

SCHOOL CRISIS INTERVENTION USING THE PREPaRE MODEL

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Session Outline

- The PREPaRE Model
- Mental Health Crisis Interventions
 1. Re-establish social support
 2. Psychological education
 3. Psychological intervention

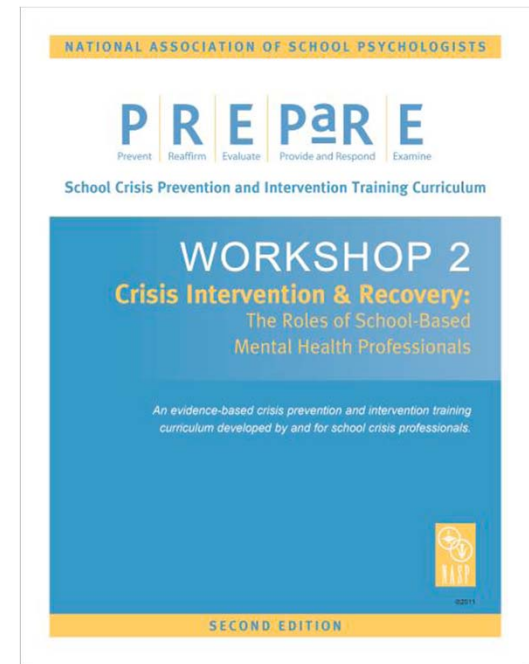
Responding to Crisis: Mental Health Crisis Intervention



PREPARE



- Crisis Intervention and Recovery
 - The Roles of School-Based Mental Health Professionals





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



Prevent Crises: Ensure physical safety

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



Prevent Crises:

Ensure psychological safety

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



Prevent Traumatization: Foster Internal Student Resiliency

- Promote active (or approach-oriented) coping styles.
- Promote student mental health.
- Teach students how to better regulate their emotions.
- Develop problem-solving skills.
- Promote self-confidence and self-esteem.
- Promote internal locus of control.
- Validate the importance of faith and belief systems.
- Nurture positive emotions.
- Foster academic self-determination and feelings of competence.



Prevent Traumatization: Foster External Student Resiliency

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



Prevent Trauma Exposure: Keep Students Safe

- Remove students from dangerous or harmful situations
- Implement crisis response procedures (e.g., evacuations, lockdowns)
 - “The immediate response following a crisis is to ensure safety by removing children and families from continued threat of danger.” (Joshi & Lewin, 2004, p. 715)
 - “To begin the healing process, discontinuation of existing stressors is of immediate importance.” (Barenbaum et al., 2004, p. 48)



Prevent Trauma Exposure: Avoid Crisis Scenes and Images

- Direct ambulatory students away from the crisis site
 - Do not allow students to view medical triage
- Restrict and/or monitor media exposure
 - Avoid excessive viewing of crisis images on television or Internet



