

The Identification, Assessment, and Treatment of PTSD at School

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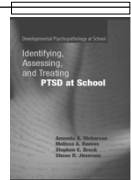


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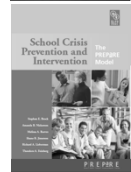
Preface

■ Adapted from...

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



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



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Preface

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

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Preface

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

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

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Preface

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

Cook-Cattone (2004)

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Workshop Outline

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

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Workshop Objectives

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

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Workshop Outline

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

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Characteristics of PTSD

DSM IV-TR

- An anxiety disorder that develops secondary to exposure (experiencing, witnessing, or learning about) to an "extreme traumatic stressor."
 - An event that involves actual or threatened death or serious injury, or threat to one's 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)." (*May not be found in DSM V*)

APA (2000, p. 463)

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Characteristics of PTSD

DSM IV-TR

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

APA (2000)

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Characteristics of PTSD

DSM IV-TR

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

APA (2000)

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Characteristics of PTSD

DSM IV-TR

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

APA (2000)

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Characteristics of PTSD

DSM IV-TR

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

APA (2000) 13

Characteristics of PTSD

DSM IV-TR

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

APA (2000) 14

Characteristics of PTSD

DSM IV-TR

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

APA (2000) 15

Characteristics of PTSD

DSM IV-TR

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

APA (2000) 16


Characteristics of PTSD

Developmental Variations

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

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

DSM V Proposed Revisions: PTSD in Preschool Children



May 2013

A. The child (less than 6 years old) was exposed to the following event(s): death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, in **1 or more** of the following ways:


1. Experiencing the event(s) him/herself
2. Witnessing the event(s) as it (they) occurred to others, especially primary caregivers
3. Learning that the event(s) occurred to a close relative or close friend*

Note: *Witnessing* does not include events that are witnessed only in electronic media, television, movies or pictures.

* *At present, there is not a consensus about including these items. Data relevant to their inclusion or exclusion are being sought.*

18 <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=396#>

**DSM V Proposed Revisions:
PTSD in Preschool Children**




May 2013

B. Intrusion symptoms that are associated with the traumatic event (that began after the traumatic event), as evidenced by **1 or more** of the following:

1. Spontaneous or cued recurrent, involuntary, and intrusive distressing memories of the traumatic event.
Note: spontaneous and intrusive memories may not necessarily appear distressing and may be expressed as play reenactment.
2. Recurrent distressing dreams related to the traumatic event (Note: it may not be possible to ascertain that the content is related to the traumatic event).
3. Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring (such reactions may occur on a continuum with the most extreme expression being a complete loss of awareness of present surroundings).
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to reminders of the traumatic event(s).

19 <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=396#>

**DSM V Proposed Revisions:
PTSD in Preschool Children**



May 2013

One item from C. or D. below:

C. Persistent avoidance of stimuli associated with the traumatic event (that began after the traumatic event), as evidenced by efforts to avoid:

1. Activities, places or physical reminders, that arouse recollections of the traumatic event.
2. People, conversations, or interpersonal situations that arouse recollections of the traumatic event


D. Negative alterations in cognitions and mood that are associated with the traumatic event (that began or worsened after the traumatic event), as evidenced by 1 or more of the following:

1. *Substantially increased frequency of negative emotional states – for example, fear, guilt, sadness, shame or confusion.**
2. Markedly diminished interest or participation in significant activities, including constriction of play.
3. Socially withdrawn behavior.
4. Persistent reduction in expression of positive emotions.

*** At present, there is not a consensus about including these items. Data relevant to their inclusion or exclusion are being sought.**

20 <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=396#>

**DSM V Proposed Revisions:
PTSD in Preschool Children**



May 2013

E. Alterations in arousal and reactivity that are associated with the traumatic event (that began or worsened after the traumatic event), as evidenced by **2 or more** of the following:

1. Irritable, angry, or aggressive behavior, including extreme temper tantrums.
2. *Reckless or self-destructive behavior.**
3. Hypervigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance – for example, difficulty falling or staying asleep, or restless sleep.

F. Duration of the disturbance (symptoms in Criteria B, C, D and E) is more than one month.

G. The disturbance causes clinically significant distress or impairment in relationships with parents, siblings peers or other caregivers or school behavior.

*** At present, there is not a consensus about including these items. Data relevant to their inclusion or exclusion are being sought.**

21 <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=396#>

Characteristics of PTSD


Developmental Variations

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

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

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**DSM V Proposed Revisions:
PTSD in Preschool Children**



May 2013

B. Intrusion symptoms

1. Spontaneous or cued recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). **Note:** In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream is related to the event(s). **Note:** In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **Note:** In children, trauma-specific reenactment may occur in play.

