



Strategies for supporting students and staff following traumatic events

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National Center for School Mental Health (NCSMH)

National Center for Safe Supportive Schools (NCS3)

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CME and CE Information

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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Agenda

- National Center for School Mental Health
- National Center for Safe Supportive Schools
- Addressing trauma in schools
- Screening for post-traumatic stress in schools
- Evidence-based strategies for supporting students exposed to trauma
 - Psychoeducation
 - Cognitive Coping
 - Trauma Narrative/Journey Narrative
 - Exposure
 - Caregiver/Teacher Education





National Center for School Mental Health (NCSMH)

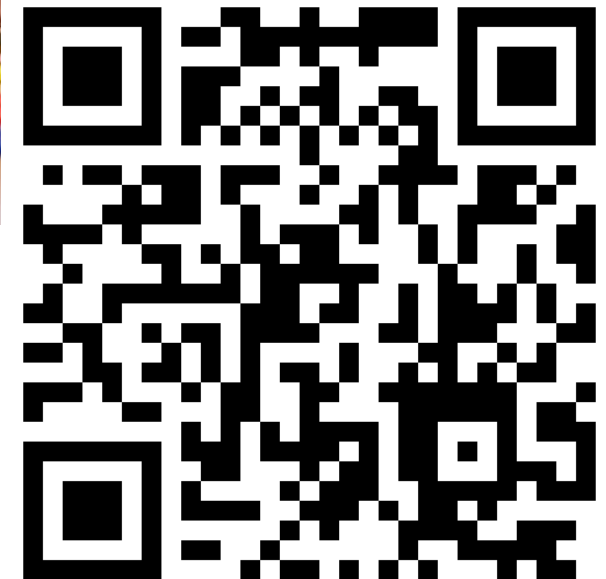
- Established in 1995 with funding from the US Department of Health and Human Services (HHS), Health Resources and Services Administration
- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.



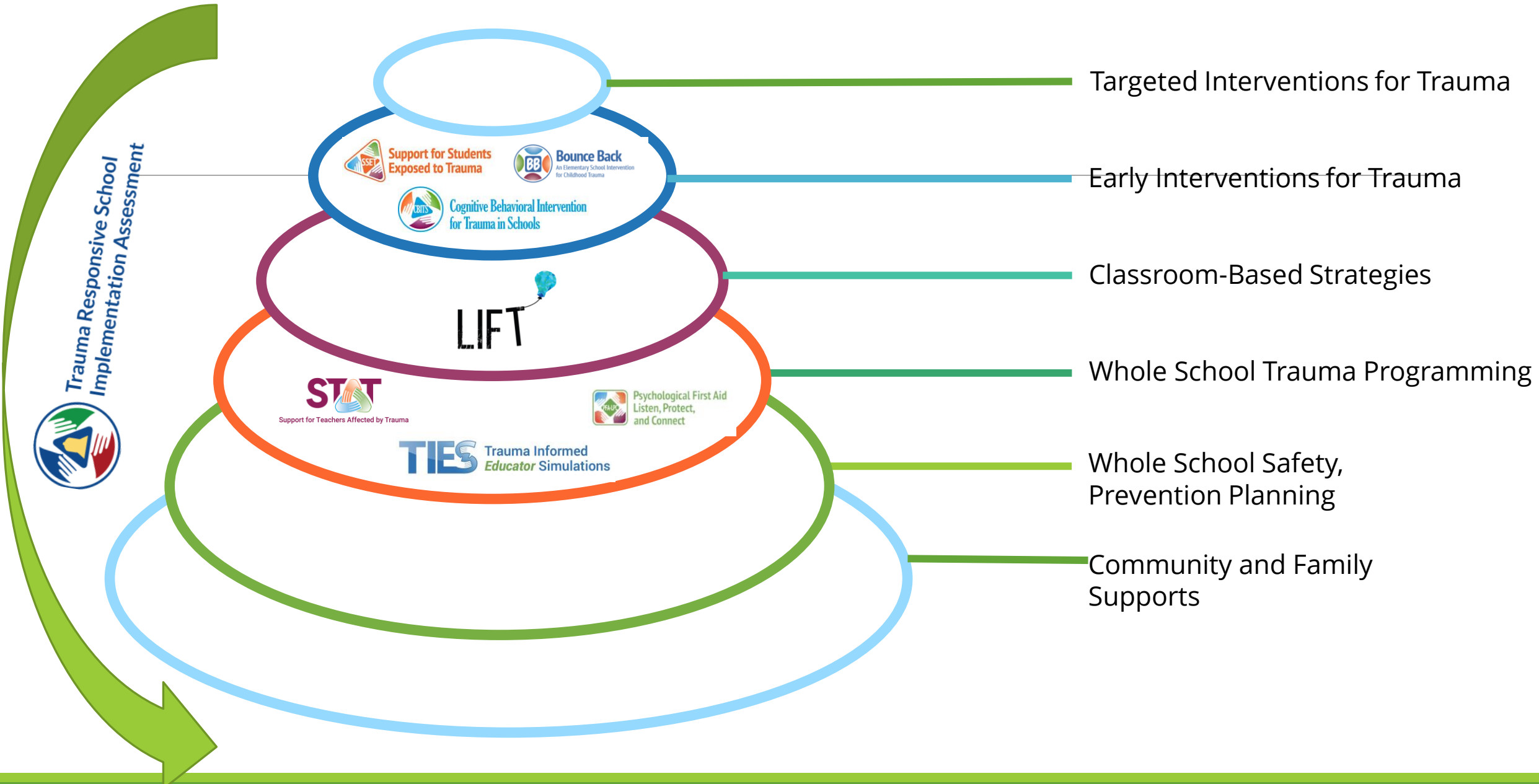
Visit the NCSMH website at
www.schoolmentalhealth.org

Our Mission

Provide states, districts, and schools with the knowledge and tools to implement culturally responsive, trauma-informed policies and practices that promote equity and well-being.



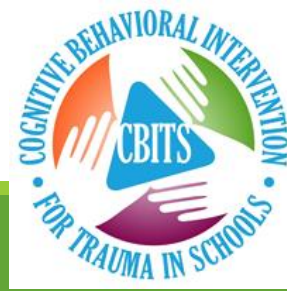
www.ncs3.org



Key Components of a Trauma-Responsive School

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

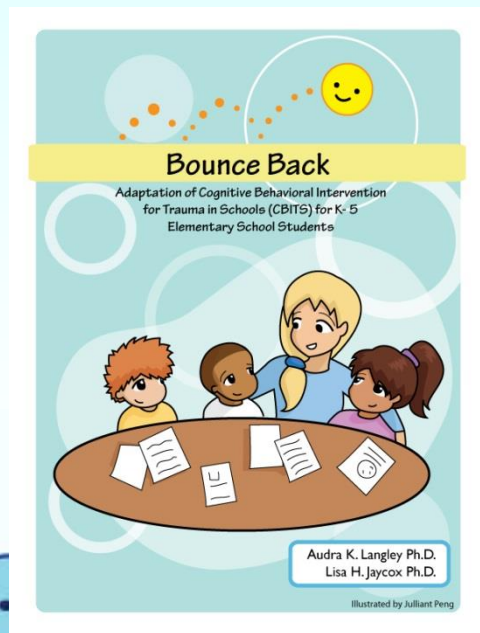
www.traumawareschools.org





Bounce Back

An Elementary School Intervention for Childhood Trauma



STRONG



Supporting Transition Resilience
of Newcomer Groups

Elementary and Secondary

www.strongforschools.com



Acknowledgements



**School
Mental Health
Ontario**

**Santé mentale
en milieu scolaire
Ontario**

STRONG was co-developed and reviewed by members of the newcomer community and several experts in the fields of education and mental health, with specific expertise in school mental health, adversity and trauma, refugee mental health, and resilience.



Western
Centre for School
Mental Health



Pair-Share Warm-up Activity:



- **Share your name, school district/organization and role.**
- **Answer one of the following:**
 - Why are you here? (What resonates with you about participating in a workshop about supporting students exposed to trauma?)

What is trauma?

When a child feels **intensely threatened** by an event he or she is involved in or witnesses, we call that event a trauma.

There is a range of traumatic events or trauma types to which children and adolescents can be exposed.



What is Child Traumatic Stress (CTS)?

CTS is a psychological reaction that some children have after a traumatic event.

Children who suffer from CTS have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended.