Prepare for Crisis Intervention

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



Reaffirm Physical Health & Safety

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

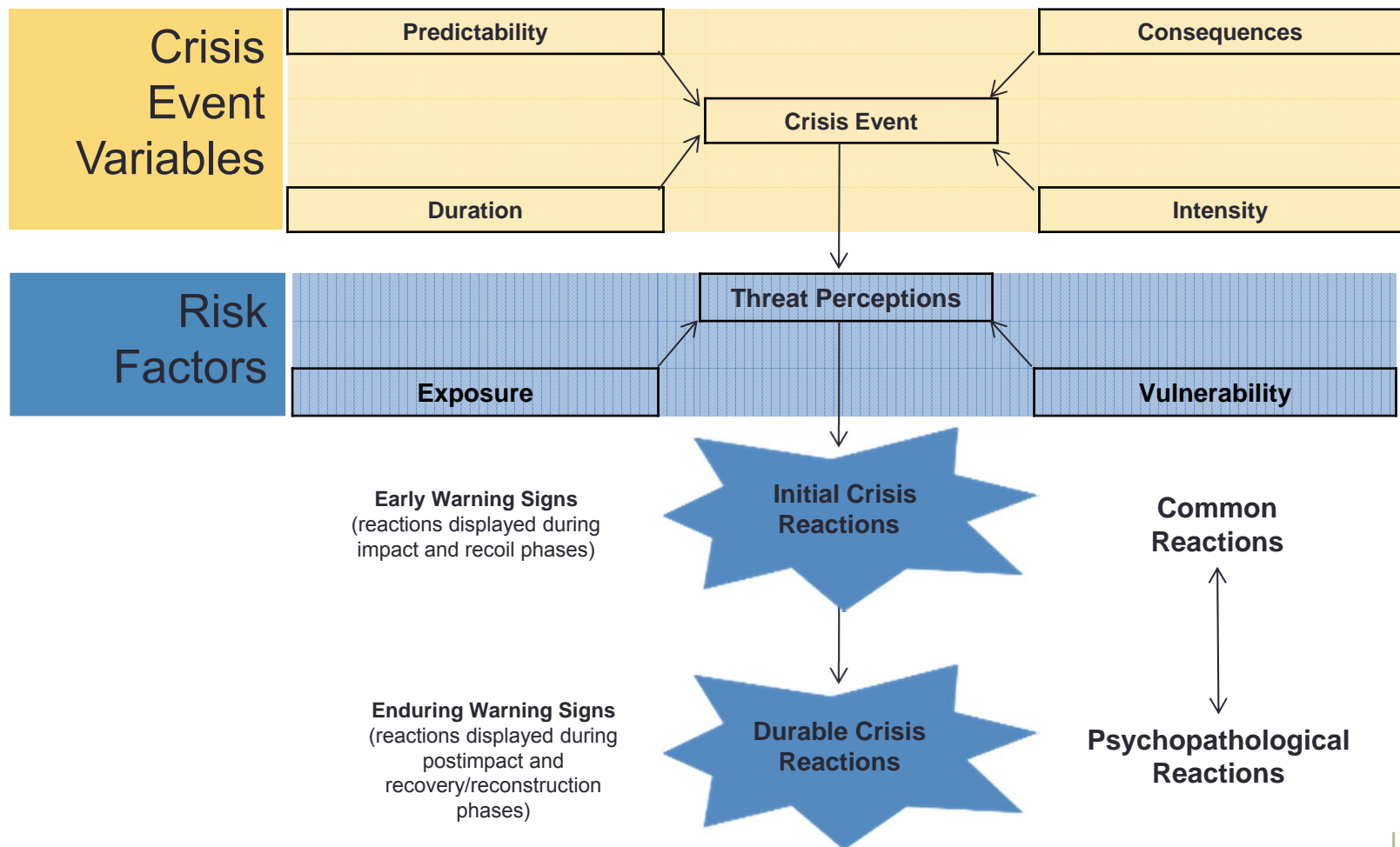




Reaffirm Psychological Health & Safety

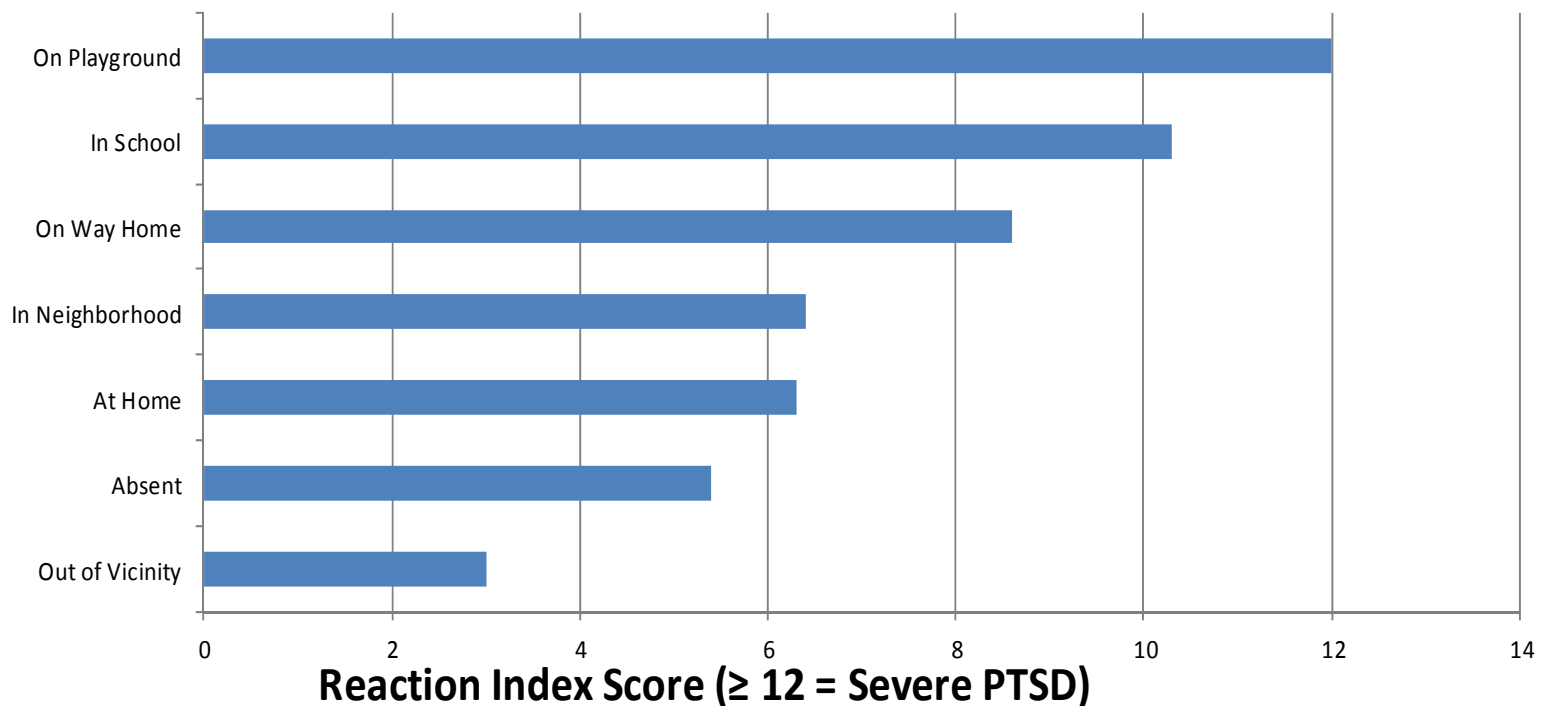
1. Recognizing the importance of adult reactions and behaviors
2. Minimizing crisis exposure
3. Reuniting/locating caregivers and significant others
4. Providing facts and adaptive interpretations
5. Returning students to a safe school environment
6. Providing opportunities to take action

