The Identification, Assessment, and Treatment of PTSD at School

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Data for the exam

- Reason for referral
- Background information
- Test taking behavior
- Assessment data
  - WISC-V
  - WIAT-III
  - GORT-5
  - CTOPP
  - Gray Silent Reading Test
  - Student interview

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Exam Questions

1. From the available data what do you judge to be Sam's primary learning challenges? (NOTE: there are 3 learning challenges, don't worry about presenting them in any particular order. The same data may support the existence more than one of these learning challenges.)
   - Challenge 1: _____
   - Data supporting this observation:
   - Challenge 2: _____
   - Data supporting this observation:
   - Challenge3: _____
   - Data supporting this observation:

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Exam Questions

2. What specific psycho-educational report recommendations do you have for each of Sam's learning challenges?
   - Challenge 1: _____
   - Recommendations:
   - Challenge 2: _____
   - Recommendations:
   - Challenge 3: _____
   - Recommendations:
3. What is you recommendation regarding Sam's eligibility for special education and/or Section 504 services?
   - Recommendation:

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Exam Questions

4. Assume that the IEP team feels Sam is eligible for special education services (and that you agree with such a conclusion). Given the learning challenges you have listed, what eligibility category(ies) would you recommend the team consider for Sam?
5. Sam's mother is wondering about her son's prognosis. Given the challenges you have identified, what would you tell them? In your response to this question, be sure to provide a response that is parent friendly (i.e., one that a parent without a psychological background would readily understand).
6. Is there any significant data missing from the data set listed above that you feel should have been collected before the IEP meeting?

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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 indivi**duals 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

- Prevalence among school age youth
  - In adolescents age 13 to 17
    - Rape had the highest risk of lifetime PTSD at 39.3 percent.
    - Kidnapping (37%)
    - Sexual assault (31.3%)
    - Physical assault by a romantic partner (29.1%)
    - **Physical abuse by a caregiver** (25.2%)

Tedeschi & Billick (2017)

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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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Seminar Outline

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

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Seminar 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.
  4. Be better prepared for the Masters Exam.

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Seminar Outline

- Characteristics of PTSD
  - *DSM-5*
  - 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-5

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

APA (2013) 13

Characteristics of PTSD

DSM-5

- Core Symptoms
  1. Intrusion symptoms.
  2. Persistent avoidance of stimuli associated with the trauma.
  3. Negative alterations in cognitions and mood
  4. Alteration in arousal and reactivity.
- 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 (2013) 14

Characteristics of PTSD

DSM-5

- **Intrusion Symptoms**

1. Recurrent/intrusive distressing memories.
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 (2013) 15

Characteristics of PTSD

DSM-5

- **Avoidance Symptoms**
  1. Avoids distressing memories, thoughts or feelings
  2. Avoids external reminders that arouse distressing memories, thoughts, or feelings

APA (2013) 16

Characteristics of PTSD

DSM-5

- **Negative alterations in cognitions and mood**
  1. Inability to remember an important aspect of the event
  2. Persistent and exaggerated negative beliefs or expectations
  3. Persistent, distorted cognitions about cause or consequence of the event
  4. Persistent negative emotional state
  5. Diminished interest/participation in significant activities.
  6. Feelings of detachment or estrangement
  7. Inability to experience positive emotions

APA (2013) 17

Characteristics of PTSD

DSM-5

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

APA (2013) 18

Characteristics of PTSD

DSM-5

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

APA (2013) 19

Characteristics of PTSD

DSM-5

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

APA (2013) 20

Characteristics of PTSD

DSM-5

- 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 (2013) 21

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) 22

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 and joyless 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), Tedeschi & Billick (2017); Yorbik et al. (2004) 23

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) 24

Characteristics of PTSD

Developmental Variations

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

Scheeringa et al. (1995)

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Characteristics of PTSD

Developmental Variations

- Alternative Criteria for Diagnosing Infants and Young Children
  - B. In the very young, recurrences and intrusive **recollections of events need not be distressing**.
  - C. Markedly diminished interest in participation in significant activities observed as a constriction of play behavior.
    Feeling of detachment/estrangement is mainly evidenced as social withdrawal.
    Additional Symptom for Group C
    1) ***Loss of a previously acquired developmental skill**, such as toileting or speech.*