Impairment in sub-threshold PTSD is similar to threshold PTSD.



What is Child Traumatic Stress (CTS)?

These children may experience:

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children



Examples of Traumatic Experiences

- Community violence
- Complex trauma
- Domestic violence
- Early childhood trauma
- Medical trauma
- Natural disasters
- Physical abuse
- Racial Trauma
- Refugee trauma
- School violence
- Sexual abuse
- Terrorism
- Traumatic grief



Adverse Childhood Experiences



Excerpt from *The Raising of America* www.raisingofamerica.org

ACEs Impact Learning

51% of children with 4+ ACE scores
had learning and behavior problems in school

Compared with only 3% of children with NO ACE score had
no learning/behavior problems



Stress-Trauma Continuum

Trauma: Sudden, threat of injury or death; person is terrified, horrified, or helpless

Adverse childhood experiences

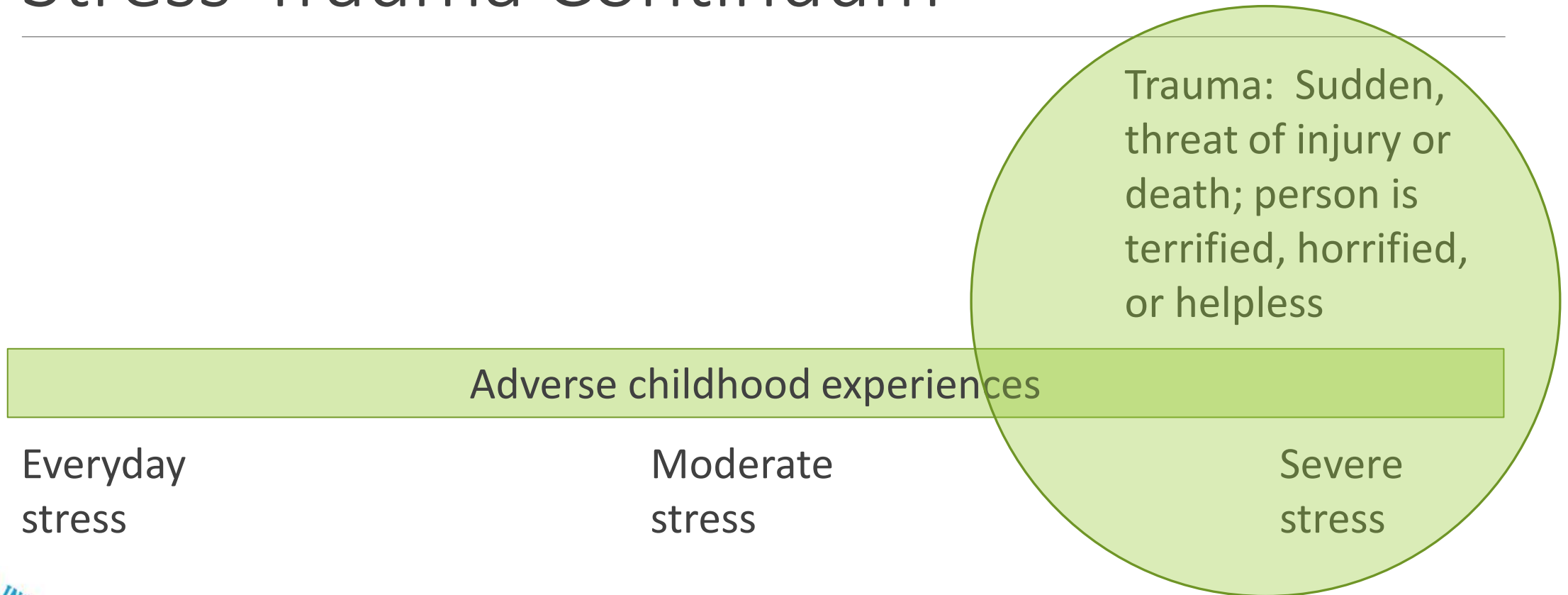
Everyday stress

Moderate stress

Severe stress



Stress-Trauma Continuum



Everyday
stress

Moderate
stress

Severe
stress



The Emotional Impact of Violence and Other Trauma Can Be Profound

CHILDREN WHO
EXPERIENCE
TRAUMA ARE
MORE LIKELY TO...

- Develop posttraumatic stress disorder (PTSD)
- Experience problems with friends and family
- Develop emotional and behavioral problems
- Perform worse in school



Distress from Trauma Can Impede Learning and Interpersonal Relations

CHILDREN WHO
EXPERIENCE
TRAUMA ARE
MORE LIKELY TO...

- Develop posttraumatic stress disorder (PTSD)
- Experience problems with friends and family
- Develop emotional and behavioral problems
 - Substance use
 - Aggression
 - Depression
- Perform worse in school



Distress from Trauma Can Cause a Decline in Classroom Performance

CHILDREN WHO
EXPERIENCE
TRAUMA ARE
MORE LIKELY TO...

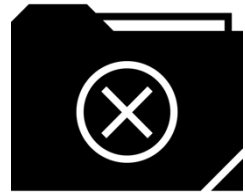
- Develop posttraumatic stress disorder (PTSD)
- Experience problems with friends and family
- Develop emotional and behavioral problems
- Perform worse in school
 - Inability to concentrate
 - Flashbacks and preoccupation with the trauma
 - Avoidance of school and other places



Trauma experiences take a measurable toll on academic achievement



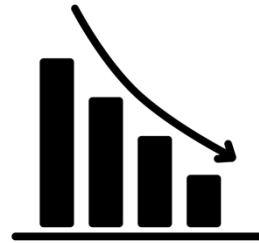
Decreased IQ
and reading
ability



More
suspensions,
expulsions



More days
absent from
school



Lower GPA



Decreased
high-school
graduation
rates

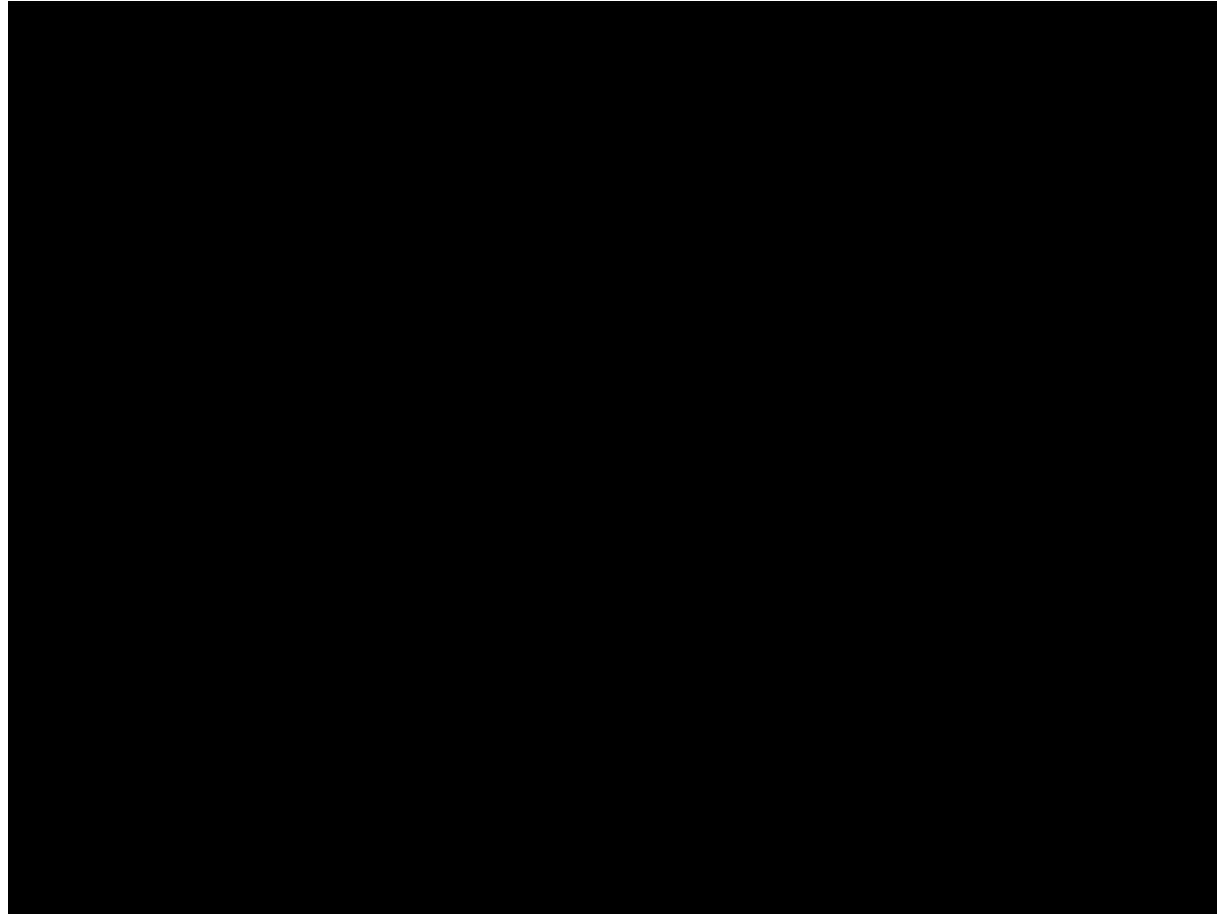
Delaney-Black V, Covington C, Ondersma SJ, et al. Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Archives of Pediatric & Adolescent Medicine*. 2002;156(3):280-285.