Evaluate Psychological Trauma

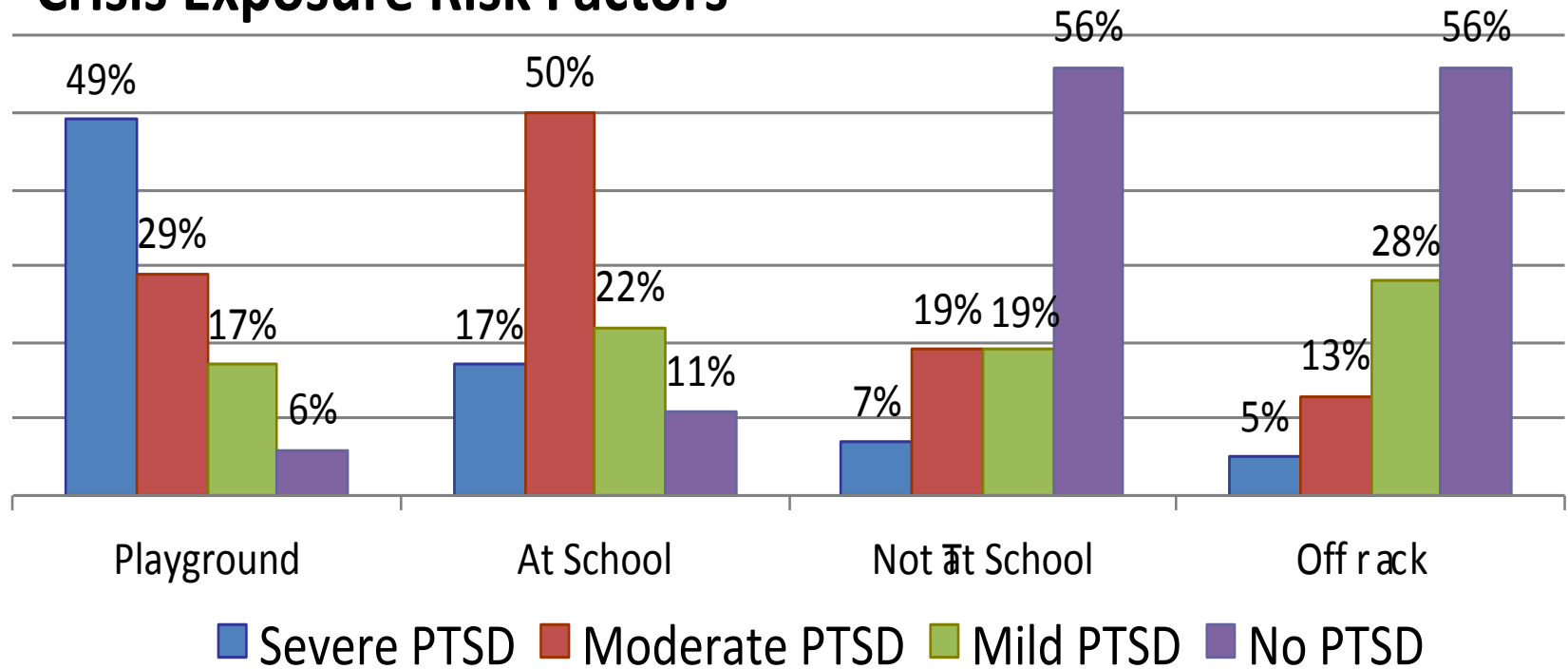


Evaluate Psychological Trauma: Crisis Exposure Physical Proximity Risk Factor

PTSD Reaction Index × Exposure Level



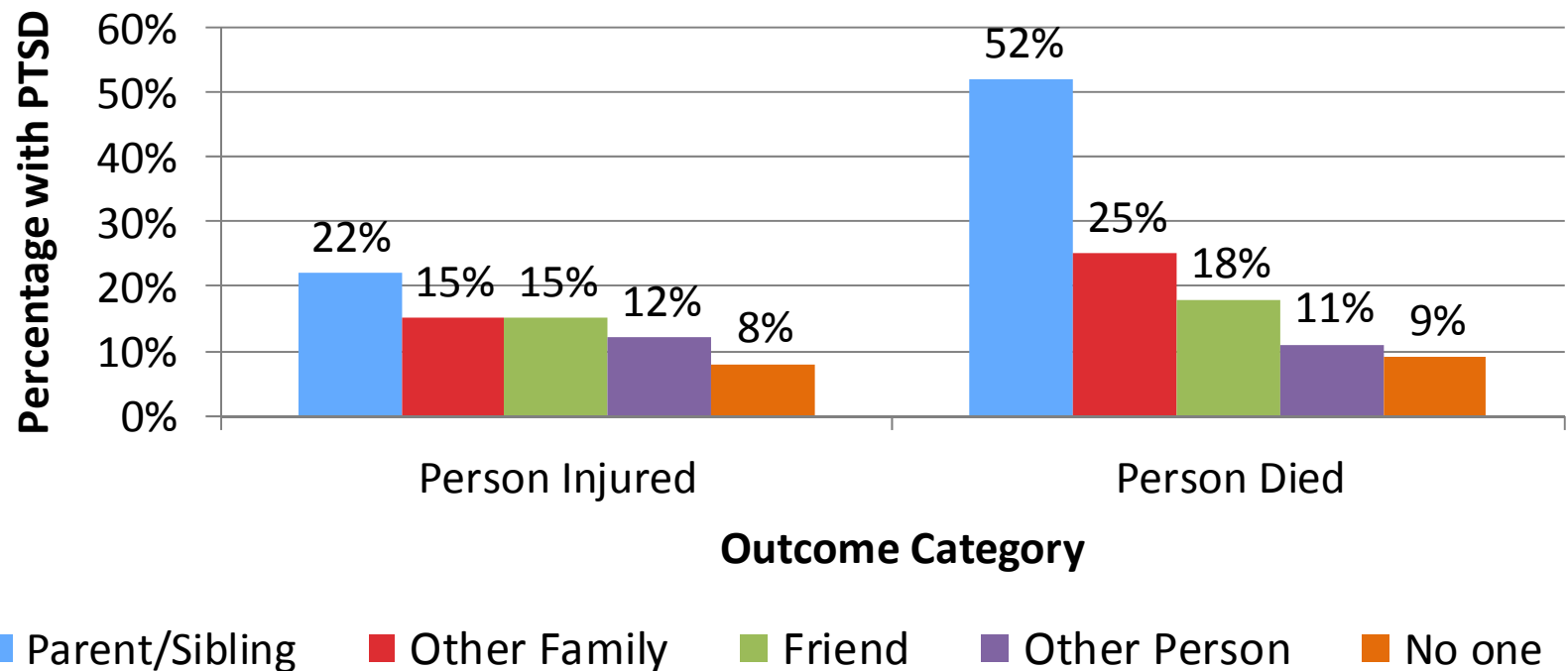
Evaluate Psychological Trauma: Crisis Exposure Risk Factors



Off track refers to students who were on vacation from school.
 Pynoos et al. (1987)

Evaluate Psychological Trauma: Crisis Exposure Emotional Proximity Risk Factor

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





Evaluating Psychological Trauma: Internal Vulnerability Risk Factors

- i. Avoidance coping style
- ii. Pre-crisis psychiatric challenges
- iii. Poor ability to regulate emotions
- iv. Low developmental level and poor problem solving
- v. History of prior psychological trauma

Evaluating Psychological Trauma: External Vulnerability Risk Factors

- i. Family resources
 - 1. Not living with a nuclear family member
 - 2. Family dysfunction (e.g., alcoholism, violence, child maltreatment, mental illness)
 - 3. Parental PTSD/maladaptive coping with the stressor
 - 4. Ineffective and uncaring parenting
 - 5. Poverty or financial stress
- ii. Extra-familial social resources
 - 1. Social isolation
 - 2. Lack of perceived social support