23 <http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=396#>

Characteristics of PTSD

Developmental Variations

- Preadolescents and adolescents
 - More adult like reactions
 - Sense of foreshortened future
 - Oppositional/aggressive behaviors to regain a sense of control
 - School avoidance
 - Self-injurious behavior and thinking
 - Revenge fantasies
 - Substance abuse
 - Learning problems

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

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Characteristics of PTSD

Manifestations at School

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

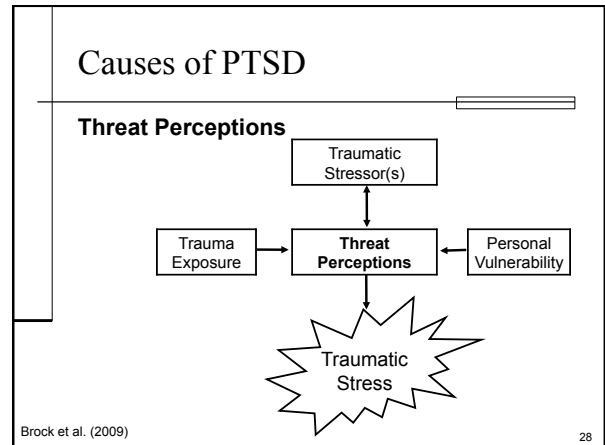
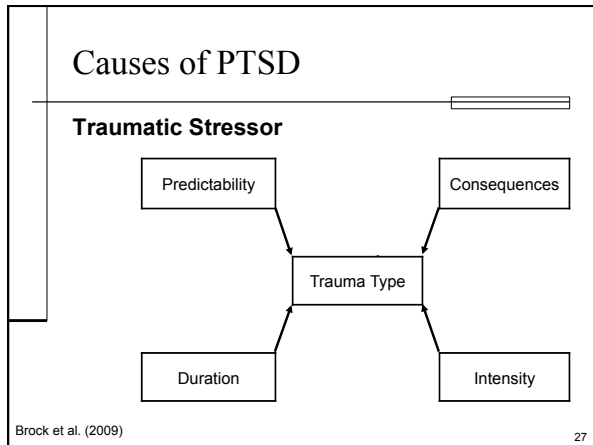
Saigh et al. (1997), Saltzman et al. (2001)

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Workshop Outline

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

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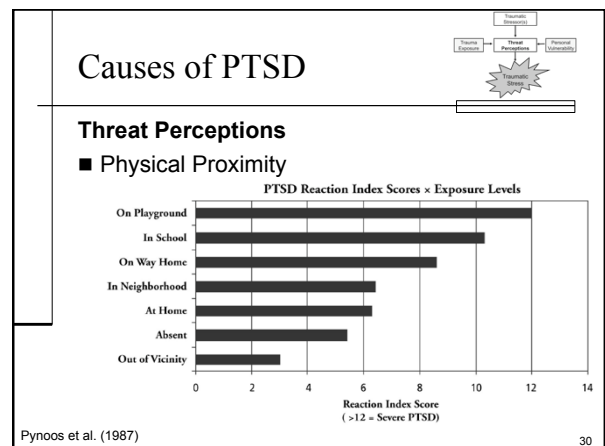
Causes of PTSD

Threat Perceptions

- Trauma Exposure
 - Physical Proximity
 - Emotional Proximity

Brock et al. (2009)

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Causes of PTSD

Threat Perceptions

- Emotional Proximity

PTSD and Relationship to Victim by Outcome

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%

Applied Research and Consulting et al. (2002) 31

Causes of PTSD

Threat Perceptions

- Personal Vulnerabilities
 - External Environmental Factors
 - Internal Personal Factors

Brock et al. (2009) 32

Causes of PTSD

Threat Perceptions

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

Brock et al. (2009), Nickerson et al. (2009) 33

Causes of PTSD

Threat Perceptions

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

Brock et al. (2009), Nickerson et al. (2009) 34

Workshop Outline

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

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Identification/Assessment of PTSD

Risk Factors

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

Brock et al. (2009), Terr (1991), van der Kolk (2005) 36

Identification/Assessment of PTSD

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

Brock & Davis (2008) 37

Identification/Assessment of PTSD

Warning Signs

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

APA (2000), Brewin, Andrews, & Rose (2003) 38

Identification/Assessment of PTSD

Warning Signs

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

Pfohl et al. (2002) 39

Identification/Assessment of PTSD

Warning Signs

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

Pfohl et al. (2002) 40

Identification/Assessment of PTSD

Warning Signs

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

Pfohl et al. (2002) 41

Identification/Assessment of PTSD

Assessment and Evaluation

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

Brock (2006); Brock et al. (2009), Nickerson et al. (2009) 42

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 43

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 44

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 45

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 46

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 47

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 48

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 49

Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009) 50

Workshop Outline

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

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PREPARE

Preventing/Mitigating PTSD

Strengthen Resiliency

- Internal Resiliency
 - Promote active (or approach oriented) coping styles.
 - Promote student mental health.
 - Teach students how to better regulate their emotions.
 - Develop problem-solving skills.
 - Promote self-confidence and self-esteem.
 - Promote internal locus of control.
 - Validate the importance of faith and belief systems.
 - Others?