Grogger J. Local violence and educational attainment. *Journal of Human Resources*. 1997;32(4):659-682.

Hurt H, Malmud E, Brodsky NL, Giannetta J. Exposure to violence: Psychological and academic correlates in child witnesses. *Archives of Pediatric & Adolescent Medicine*. 2001;155(12):1351-1356.



Students and Trauma

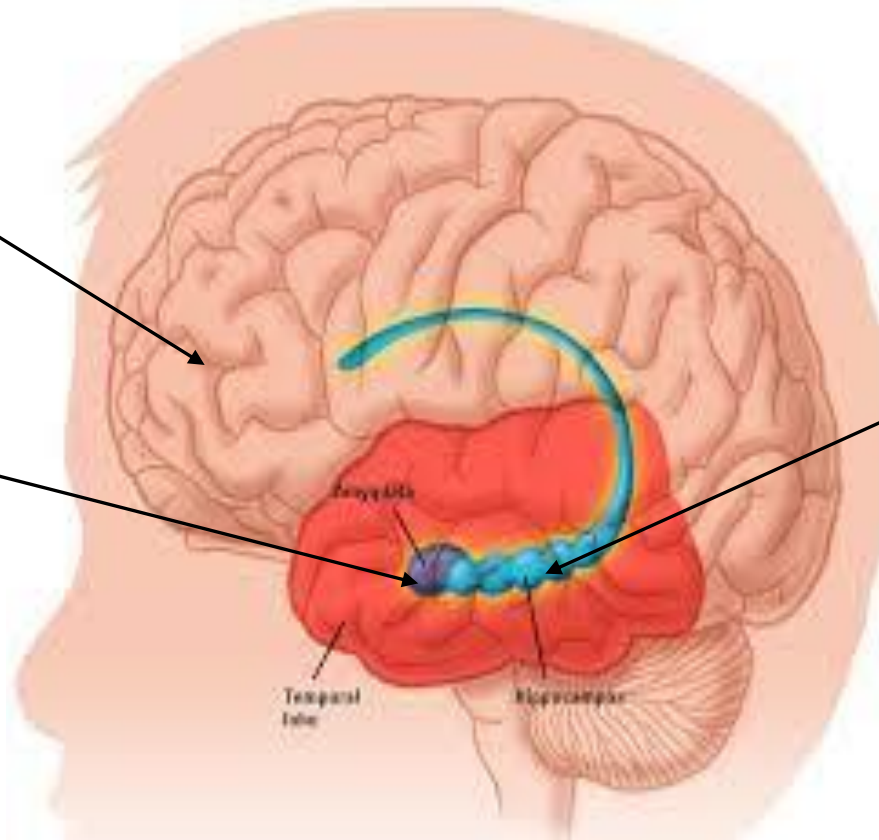


Impact of Trauma on the Brain

Prefrontal
Cortex
(Planning,
organization)

Amygdala
(Regulates
chemical
reactions to
fear)

Hippocampus
(regulates
memory and
emotion)



DISCUSSION

What types of traumatic events do your students experience?

What are some resilience factors for your students?



Schools are ideal settings for helping children who have experienced trauma



The Power of Personal Connections: School Settings Provide Unique Advantages

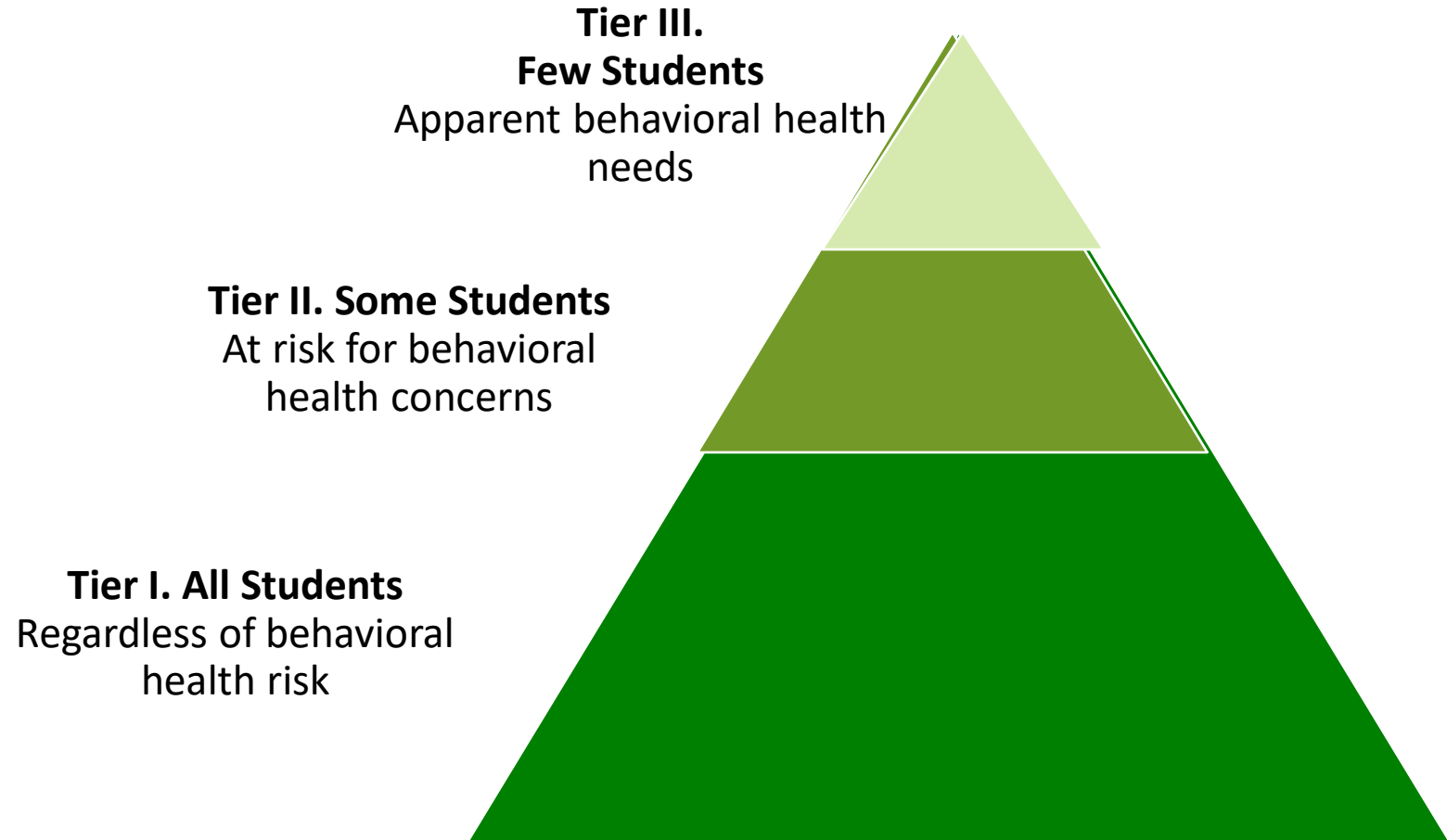
Supportive relationships can help heal

Communicate to students that they are safe and that they belong:

- Help students turn down their survival brain
- Model safe, trusting relationships



Multi-tiered Systems of Support





Healthy Students and Thriving Schools:

A Comprehensive Approach for Addressing Students' Trauma and Mental Health Needs

Sharon Hoover Ph.D., National Center for School Mental Health

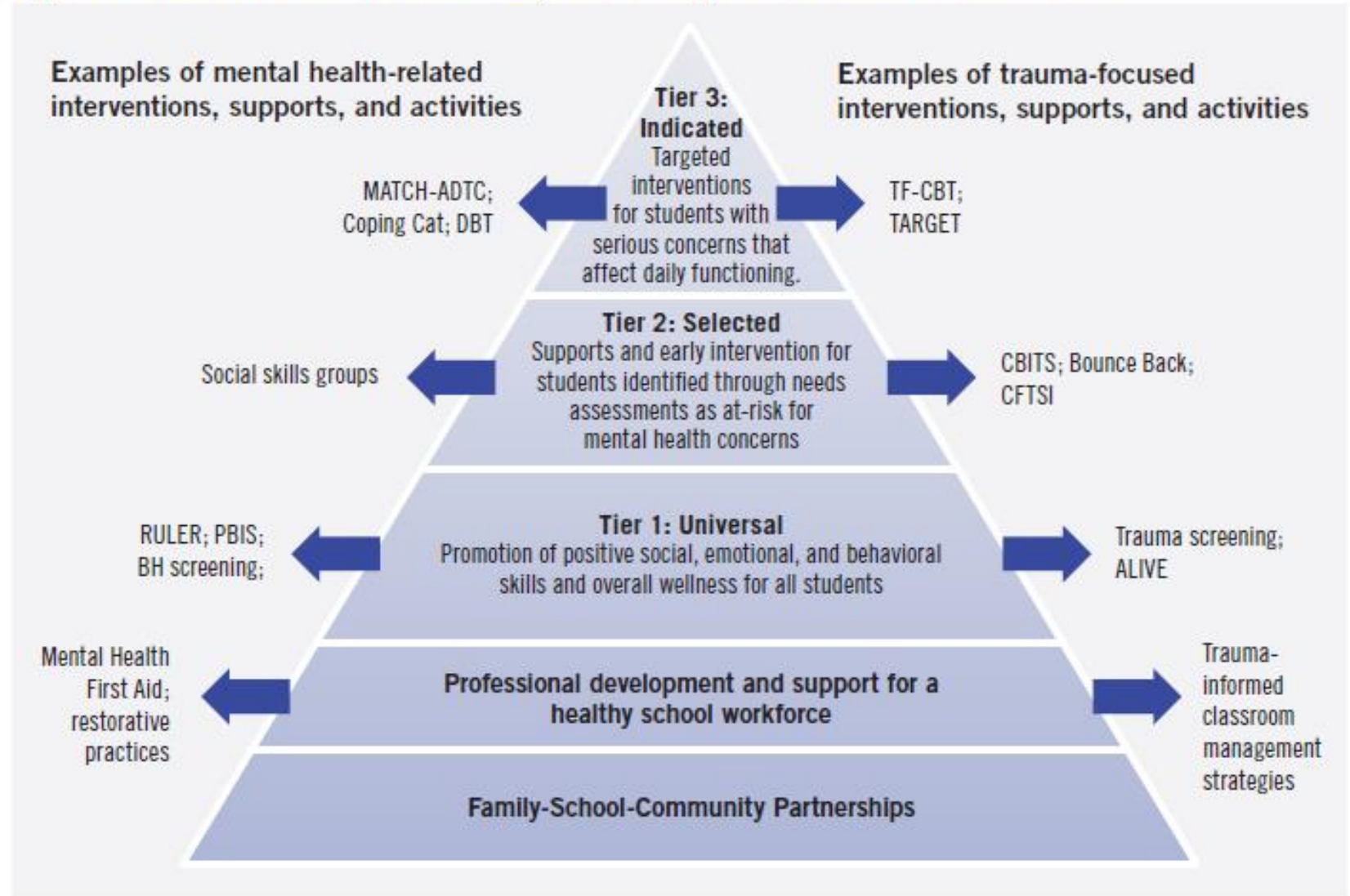
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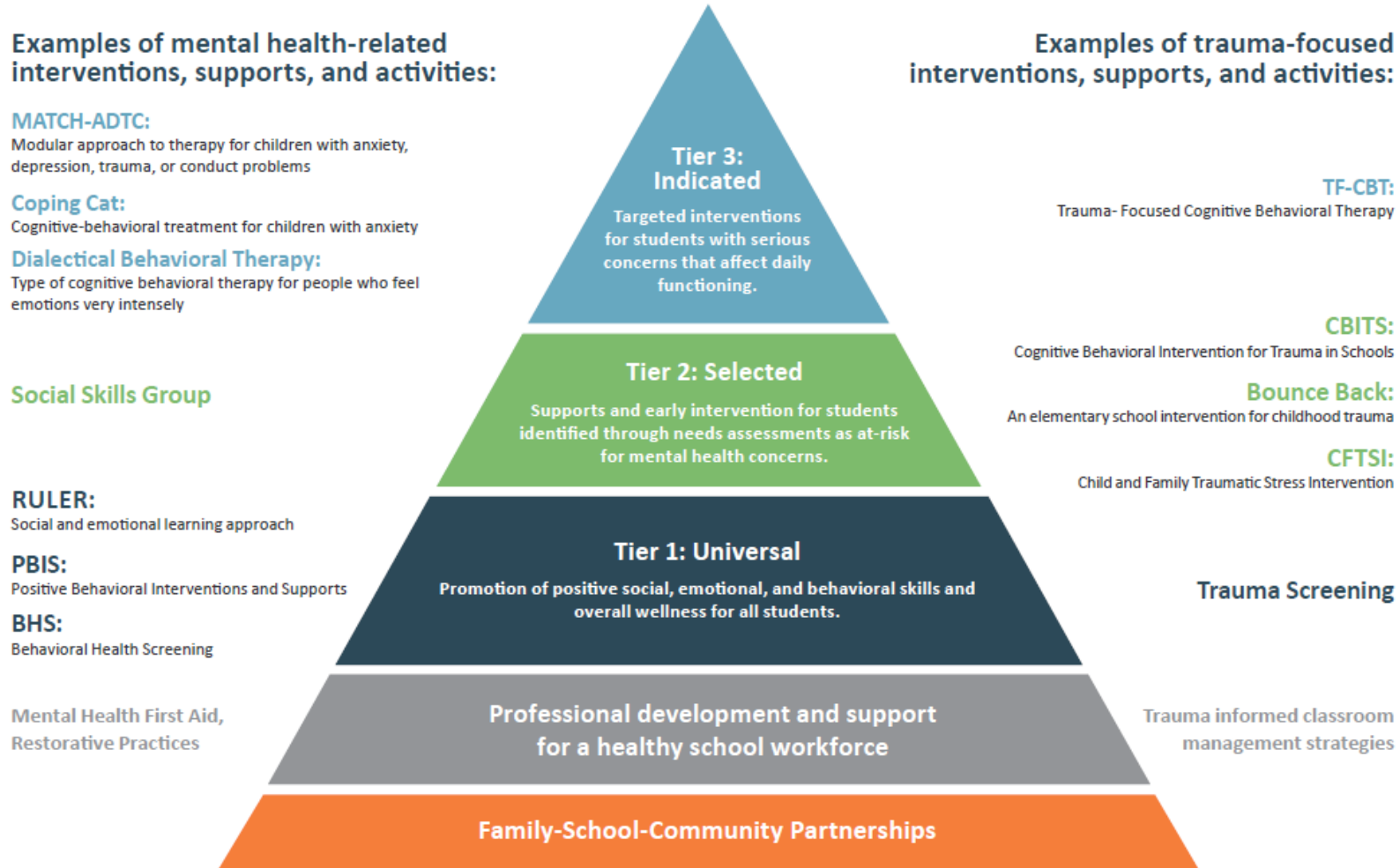
Jeffrey Vanderploeg Ph.D., Child Health and Development Institute