Evaluating Psychological Trauma: Threat Perception Risk Factor*

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

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



Evaluating Psychological Trauma: Crisis Reaction Warning Signs*

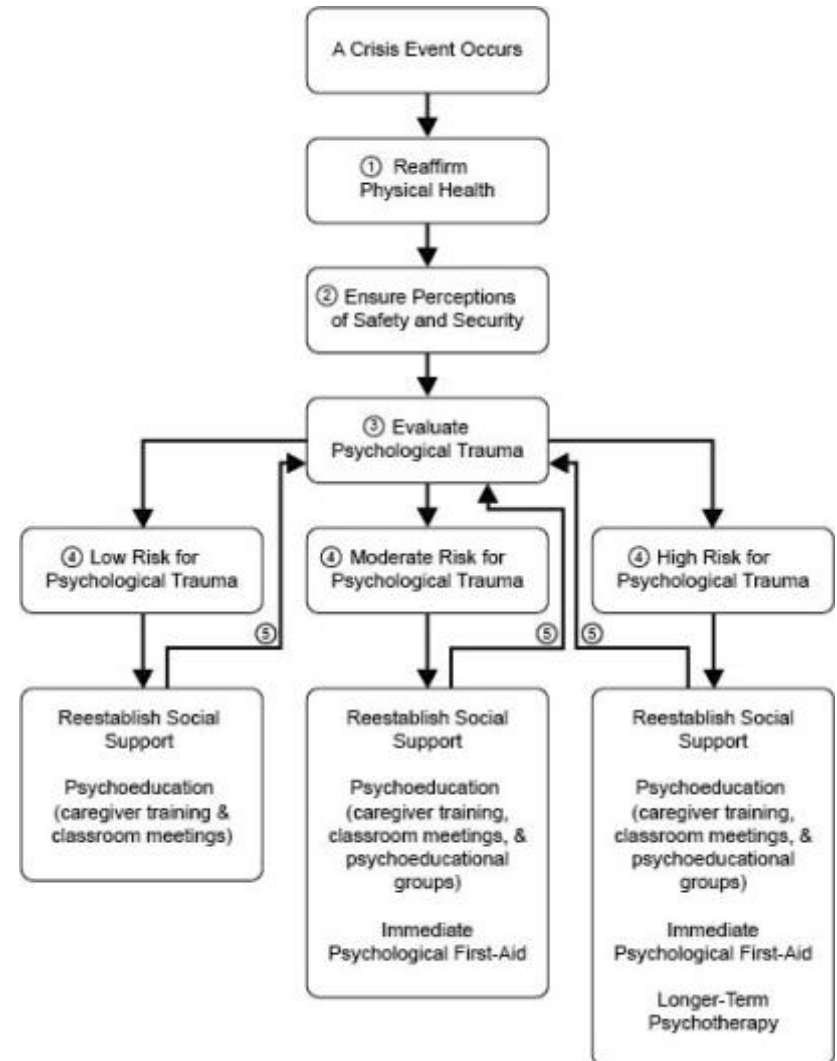
- a. Early warning signs
- b. Enduring warning signs
- c. Developmental variations
- d. Cultural variations

*Warning signs are symptoms of traumatic stress.

P | R | E | P a R | E

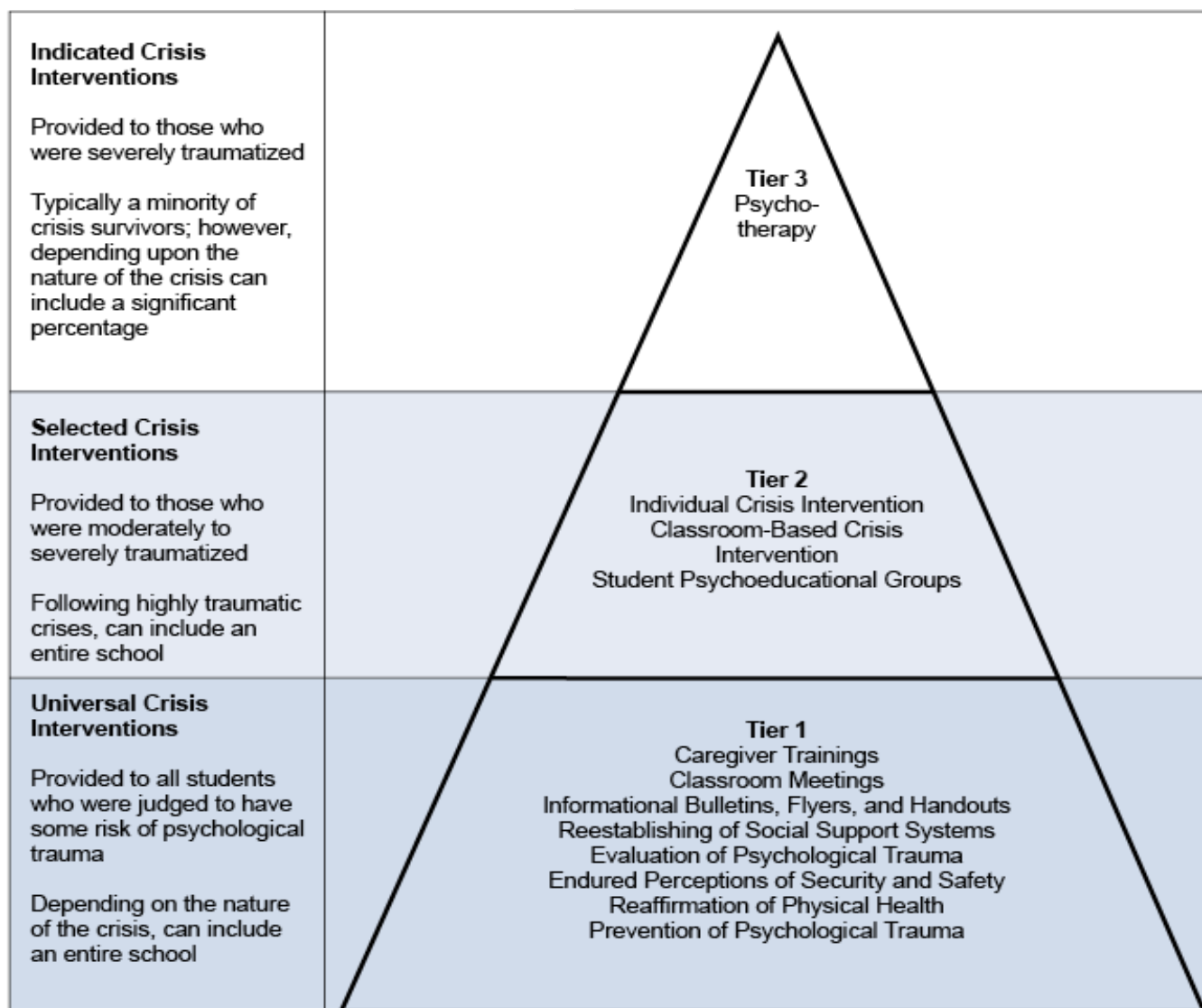
Prevent | Reaffirm | Evaluate | Provide and Respond | Examine

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



P | R | E | P a R | E

Prevent | Reaffirm | Evaluate | Provide and Respond | Examine



Brock (2011)



Session Outline

- The PREPaRE Model
- Mental Health Crisis Interventions
 1. Re-establish social support
 2. Psychological education
 3. Psychological intervention



Reestablish Social Support Systems

1. Reunite students with primary caregivers.
2. Reunite students with peers and teachers.
3. Return students to familiar environments and routines.
4. Facilitate community connections.
5. Empower caregivers with crisis recovery information.