Scheeringa et al. (1995)

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Characteristics of PTSD

Developmental Variations

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

Scheeringa et al. (1995)

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Characteristics of PTSD

Manifestations at School

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

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

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Seminar Outline

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

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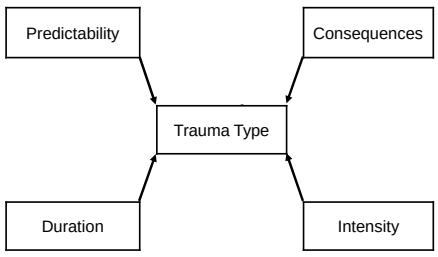
Causes of PTSD

Traumatic Stressor



Brock et al. (2009)

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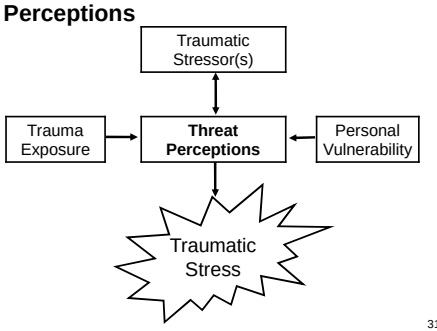
Causes of PTSD

Threat Perceptions



Brock et al. (2009)

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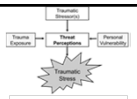
Causes of PTSD



Threat Perceptions

- Trauma Exposure
  - Physical Proximity
  - Emotional Proximity

Brock et al. (2009)

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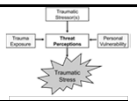
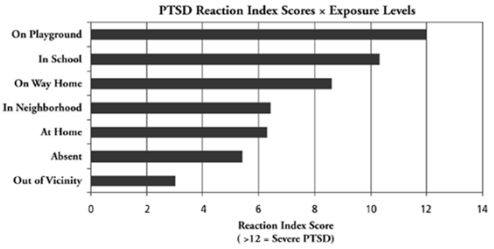
Causes of PTSD



Threat Perceptions

- Physical Proximity



Pynoos et al. (1987)

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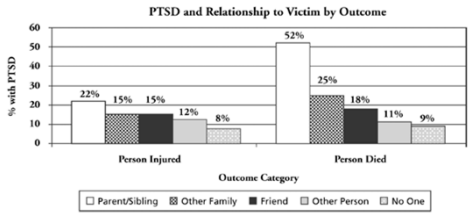
Causes of PTSD

Threat Perceptions

- Emotional Proximity



Applied Research and Consulting et al. (2002)

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Causes of PTSD

Threat Perceptions

- Personal Vulnerabilities
  - External Environmental Factors
  - Internal Personal Factors

Brock et al. (2009)

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Causes of PTSD

Threat Perceptions

- Personal Vulnerabilities

  External Environmental Factors
  - **Parental Reactions**
  - Social Supports
  - **Trauma History**
  - **Family Mental Health**
  - SES, **Poverty**
  - **Family Functioning**

Brock et al. (2009), DiGangi et al. (2013); DNickerson et al. (2009)

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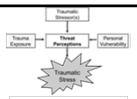
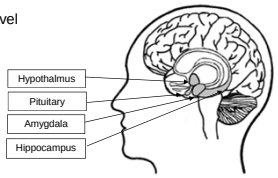
Causes of PTSD



Threat Perceptions

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



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

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Seminar Outline

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

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Identification/Assessment of PTSD

Risk Factors

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

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

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Identification/Assessment of PTSD

Psychological Trauma Risk Checklist

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

Brock & Davis (2008)

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Identification/Assessment of PTSD

Warning Signs

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

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

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Identification/Assessment of PTSD

Warning Signs

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

Pfohl et al. (2002)

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Identification/Assessment of PTSD

Warning Signs

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

Pfohl et al. (2002)

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Identification/Assessment of PTSD

Warning Signs

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

Pfohl et al. (2002)

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Identification/Assessment of PTSD

Assessment and Evaluation

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

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

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Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

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

Nickerson et al. (2009)

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Identification/Assessment of PTSD

Assessment and Evaluation

- Psycho-Educational Evaluation
  - ED Eligibility (**must document adverse effects**)
  - Psychometric Assessment
  - Interviews
  - Observations