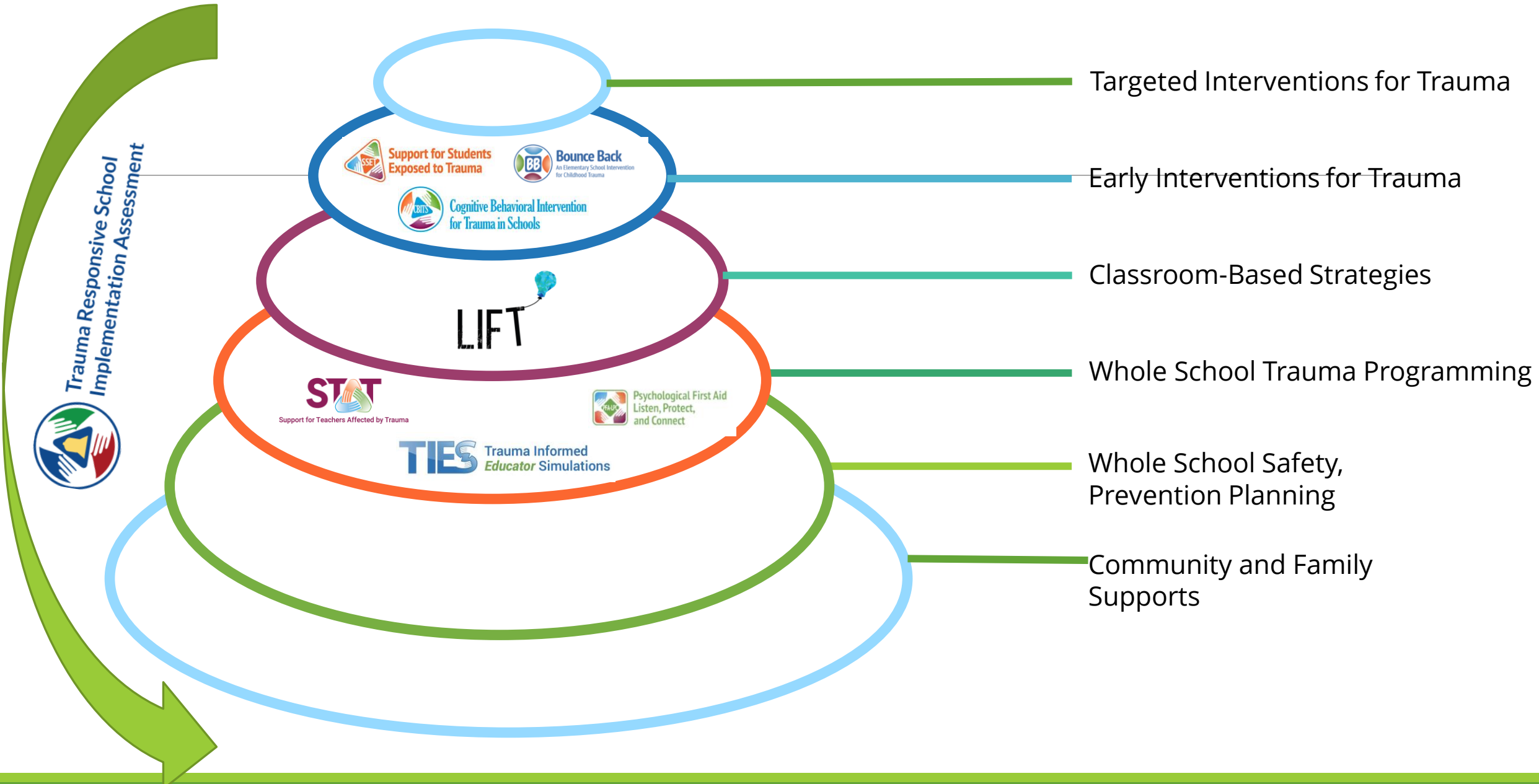
Figure 1: Trauma-Informed Multi-Tiered System of Supports for School Mental Health





Trauma-Informed Multi-Tiered System of Supports for School Mental Health¹²⁹





Trauma Responsive School Implementation Assessment



Targeted Interventions for Trauma

Early Interventions for Trauma

Classroom-Based Strategies

Whole School Trauma Programming

Whole School Safety, Prevention Planning

Community and Family Supports

Key Components of a Trauma-Responsive School

Classroom WISE: Well-being Information and Strategies for Educators

- FREE 3-part training package for K-12 educators and school personnel on mental health literacy
- Development process included input from educators, students, and school mental health leaders



The image shows a promotional graphic for Classroom WISE. The top half is a red banner with the text "Classroom WISE" in white, with "WISE" in a larger font. Below it, in smaller white text, is "Well-Being Information and Strategies for Educators". The banner is decorated with faint white icons of a brain, books, a laptop, a heart, a sun, and musical notes. Below the banner are three icons: a brain in a hand, an open book, and a laptop. Each icon has a label below it: "Online Course", "Video Library + Resource Collection", and "Website".

Classroom
WISE
Well-Being Information and
Strategies for Educators

Online Course

Video Library +
Resource Collection

Website

Available at www.classroomwise.org

Classroom WISE Resource Collection

Below is a compilation of resources that are referenced in the Classroom WISE online course. All resources were developed by the MHTTC Network and the National Center for School Mental Health for Classroom WISE, unless otherwise noted. A complete list of Classroom WISE resources is available [here](#).



Module 1: Creating Safe and Supportive Classrooms



Module 2: Teaching Mental Health Literacy and Reducing Stigma



Module 3: Fostering Social Emotional Competencies and Well-Being



Module 4: Understanding and Supporting Students Experiencing Adversity and Distress



Module 5: The Impact of Trauma and Adversity on Learning and Behavior



Module 6: Classroom Strategies to Support Students Experiencing Distress



<https://www.strongresilientyouth.org/>



Build Trauma-Informed Skills Today

Educators and supportive adults play a critical role in helping children and youth thrive. This free training equips educators and supportive adults with the knowledge and skills to support children and youth who have experienced trauma.



Psychological First Aid for Schools
PFA® Field Operations Guide

National Child Traumatic Stress Network
National Center for PTSD



This book was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).

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UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Listen, Protect, Connect — Model & Teach

PSYCHOLOGICAL
FIRST AID (PFA) FOR
STUDENTS AND TEACHERS



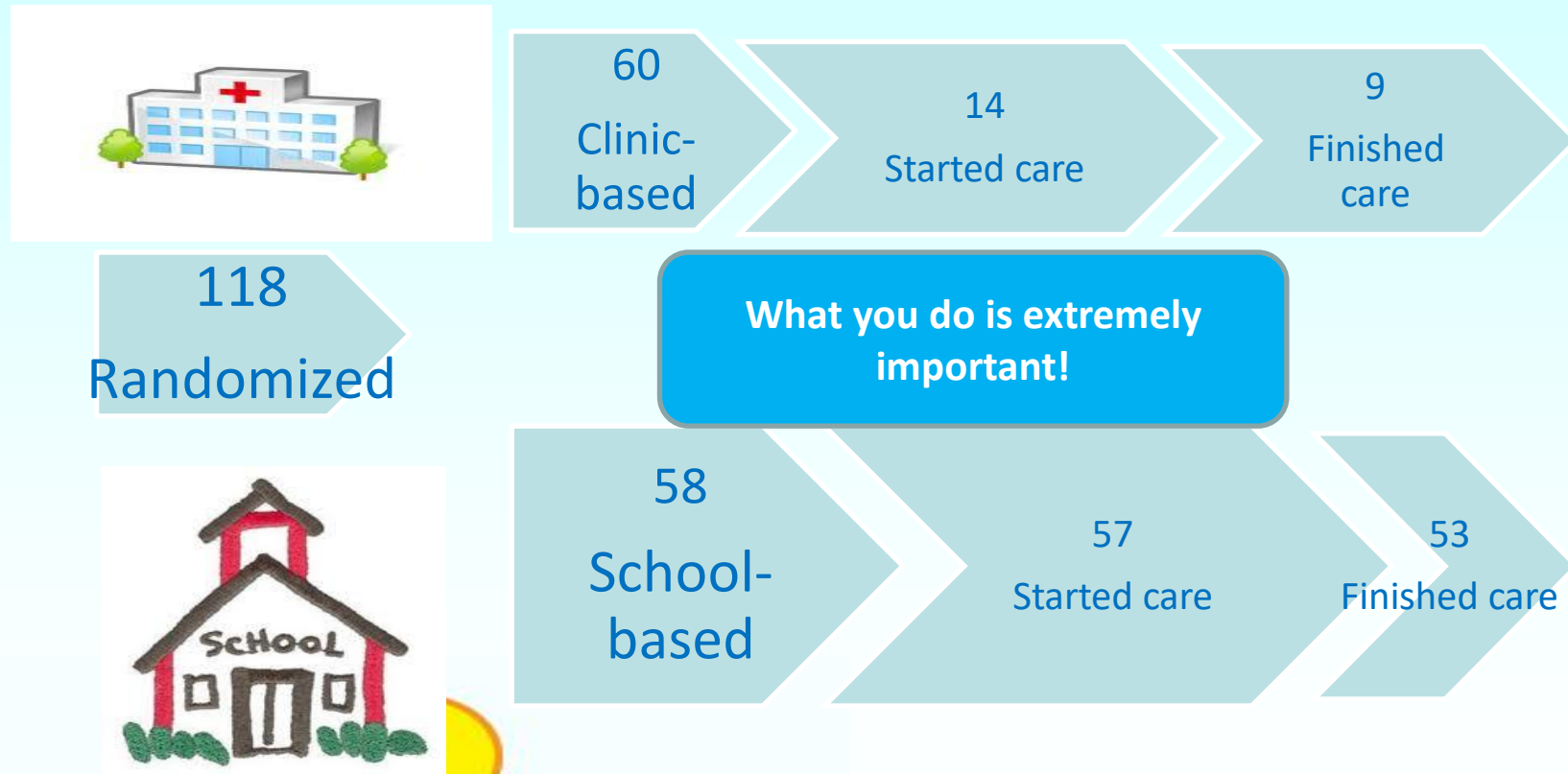
Helping you help your students
in times of disaster.