Limitations of Social Support

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



Psychoeducation

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



Psychoeducation Strategies

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



Student Psychoeducational Group Goals

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

This is direct instruction.



Steps in a PREPaRE Student Psychoeducational Group

Time: about one hour

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

Considerations in Differentiating Group Curriculum

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



Format

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

Lesson Plan: High School

Topic: Normalizing Crisis Reactions, Identifying Support Systems, and Delivering Direct Instruction in Adaptive Coping Skills

Duration: 1 hour

Description of Lesson: Student responses to crisis situations are diverse. In this lesson, facilitators identify and help normalize common reactions to crisis exposure. Students explore their existing support structures before reviewing adaptive coping strategies and effective stress management. Students may self-refer for additional help.

Objectives:
At the conclusion of this lesson, the student will be able to . . .

- distinguish common crisis reactions from exceptional crisis reactions.
- identify resources for support.
- list adaptive coping strategies.
- perform a deep breathing exercise for relaxation purposes.
- locate additional mental health resources.

Materials:

- Teacher copy of Lesson Plan: High School
- Teacher copy of Handout #1 Script for Introducing Lesson
- Teacher copy of Handout #2 Known Facts **OPTIONAL**
- Student copies of Handout #3 Recognizing Reactions
- Student copies of Handout #4: Personal Resources and Management Plan
- This handout may be projected on the board during discussion and filled out alongside students.*
- Student copies of Handout #5: Stress Management Resources
- Pencils
- Optional: white board, pens, dry erase markers, projector

Procedures

- Introduction
 - Step 1 (5 minutes):** Use handout #1: Sample Script

Read from the sample script that introduces the facilitator, identifies the subject of the lesson, sets the classroom expectations for behavior and participation, and answers procedural questions. A sign-in sheet may be helpful if this lesson is not delivered in an intact classroom.

- Direct Instruction
 - Step 2 (20 minutes):** **Optional Use** Use handout #2: Template for PREPARE (Fact sheet of crisis event)

Share basic facts of the event, which may have been conveyed in a staff meeting, letter to the school community, or on a brief fact sheet provided with the lesson plan and handouts. Invite students to share what they know and use the discussion as an opportunity to dispel rumors and limit collective speculation.

Note: Be prepared to repeat facts several times as crises can be overwhelming and difficult to comprehend. Be truthful; some facts may be confidential and the facilitator should say so. It is permissible to state, "I don't know" in response to questions.

Step 3 (15 minutes): Use handout #3: Recognizing Reactions.

Help students anticipate common reactions to crisis events. Distribute and/or project Handout #3 and read aloud directions explaining to students to write 3-5 sentences about how their feelings related to the event. Direct their attention to the color wheel and review the emboldened terms. Begin sharing responses after 2-3 minutes. It is suggested to limit the amount of responses (3-5) in order to expedite lesson.

Using the table below, identify common initial crisis reactions, explaining how they may experience it themselves or witness the reactions in the behavior of others, including peers, parents, and teachers.

Some key points to acknowledge:

- Most reactions diminish with time and recovery is most common.
- Conversely, if students' reactions don't diminish or are too difficult to cope, then a referral for additional crisis intervention assistance is warranted. (Suicidal ideation, homicidal ideation, and other uncommon and perhaps abnormal crisis reactions indicate a referral as well).

Explain how students may access additional crisis intervention assistance for themselves and others. An expression of sincere optimism may be an effective way to close this part of the activity. See table below for common initial crisis reactions.

Common Initial Crisis Reactions			
Emotional		Cognitive	
Shock	Depression or sadness	Impaired concentration	Decreased self-esteem
Anger	Irritability	Impaired decision-making ability	Decreased self-efficacy
Despair	Hypersensitivity	Memory impairment	Self-blame
Emotional numbing	Helplessness	Disbelief	Intrusive thoughts or memories
Terror or fear	Hopelessness	Confusion	Worry
Guilt	Loss of pleasure	Distortion	Nightmares
Phobias	Dissociation		
Grief			
Physical		Interpersonal and Behavioral	
Fatigue	Impaired immune response	Alienation	Avoidance of reminders
Insomnia	Headaches	Social withdrawal or isolation	Crying easily
Sleep disturbance	Gastrointestinal problems	Increased relationship conflict	Change in eating patterns
Hypocacusual	Decreased appetite	Vocational impairment	Regression in behavior
Somatic complaints	Decreased libido	Refusal to go to school	Risk taking
	Heightened startle response	School performance impairment	Aggression

From Soolas (2000), Young, Ford, Buzek, Friedman, & Gusella (1998).

Step 4 (15 minutes): Distribute the handout #4: Personal Resources and Management Plan.

ACTIVITY A.

Explain that the form will be filled out together, and that it will be collected at the end of the class. Ensure each student has written his/her name since this form will serve dual purposes: as a check for understanding and as a self-referral.

- Give students 2 minutes to generate a list of the supports available and accessible to them. Discuss briefly to help other students generate ideas.
- Ask for examples of student support. After 3-5 examples, add to the list.

Level: HS
Level: HS

Stein, Chiolan, Campisi, & Brock (2015)



Key Components: Step 1

Introduce students to the lesson (5 mins)

GOALS:

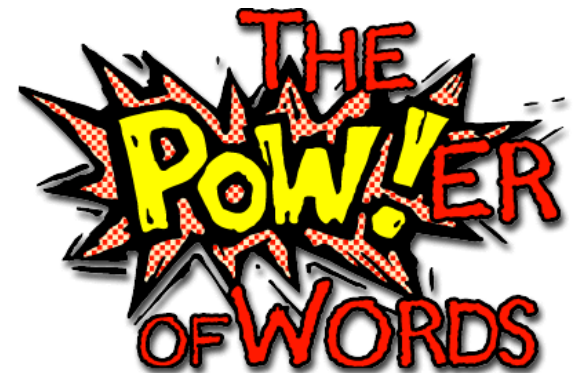
To orient students to the lesson; to introduce facilitator; to lay ground rules

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

Step I: Differentiation Consideration

Vocabulary used to introduce the lesson

- Primary Grades
- Upper Elementary
- Middle School
- High School




Step 1 Differentiation: Scripts

Note:

The scripts are optional items aimed at aiding teachers in framing the lesson.

