Crisis events, reactions, and interventions
   - The Incident Command Structure
2. Specific Crisis Interventions
   - Reaffirm physical health, and ensure perceptions of security and safety
   - Evaluate psychological trauma
   - Provide interventions and Respond to student psychological needs
   - Examine effectiveness of crisis prevention and intervention
     - Evaluating and Concluding the School Crisis Intervention
     - Debriefing and Caring for the Caregiver
3. Conclusion
   - Workshop evaluation

Evaluating and Concluding the School Crisis Intervention

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

Evaluating and Concluding the School Crisis Intervention

Outcomes that reflect crisis intervention effectiveness.

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

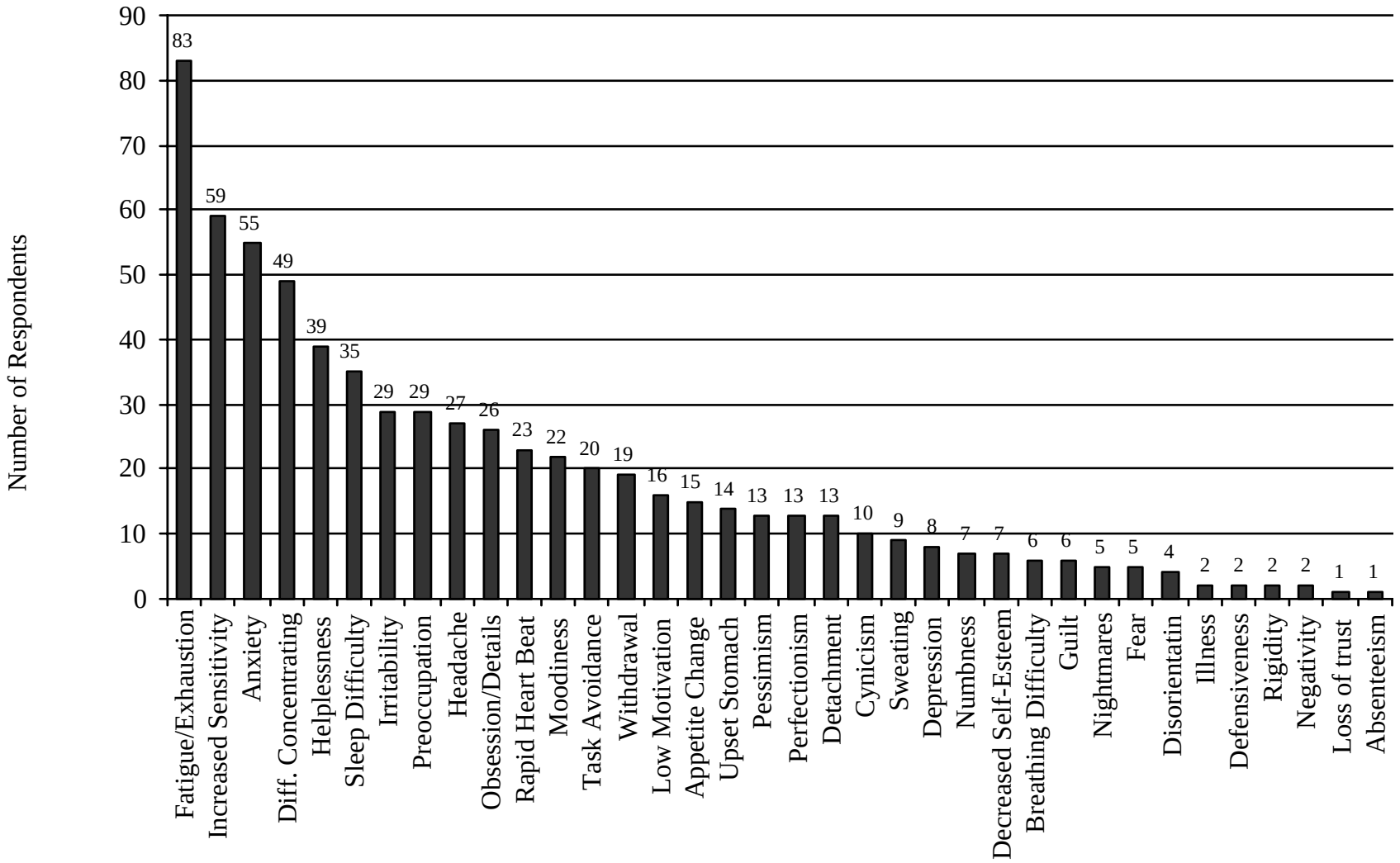
Evaluating and Concluding the School Crisis Intervention

…Continued

Outcomes that reflect crisis intervention effectiveness.

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

Debriefing and Caring for the Caregiver



Debriefing and Caring for the Caregiver

Warning Signs of the Overextended Crisis Intervention Worker

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

Debriefing and Caring for the Caregiver

Warning Signs of the Overextended Crisis Intervention Worker

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

Debriefing and Caring for the Caregiver

Recommendations

- Debriefing with other crisis responders.
- Ongoing professional development.
- Mentor/Mentee relationships.
- Exercise.
- Rest/Sleep.
- Avoid excessive use of alcohol and drugs.

Debriefing and Caring for the Caregiver

Recommendations

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

Debriefing and Caring for the Caregiver

Recommendations

- Surround yourself with support.
- Pursue your passions.
- See http://www.ncptsd.va.gov/pfa/Self_Care_for_Providers.pdf for a psycho-educational handout addressing the topic of self care.

Debriefing and Caring for the Caregiver

Recommendations

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