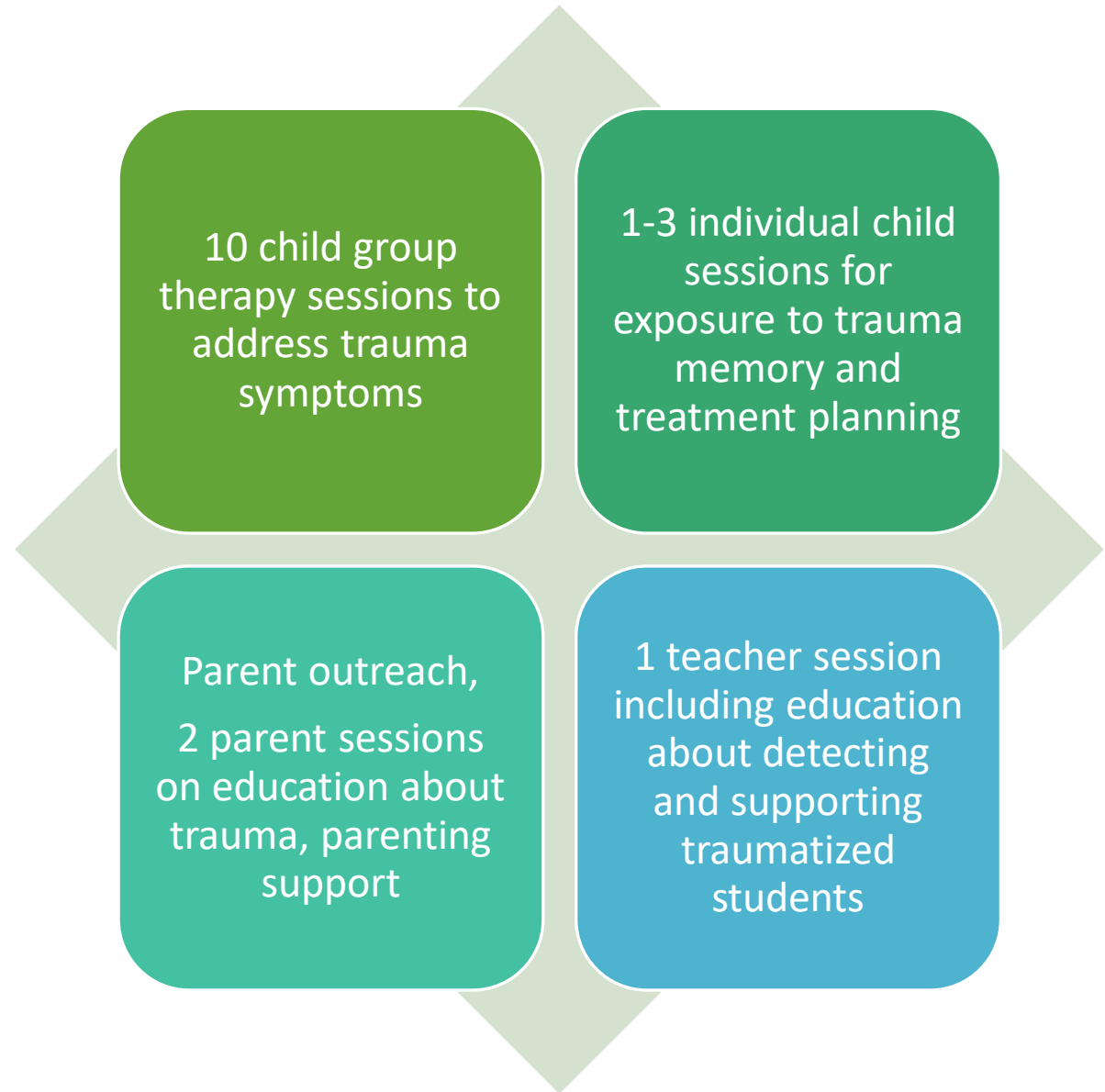
What you do is extremely important!

Schools Provide Greater Access to Mental Health Services

(Jaycox et al, 2009)