An introduction to the lesson is expected but the verbiage is not mandated.

 A Psychoeducational Curriculum Differentiated for the PREPARE Model

Step 1: Introducing the Lesson, Guidelines & Sample Scripts

Note: What follows is an example script for teachers differentiated by grade level. Facilitators may use the scripts or follow the guidelines discussed in the box below.

Guidelines

Ideally, this psychoeducational group is facilitated by a school-based crisis team member familiar to the group students. (If the facilitator is unfamiliar to the students, take a moment to introduce him/her). The first step in the PREPARE model includes an introduction to the group's purpose and a reminder of group/classroom rules in effect. Length: 5 minutes.

Primary Grades (K-3)

Make personal introduction of facilitator and role (teacher, counselor, etc.)

Today we are going to talk about (identify/ briefly describe incident). I will answer questions you might have and talk about how to deal with your feelings. Everyone might be having their own feelings about what happened, but we won't have time to discuss everyone's responses today.

- Briefly review classroom rules for direct instruction and discussion.

Does anyone have any questions before we begin?

Upper Elementary & Middle School

Make personal introduction of facilitator and role (teacher, counselor, etc.)

Today we are going to talk about (identify/ briefly describe incident). I will answer questions you might have about what happened and identify ways to deal with your feelings. All of you are experiencing this differently, but we won't have time to discuss everyone's individual reactions today.

- Briefly review classroom rules for direct instruction and discussion.

Does anyone have any questions before we begin?

High School

Make personal introduction of facilitator and role (teacher, counselor, etc.)

Today we are going to discuss the (identify/ briefly describe incident). I will answer questions you might have surrounding the event and make sure you all know the facts. Together, we will also identify stress management and relaxation techniques. Although everyone may deal with this differently, we won't have an opportunity to get in-depth with everyone's reactions.

- Briefly review classroom rules for direct instruction and discussion.

Does anyone have any questions before we begin?

Stein, Chiolan, Campisi, & Brock (2015)



Key Components: Step 2

Answer questions and dispel rumors (20 mins).

GOALS: To dispel rumors

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



Step 2 Differentiation

Vocabulary, prepared for different kinds of questions

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

Key Components: Step 3

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

GOAL: To identify how crisis events affect people

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



Step 3:

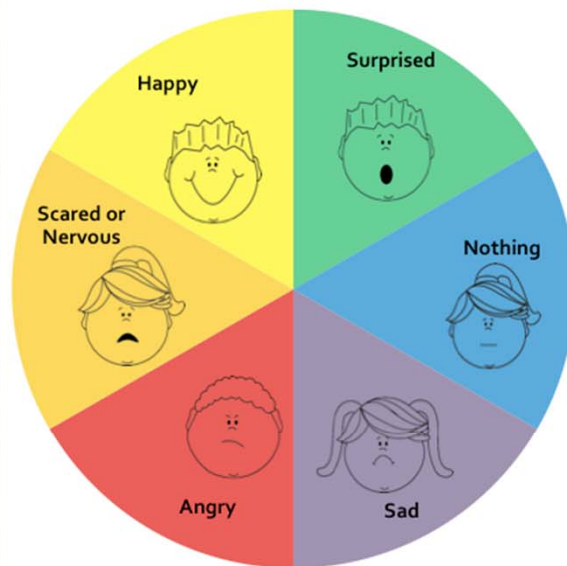
Differentiation Considerations

How to explain/normalize common crisis reactions

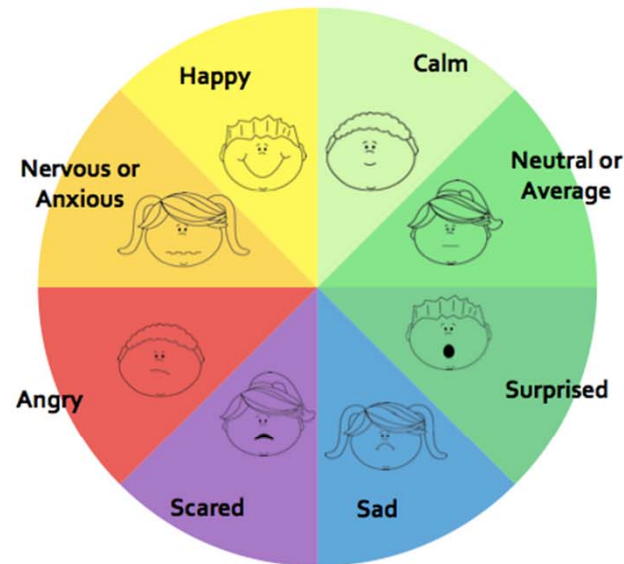
- **Primary**—typically expressed behaviorally
 - Stay away from jargon (e.g., “de-realization, dissociative”)
 - Use more images
- **Upper Elementary & Middle School**—often expressed through language or drawing
 - Incorporate opportunities for expression
- **High School**—may have more entrenched maladaptive coping strategies that are often reaffirmed by peers
 - Can talk about intrusive images

Step 3, Differentiation Examples

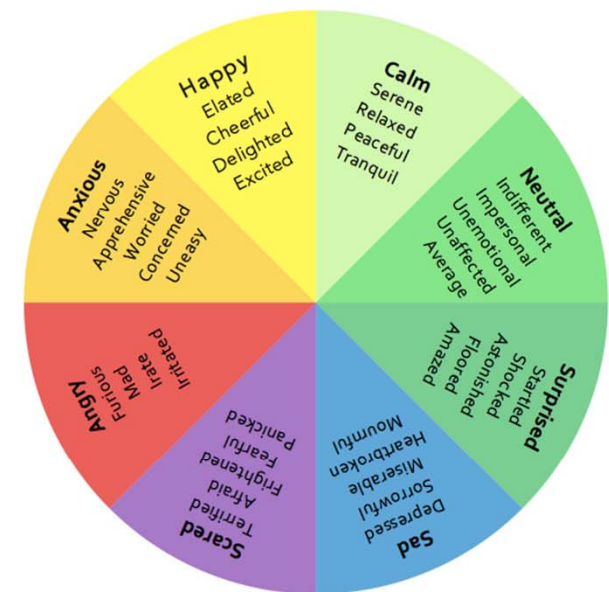
Primary Grades



Upper Elementary/Middle School



High School



Stein, Chiolan, Campisi, & Brock (2015)

Feelings wheel adapted from Plutchik, R. (2001). The nature of emotions. American Scientist, 89(4), 344.