Brock (2006), Brock et al. (2009) 52

PREPARE

Preventing/Mitigating PTSD

Strengthen Resiliency

- Foster External Resiliency
 - Support families (i.e., provide parent education and appropriate social services).
 - Facilitate peer relationships.
 - Provide access to positive adult role models.
 - Ensure connections with pro-social institutions.
 - Others?

Brock (2006), Brock et al. (2009) 53

PREPARE

Preventing/Mitigating PTSD

Ensure Objective/Psychological Safety

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

Brock (2006), Brock et al. (2009) 54

PREPARE
Prevent, Respond, Educate, Prepare and Respond, Evaluate

Preventing/Mitigating PTSD

Minimize Trauma Exposure

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

Brock (2006), Brock et al. (2009), Dyregov & Yule (2006) 55

PREPARE
Prevent, Respond, Educate, Prepare and Respond, Evaluate

Preventing/Mitigating PTSD

Shape Traumatic Event Perceptions

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

Brock (2006), Brock et al. (2009), Nickerson et al (2009) 56

Workshop Outline

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

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PREPARE
Prevent, Respond, Educate, Prepare and Respond, Evaluate

Responding to PTSD

School-Based Interventions

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

Brock (2006), Brock et al. (2009), Nickerson et al. (2009) 58

PREPARE
Prevent, Respond, Educate, Prepare and Respond, Evaluate

Responding to PTSD

School-Based Interventions

- Psychological Education
 - Parents and Teachers
 - Students

Brock (2006), Brock et al. (2009), Nickerson et al. (2009) 59

PREPARE
Prevent, Respond, Educate, Prepare and Respond, Evaluate

Responding to PTSD

School-Based Interventions

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

Brock (2006), Brock et al. (2009), Nickerson et al. (2009) 60

Responding to PTSD

School-Based Interventions

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

Reeves (2008) 61

Responding to PTSD

School-Based Interventions

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

Nickerson et al. (2009) 62

Responding to PTSD

School-Based Interventions

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

Reeves (2008) 63

Responding to PTSD

School-Based Interventions

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

Reeves (2008) 64

Responding to PTSD

School-Based Interventions

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

Stallard & Slater (2003) 65

Responding to PTSD

School-Based Interventions

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

Van Emmerik et al. (2002) 66

Responding to PTSD

School-Based Interventions

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

Van Emmerik et al. (2002)

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Responding to PTSD

Psychotherapeutic Interventions

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

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

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Responding to PTSD

Psychotherapeutic Interventions

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

Carr (2004), NIMH (2007)

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Responding to PTSD

Psychotherapeutic Interventions

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

Carr (2004), NIMH (2007)

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Responding to PTSD

Psychotherapeutic Interventions

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

Carr (2004), NIMH (2007)

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Responding to PTSD

Psychotherapeutic Interventions

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

Ehnholt et al. (2005)

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Responding to PTSD

Psychotherapeutic Interventions

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

Korn & Leeds (2002)

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Responding to PTSD

Psychotherapeutic Interventions

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

Korn & Leeds (2002)

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Responding to PTSD

Psychotherapeutic Interventions

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

Perkins & Rouanzion (2002)

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Responding to PTSD

Psychotherapeutic Interventions

- Empirically Supported Cognitive-Behavioral Approaches
 - "Overall, there is growing evidence that a variety of CBT programs are effective in treating youth with PTSD" ... "Practically, this suggests that psychologists treating children with PTSD can use cognitive-behavioral interventions and be on solid ground in using these approaches."

Feeny et al. (2004, p. 473)

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Responding to PTSD

Psychotherapeutic Interventions

- Empirically Supported Cognitive-Behavioral Approaches
 - "In sum, cognitive behavioral approaches to the treatment of PTSD, anxiety, depression, and other trauma-related symptoms have been quite efficacious with children exposed to various forms of trauma"

Brown & Bobrow (2004, p. 216)

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Responding to PTSD

Psychotherapeutic Interventions

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

Dyregrov & Yule (2006, p. 181)

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