Nickerson et al. (2009)

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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)

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Seminar Outline

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

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Preventing/Mitigating PTSD

Strengthen Resiliency

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

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

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Preventing/Mitigating PTSD

Strengthen Resiliency

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

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

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Preventing/Mitigating PTSD

Ensure Objective/Psychological Safety

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

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

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Preventing/Mitigating PTSD

Minimize Trauma Exposure

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

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

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Preventing/Mitigating PTSD

Shape Traumatic Event Perceptions

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

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

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Seminar Outline

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

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Responding to PTSD

School-Based Interventions

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

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

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Responding to PTSD

School-Based Interventions

- **Psychological Education**
  - Parents and Teachers
  - Students

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

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Responding to PTSD

School-Based Interventions

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

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

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Responding to PTSD

School-Based Interventions

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

Reeves (2008)

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Responding to PTSD

School-Based Interventions

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

Nickerson et al. (2009)

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Responding to PTSD

School-Based Interventions

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

Reeves (2008)

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Responding to PTSD

School-Based Interventions

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

Reeves (2008)

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Responding to PTSD

School-Based Interventions

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

Stallard & Slater (2003)

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Responding to PTSD

School-Based Interventions

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

Van Emmerik et al. (2002)

69

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.

Ehntholt et al. (2005)

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Responding to PTSD

Psychotherapeutic Interventions

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

Korn & Leeds (2002)

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Responding to PTSD

Psychotherapeutic Interventions

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

Korn & Leeds (2002)

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Responding to PTSD

Psychotherapeutic Interventions

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

Perkins & Rouanzion (2002)

78

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

- Empirically Supported Cognitive-Behavioral Approaches
  - "We conclude that young PTSD patients can be treated successfully with psychological interventions. Comorbid symptoms also improved. Individual treatment **and caretaker involvement** should be administered whenever possible. Consistent with international treatment guidelines, **trauma focused interventions, especially CBT**, appear to be the most helpful (NICE 2005). Treatments **focusing on cognition, treatments using exposure, and TF-CBT treatments following the protocol by Cohen et al. (2006) or Deblinger andHeflin (1996) showed especially good results**."

Gutermann et al. (2016, p. 91)

81

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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References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision). Washington, DC: Author.

Applied Research and Consulting, Columbia University Mailman School of Public Health, & New York Psychiatric Institute. (2002, May 6). *Effects of the World Trade Center attack on NYC public school students: Initial report to the New York City Board of Education.* New York: New York City Board of Education.

Berton, M. W., & Stabbs, S. D. (1996). Exposure to violence and post-traumatic stress disorder in urban adolescents. *Adolescence, 31*, 489-553.

Brewin, C., Andrews, B., Rose, S. (2003). Diagnostic overlap between acute stress disorder and PTSD in victims of violent crime. *American Journal of Psychiatry, 160*, 783-785.

Brock, S. E. (2006). *Crisis intervention and recovery: The roles of school-based mental health professionals.* Bethesda, MD: National Association of School Psychologists.

Brock, S. E. & Davis, J (2008). Best practices in school crisis intervention. In A. Thomas & J Grimes (Eds.), *Best practices in school psychology* (5th ed., pp.). Bethesda, MD: National Association of School Psychologists.

Brock, S. E., Nickerson, A. B., Reeves, M. A., Jimerson, S. R., Feinberg, T., & Lieberman, R. (in press). *School crisis prevention and intervention: The PREPaRE model.* Bethesda, MD: National Association of School Psychologists.

83

References

Brown, E. J., & Bobrow, A. L. (2004). School entry after a community-wide trauma: Challenges and lessons learned from September 11th, 2001. *Clinical Child and Family Psychology Review, 7,* 211-221;

Buka, S. L., Stichick, T. L., Birdthistle, I., & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks, and consequences. *American Journal of Orthopsychiatry, 71,* 298-310.

Carr, A. (2004). Interventions for post-traumatic stress disorder in children and adolescents. *Pediatric Rehabilitation, 7,* 231-244.

Cook-Cottone, C. (2004). Child posttraumatic stress disorder: Diagnosis, treatment, and school reintegration. *School Psychology Review, 33*, 127-139.

Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry, 64,* 577-584.

Dulmus, C. N. (2003). Approaches to preventing the psychological impact of community violence exposure on children. *Crisis Intervention, 6,* 185-201.

Dyregrov, A., & Yule, W. (2006). A review of PTSD in children. *Child and Adolescent Mental Health, 11,* 176-184.

84

References

Ehntholt, A. K, Smith, A. P, & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. *Clinical Child Psychology and Psychiatry, 10*, 235-250.

Feeny, N. C., Foa, E. B., Treadwell, K. R. H., & March, J. (2004). Posttraumatic stress disorder in youth: A critical review of the cognitive and behavioral treatment outcome literature. *Professional Psychology: Research and Practice, 35*, 466-476.

Joshi, P. T., & Lewin, S. M. (2004). Disaster, terrorism and children. *Psychiatric Annals, 34,* 710-716

Korn, D., & Leeds, A. (2002). Preliminary evidence of efficacy for EMDR resource development and Installation in the stabilization phase of treatment of complex posttraumatic stress disorder. *Journal of Clinical Psychology, 58,* 1-22.

National Institute of Mental Health. (2001). *Mental health and mass violence: Evidence-based early psychological intervention for victims/survivors of mass violence. A workshop to reach consensus on best practices.* Washington, DC: U.S. Government Printing Office.

National Institute of Mental Health. (2007). *NIMH Fact Sheet: Post-Traumatic Stress Disorder Research.* Retrieved June 30, 2007, from http://www.nimh.nih.gov/publicat/post-traumatic-stress-disorder-research-fact-sheet.cfm

85

References

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.

Perkins, B., & Rouanzion, C. (2002). A critical evaluation of current views regarding eye movement desensitization and reprocessing (EMDR): Clarifying points of confusion. *Journal of Clinical Psychology, 58,* 77-97.

Pfohl, W., Jimerson, S. R., Lazarus, P. J. (2002). Developmental aspects of psychological trauma and grief. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 309-323). Bethesda, MD: National Association of School Psychologists.

Pynoos, R. S., Frederick, C., Nader, K., Arroyo, W., Steinberg, A., Eth, S., Nunez, F., & Fairbanks, L. (1987). Life threat and posttraumatic stress in school-age children. *Archives of General Psychiatry, 44,* 1057–1063.

Reeves, M. A. (2008, November). *The identification, assessment and treatment of PTSD at School.* Workshop presented at the Colorado Society of School Psychologists, Annual Conference.

Saigh, P. A., Mroueh, M., & Bremner, J. D. (1997). Scholastic impairments among traumatized adolescents. *Behaviour Research and Therapy, 35,* 429-436.

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References

Saltzman, W.R., Pynoos, R.S., Layne, C.M., Steinberg, A.M., Aisenberg E: (2001).

Stallard, P., & Salter, E. (2003). Psychological debriefing with children and young people following traumatic events. *Clinical Child Psychology and Psychiatry, 8,* 445-457.

Trauma- and grief-focused intervention for adolescents exposed to community violence: Results of a school-based screening and group treatment protocol. *Group Dynamics: Theory, Research and Practice, 5*, 291-303.

Scheeringa, M. S., Zeanah, C. H., Drell, M. J., & Larrieu, J. A. (1995). Two approaches to the diagnosis of posttraumatic stress disorder in infancy and early childhood. Journal of the *American Academy of Child and Adolescent Psychiatry, 34*, 191-200.

Seedat, S., Nyamai, C., Njenga, F., Vythilingum, B., & Stein, D. J. (2004). Trauma exposure and post-traumatic stress symptoms in urban African schools. *British Journal of Psychiatry, 184,* 169-175.

Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry, 148*, 10-20.

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References

Van Emmerik, A. P., Kamphuis, J. H., Hulsbosch, & Emmelkamp, P. M. (2002). Single session debriefing after psychological trauma: A meta-analysis. *The Lancet, 360,* 766- 770.

van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35,* 401-408.

Yorbik, O., Akbiyik, D. I., Kirmizigul, P., & Söhmen, T. (2004). Post-traumatic Stress Disorder symptoms in children after the 1999 Marmara earthquake in Turkey. *International Journal of Mental Health, 33,* 46-58.

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