Key Components: Step 4

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

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

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



Step 4:

Differentiation Considerations

- Primary
 - “This is what you need to do.”
- Upper Elementary
 - “Here is more of what you need to do.”
- Middle School
 - “What are you doing? Here are other additional ways to do it.”
- High School
 - “What do you think?”

A Closer Look...

Primary Grades

- Healthy Living Plan
- Picture-Based
- Deep Breathing Activity



Middle School

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

High School

- Personal Resources & Management Plan
- Heavily text-based
- Deep Breathing Activity
- Submit at the end of the period; self-referral

Upper Elementary

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



Step 4: Primary Grades vs. Upper Elementary



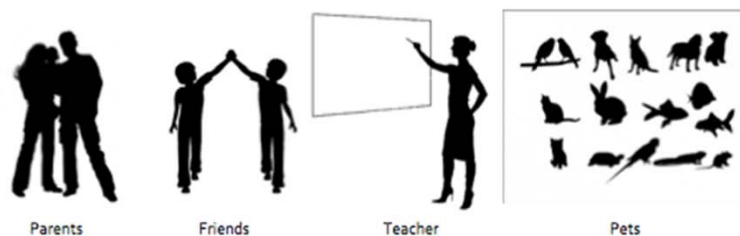
A Psychoeducational Curriculum Differentiated for the PREPARE Model

Step 4: Healthy Living Plan

Name _____

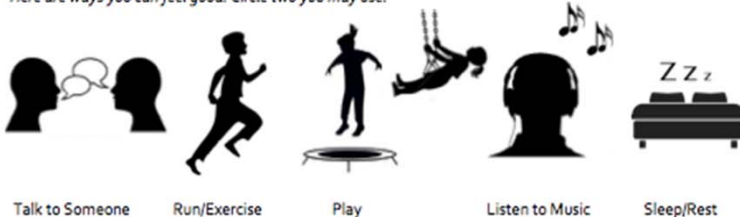
Help

These are pictures of the people and groups that care about you and can help you. Circle two you may use.



Feel Better Skills

Here are ways you can feel good. Circle two you may use.



RELAXATION ACTIVITY

HOMEWORK: Take this paper home and talk about it with your parent/caregiver.

Parents and Caregivers: Please review this with your student. If you or your student would like additional support, please check the appropriate box, sign, and place it in his/her folder.

Follow-Up

- ☐ Check this box if you would like more support for your student (teacher, counselor, principal).
- ☐ Check this box if you would do not want more help.

Student Name _____ Parent Signature _____

Date _____



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Step 4: Personal Resources and Management Plan

Name _____

Directions: Please fill out this handout during the lesson and be prepared to turn it in at the end.

Existing Supports

This is a list of the people and groups that care about you and can help you (i.e., specific friends, parents, religious groups/clubs/teams, teachers, counselors).

Current Stress Management Skills

Circle how you are feeling right now.



These are ways that help you relax and feel good.



SHARE

Healthier Stress Management Skills

This is a list of the things that help you relax. It may include things you already do to make yourself feel better.

RELAXATION ACTIVITY

Personal Check-In

On a 1-5 scale, please circle the number that best describes your current mood or feelings.

1 Very Sad	2 Sad	3 Okay	4 Happy	5 Great
---------------	----------	-----------	------------	------------

Follow-Up

- ☐ Check this box if you would like more help. For example, you may want someone to talk to about the event.
- ☐ No, thank you.

Student Name _____ Parent Signature _____ Date _____

Stein, Chiolan, Campisi, & Brock (2015)

Step 4: Upper Elementary

Middle School

High School



A Psychoeducational Curriculum Differentiated for the PREPARE Model

Step 4: Personal Resources and Management Plan

Name _____

Directions: Please fill out this handout during the lesson and be prepared to turn it in at the end.

Existing Supports

This is a list of the people and groups that care about you and can help you (i.e., specific friends, parents, religious groups/clubs/teams, teachers, counselors).

Current Stress Management Skills

Circle how you are feeling right now.



These are ways that help you relax and feel good.



-----SHARE-----

Healthier Stress Management Skills

This is a list of the things that help you relax. It may include things you already do to make yourself feel better.

-----RELAXATION ACTIVITY-----

Personal Check-In

On a 1-5 scale, please circle the number that best describes your current mood or feelings.

1 Very Sad	2 Sad	3 Okay	4 Happy	5 Great
---------------	----------	-----------	------------	------------

Follow-Up

☐ Check this box if you would like more help. For example, you may want someone to talk to about the event.
☐ No, thank you.

Student Name _____ Parent Signature _____ Date _____



A Psychoeducational Curriculum Differentiated for the PREPARE Model

Step 4: Personal Resources and Management Plan

Name _____

Directions: Please fill out this handout during the lesson and be prepared to turn it in at the end.

Existing Supports

This is a list of the people and groups that care about you and can help you (i.e., specific friends, parents, religious groups/clubs/teams, teachers, counselors).

Current Stress Management Skills

Circle how you are feeling right now.



These are ways that help you relax and feel good.



-----DISCUSSION-----

Healthiest Stress Management Skills

This is a list of the things that help you relax. It may include things you already do to make yourself feel better.

-----RELAXATION ACTIVITY-----

Personal Check-In

On a 1-5 scale, please circle the number that best describes your current mood or feelings.

1 Very Sad	2 Sad	3 Okay	4 Happy	5 Great
---------------	----------	-----------	------------	------------

Follow-Up

☐ Check this box if you would like more help. For example, you may want someone to talk to about the event.
☐ No, thank you.



A Psychoeducational Curriculum Differentiated for the PREPARE Model

Step 4: Personal Resources and Management Plan

Name _____

Directions: Please fill out this handout during the lesson and be prepared to submit it at the end.

Existing Supports

List the people, groups, and institutions you can rely on (i.e., specific friends, parents, religious groups/institutions, teachers, counselors).