CBITS program



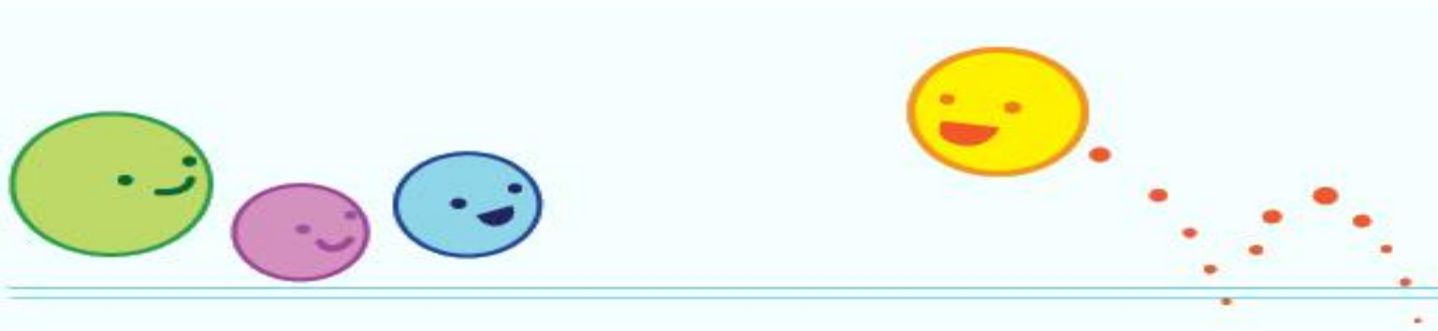


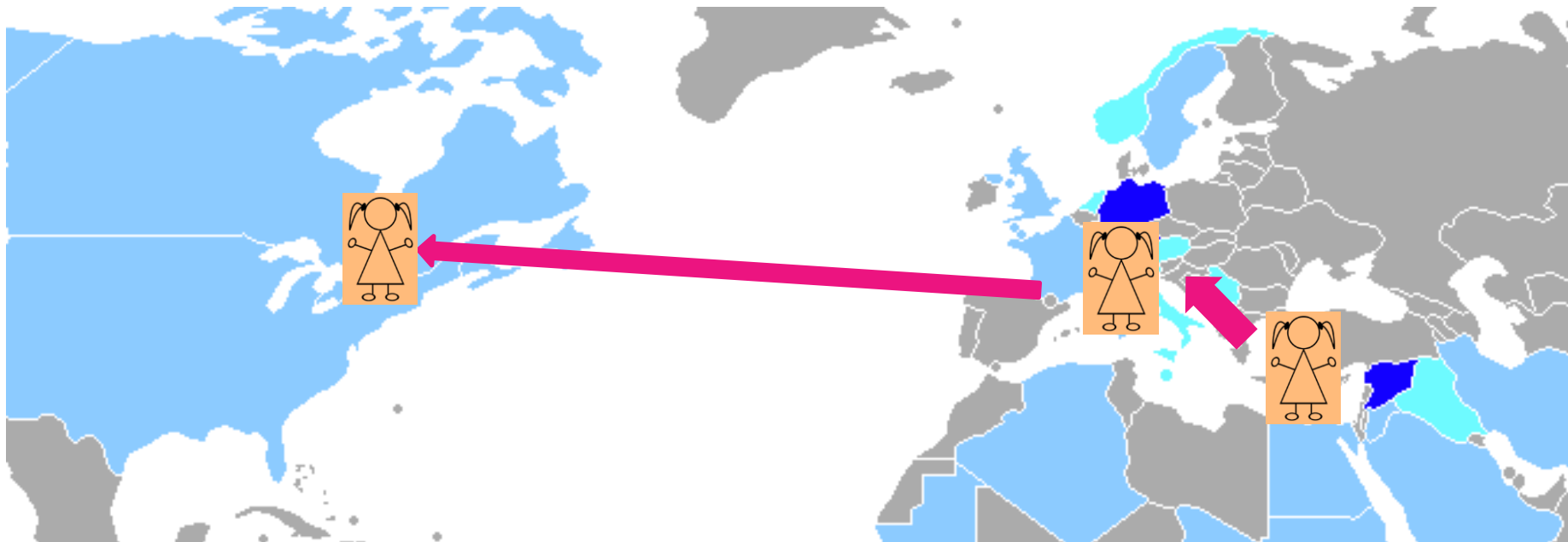
Goals of CBITS

1. Symptom reduction related to trauma exposure:
 - PTSD
 - General anxiety
 - Depression
 - Self-esteem
 - Behavior problems
 - Aggressive/impulsive
2. Build resilience
3. Peer and parent/caregiver support

Bounce Back Includes...

- 10 Group Sessions— CBT Skills
- Parent Educational Session(s)
- 2-3 Individual Trauma Narrative Sessions
 - parent invited to 3rd
- Weekly letters to parents
- Weekly emails to teachers





Resettlement Trauma

- Community violence
- Acculturation stress
- Financial hardship
- Isolation & discrimination
- Lack of access to resources
- Separation from loved ones
- Survivor's guilt
- Fear of deportation

Flight Trauma

- Violence
- Separation from family & community
- Mistreatment by authorities
- Hazardous travel, hunger, thirst
- Sexual assault

Pre-Flight Trauma

- Violence
- War, persecution
- Poverty & starvation
- Torture
- Physical illness & lack of medical care
- Forced labor
- Sexual assault
- Loss of loved ones
- Disrupted/limited access to education



Sessions 1-5

- Session 1: My Inside Strengths and Outside Supports
- Session 2: Understanding Stress
- Session 3: Common Stress Reactions and Identifying Feelings
- Session 4: Measuring and Managing Feelings
- Session 5: Using Helpful Thoughts



Sessions 6-10, Individual, Parent/Teacher

- Session 6: Steps to Success
- Session 7: Problem-Solving
- Session 8: My Journey – Part I
- Session 9: My Journey – Part 2
- Session 10: Graduation
- Individual Session (Journey Preparation)
- Individual Meeting with Parents/Caregivers
- Parent Session
- Teacher Session



Goals of STRONG

- Build newcomers' resilience and promote their healthy adjustment to a new school and country
- Increase social support and connections among newcomer youth
- Increase newcomers' positive sense of identity, and buffer newcomers from the impact of racism/xenophobia
- Develop newcomers' strategies to cope with stress and trauma
- Build problem-solving and goal-setting skills



Screening



The ScreenTIME courses provide staff in child-serving systems with best practices for trauma screening. Our goal is to help child-serving staff identify and support children suffering from traumatic stress as early as possible and connect those in need with effective services.

REGISTER

LOG IN



The ScreenTIME *Schools Course* is appropriate for staff in school settings, including:

- Teachers
- School administrators
- School mental health staff
- School physical health staff
- Office staff



Why screen a child for trauma?

Unfortunately, many children are exposed to violence, abuse, accidents, and other traumatic events. Some of these children will struggle with the effects of trauma on their health and well-being and may develop difficulties in school, at home, or with their relationships. Child-serving professionals and organizations such as those in healthcare settings, schools, and child welfare, can provide more effective service if they are aware of the trauma experienced by the children they serve. Too many children suffer alone with the stress caused by experiencing trauma.



Screening is an efficient way to identify children who need support related to the effects of trauma exposure.

Trauma screening is a crucial first step towards connecting children and families who have experienced trauma with support and appropriate services. Screening can also facilitate engagement with children and families to discuss trauma in a supportive and helpful way.

How do we screen students for CBITS?

Step 1: Administer screening surveys, either individually or to class-size group

The screener includes:

- A trauma exposure checklist
- A PTSD symptom scale (e.g., Child PTSD Symptom Scale (CPSS))

Optional additional measures:

- Strengths and Difficulties Questionnaire (SDQ)
- Children's Depression Inventory (CDI)



Part A. People may have stressful events happen to them. Read the list of stressful things below and answer YES for each of them that have EVER happened TO YOU. Answer NO if it has never happened to you. Do not include things you may have only heard about from other people or from the TV, radio, news, or the movies. Only answer what has happened to you in real life. Some questions ask about what you SAW happen to someone else. And other questions ask about what actually happened to YOU.

Have any of the following events EVER happened to you?

1. Have you been in a serious accident, where you could have been badly hurt or could have been killed?	YES	NO
2. Have you seen a serious accident, where someone could have been (or was) badly hurt or died?	YES	NO
3. Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?	YES	NO
4. Has anyone close to you been very sick or injured?	YES	NO
5. Has anyone close to you died?	YES	NO
6. Have you had a serious illness or injury, or had to be rushed to the hospital?	YES	NO
7. Have you had to be separated from your parent or someone you depend on for more than a few days when you didn't want to be?	YES	NO
8. Have you been attacked by a dog or other animal?	YES	NO
9. Has anyone told you they were going to hurt you?	YES	NO
10. Have you seen someone else being told they were going to be hurt?	YES	NO
11. Have you yourself been slapped, punched, or hit by someone?	YES	NO
12. Have you seen someone else being slapped, punched, or hit by someone?	YES	NO
13. Have you been beaten up?	YES	NO
14. Have you seen someone else getting beaten up?	YES	NO
15. Have you seen someone else being attacked or stabbed with a knife?	YES	NO
16. Have you seen someone pointing a real gun at someone else?	YES	NO
17. Have you seen someone else being shot at or shot with a real gun?	YES	NO
18. Have you ever been bullied on school property?	YES	NO
19. Have you ever been bullied via e-mail, chat rooms, instant messaging, social networking sites, or by text?	YES	NO



PART B. Below is a list of problems that kids sometimes have after experiencing something scary like we were just talking about. Of all the things that we just talked about, try to remember the thing that bothers you the most.

Now these next questions ask about the thing that bothers you most (whether it was getting hit, beaten up, threatened, or anything else). Choose the word that best describes how often these problems have bothered you IN THE PAST TWO WEEKS.

	0	1	2	3
1. Have you had upsetting thoughts or images about the event that came into your head when you didn't want them to?	Not at all	Once in a while	Half the time	Almost always
2. Have you had bad dreams or nightmares?	Not at all	Once in a while	Half the time	Almost always
3. Have you been acting or feeling as if the event was happening again (for example, hearing something or seeing a picture about it and feeling as if you were there again)?	Not at all	Once in a while	Half the time	Almost always
4. Have you been feeling upset when you think about or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)?	Not at all	Once in a while	Half the time	Almost always
5. Have you had feelings in your body when you think about or hear about the event (for example, breaking out in a sweat, heart beating fast)?	Not at all	Once in a while	Half the time	Almost always
6. Have you been trying not to think about, talk about, or have feelings about the event?	Not at all	Once in a while	Half the time	Almost always
7. Have you been trying to avoid activities, people, or places that remind you of the event (for example, not wanting to play outside or go to school)?	Not at all	Once in a while	Half the time	Almost always
8. Have you not been able to remember an important part of the event?	Not at all	Once in a while	Half the time	Almost always
9. Have you had much less interest or not wanting to do things you used to do?	Not at all	Once in a while	Half the time	Almost always
10. Have you not felt close to people around you?	Not at all	Once in a while	Half the time	Almost always
11. Have you not been able to have strong feelings (for example, being unable to feel very happy)?	Not at all	Once in a while	Half the time	Almost always
12. Have you been feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or have kids or go to high school/college)?	Not at all	Once in a while	Half the time	Almost always
13. Have you had trouble falling or staying asleep?	Not at all	Once in a while	Half the time	Almost always
14. Have you been feeling irritable or having fits of anger?	Not at all	Once in a while	Half the time	Almost always



How Do We Screen Students for CBITS?