-----SHARE-----

Healthy Stress Management Techniques

This is a list of the best options for me. It may include things I already do to manage my feelings and emotions and those that I may consider from our discussion.

-----SHARE-----

-----DEEP BREATHING EXERCISE-----

Personal Check-In

On a 1-5 scale, please circle the number that best describes your current mood or feelings.

1 Depressed	2 Sad	3 Neutral	4 Happy	5 Great
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Follow-Up

☐ Check this box if you would like more support or assistance dealing with this event.
☐ No, thank you. The supports I have in place are adequate.

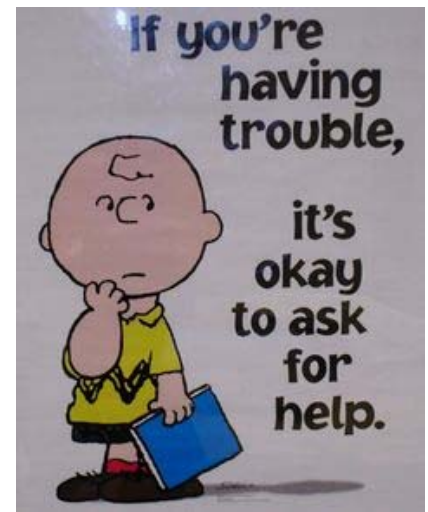
Stein, Chiolan, Campisi, & Brock (2015)

Key Components: Step 5

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

GOALS: Close the lesson by evaluating student understanding

- Checking for understanding
- Producing written plan
(can be used as secondary triage)
- Provide additional resources





Step 5:

Differentiation Considerations

Primary

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

Upper Elementary

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

Middle School

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

High School

- Complete and submit handout with self-referral
- Take home: List of Stress Management Resources, HS

Step 5: Checking for Understanding, PG









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Step 5: Checking for Understanding

Name _____

I feel _____.

 happy	 surprised	 nothing
 sad	 angry	 scared

Stein, Chiolan, Campisi, & Brock (2015)

Stress Management Resources



A Psychoeducational Curriculum Differentiated for the PREPARE Model

Handout #5: Stress Management Resources

Adaptive Coping Strategies for Dealing with Traumatic Stress Reactions

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

From "Certification of Advanced Training and Specialization in Crisis Interventions Skills and Strategies," Workshop presented by S.E. Brock et al., (2003) at the California Association of School Psychologists' Summer Institute, Lake Tahoe, CA.

List of Stress Management Resources

Websites

Managing Stress and Recovering from Trauma

- <http://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm>

Oklahoma State University Stress Management Library

- <http://ehs.okstate.edu/links/stress.htm>

Stress Management: How to Reduce, Prevent, and Cope with Stress

- <http://www.helpguide.org/articles/ptsd-trauma/traumatic-stress.htm>

Other free resources available to students:

Apps for iPhones and Androids, iTunes University, YouTube Videos

Keywords for Videos

Progressive muscle relaxation, guided meditation, deep breathing, visualization/imagery

Relaxation Activities

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

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

Level: UE/MS/HS



A Psychoeducational Curriculum Differentiated for the PREPARE Model

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

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

Adapted from Dartmouth Health Promotion and Wellness (2015). Retrieved from <http://www.dartmouth.edu/~health/relax/#suggestions>

Script for Deep Breathing Activity

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

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

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

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

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

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

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

Level: UE/MS/HS



Limitations of Psychoeducation

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

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



Psychological Intervention Strategies

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

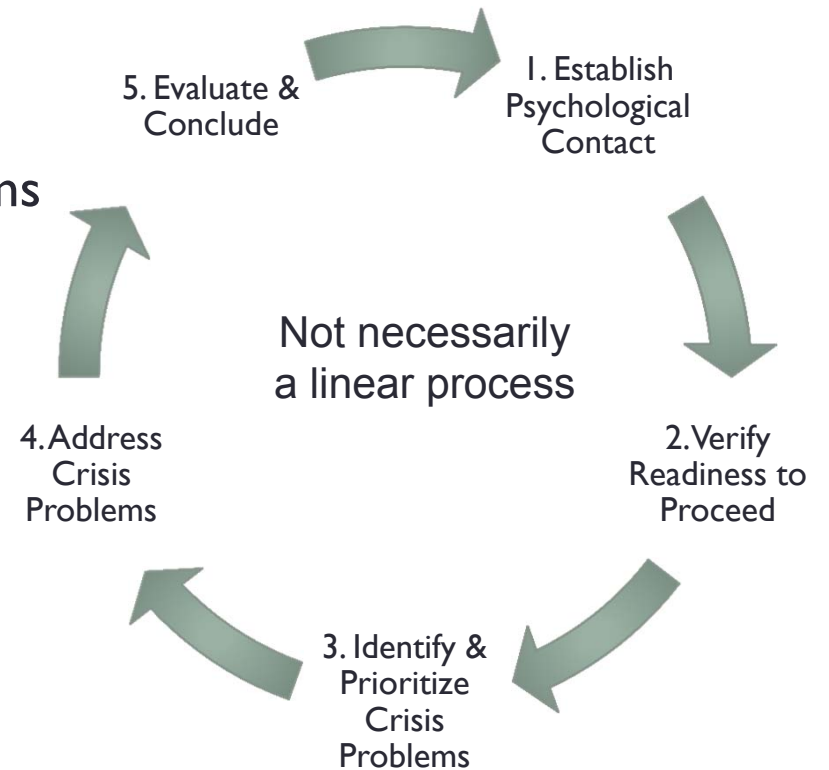


Psychological Interventions: Classroom-Based Crisis Intervention

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

Psychological Interventions: Individual Crisis Intervention Elements

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





Psychological Interventions: Psychotherapeutic Treatments Trauma-Focused Therapies

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

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



Psychological Interventions: Psychotherapeutic Treatments Cognitive–Behavioral Therapies

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



Psychological Interventions: Psychotherapeutic Treatment Interventions

“Overall, there is growing evidence that a variety of CBT programs are effective in treating youth with PTSD . . . Practically, this suggests that psychologists treating children with PTSD can use cognitive–behavioral interventions and be on solid ground in using these approaches.”

“In sum, cognitive behavioral approaches to the treatment of PTSD, anxiety, depression, and other trauma-related symptoms have been quite efficacious with children exposed to various forms of trauma.”

SCHOOL CRISIS INTERVENTION USING THE PREP_aRE MODEL

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