Step 2: **Score the screener** to identify students who are eligible for CBITS

Criteria include:

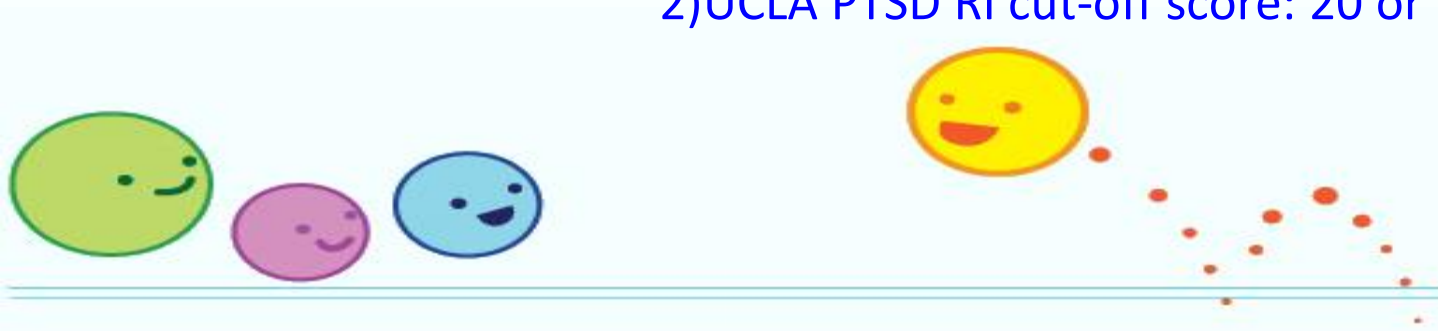
- Any lifetime trauma exposure
- PTSD cut-off score of 14 or higher



How did we Screen Students for Bounce Back?

Individually administered screening surveys to students (read aloud interview style):

- **Traumatic Events Screening Inventory (TESI)**
 - 21 items asking about traumatic and violent events
- **UCLA PTSD Reaction Index (RI)**
 - 20 items asking about symptoms related to traumatic event
- **To qualify for Bounce Back**
 - 1) Any lifetime trauma exposure on TESI, **AND**
 - 2) UCLA PTSD RI cut-off score: 20 or more points



Traumatic Events Screening Inventory (TESI)

Child TESI

From time to time many young people experience stressful events. Please indicate *if* you have experienced any of these stressful events by answering the questions. If the answer is yes, please circle the 'yes'. If your answer is no, just circle the 'no'. If you have any questions or comments about any of the questions, we would be happy to talk to you about them.

SAMPLE:

a. Have you ever had a doctor's visit? (Mark your answer in the next column.)	Yes	No	Unsure
--	-----	----	--------

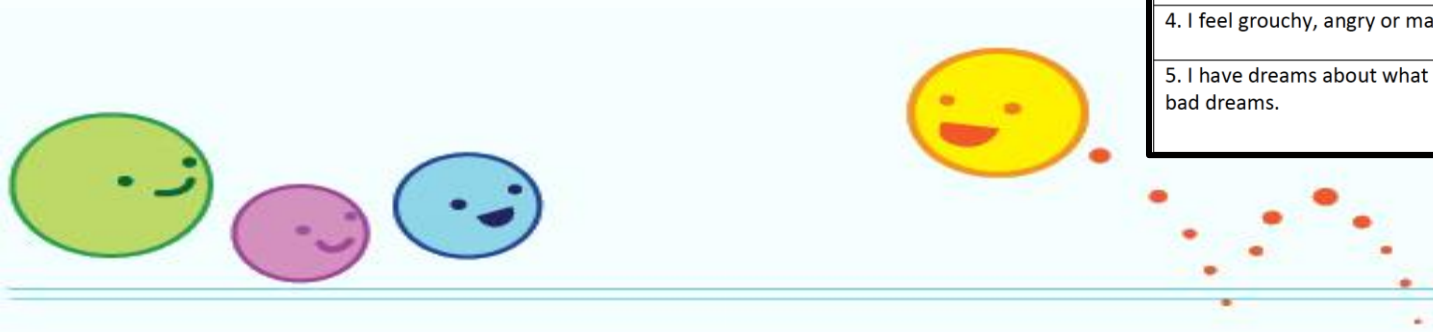
1. Have you ever been in a serious accident where someone could have been or actually was hurt really bad or died? (like a car accident or a bicycle accident, or a bad fall, or a fire, or a time where someone was burned, or someone drowned or almost drowned, or got hurt really bad while playing sports?)	Yes	No
2. Have you ever seen a serious accident where someone could have been or actually was hurt badly or died? (like a car or bicycle accident, a fall, a fire, an incident where someone was burned, an actual or near drowning, or getting hurt really bad while playing sports?)	Yes	No
3. Have you ever been in a pretty bad disaster like a tornado, hurricane, fire, or earthquake?	Yes	No
4. Has someone close to you ever been very very sick or injured or hurt really badly?	Yes	No
5. Has someone close to you ever died?	Yes	No

UCLA PTSD Reaction Index

UCLA PTSD Index for DSM-IV (Child Version)

Please think about a really SCARY, DANGEROUS, OR VIOLENT event that has happened to you. Read each problem and on the list carefully. CIRCLE ONE of the numbers (0, 1, 2, 3, or 4) that tells how often the problem has happened to you in the past month. PLEASE BE SURE TO ANSWER ALL OF THE QUESTIONS

HOW MANY TIMES DURING THE PAST MONTH	None	Little	Some	Much	Most
1. I watch out for danger or things that I am afraid of.	0	1	2	3	4
2. When something reminds me of what happened, I get very upset, afraid or sad.	0	1	2	3	4
3. I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	0	1	2	3	4
4. I feel grouchy, angry or mad.	0	1	2	3	4
5. I have dreams about what happened or other bad dreams.	0	1	2	3	4



How Will You Screen Students for Bounce Back?

-To qualify for Bounce Back

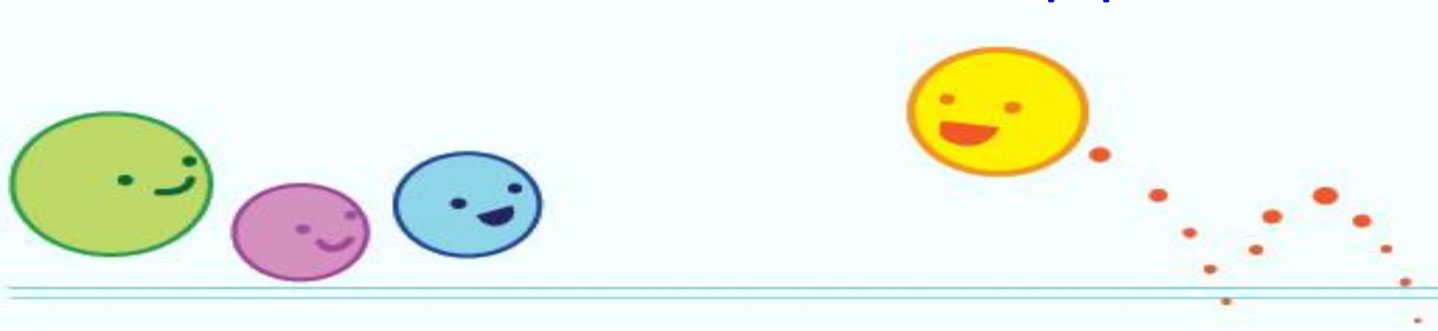
1)Any lifetime trauma exposure AND

2)Current Child Traumatic Stress symptoms

-Existing measures at your Site/District?

-NCTSN List of trauma screeners

-Break Out: Develop plan for screening at your site.





STRONG Student Eligibility Checklist

STRONG is intended for newcomer students who are experiencing difficulties functioning or coping and/or who may benefit from additional skill development.

Newcomer Status - STRONG is recommended for students who have migrated to a new country. There is no designated time period that defines "newcomer status" and therefore STRONG eligibility does not depend on a specific time period since arrival.

- When did the student arrive in this country?

- When did the student enroll in this school?

Current Functioning

- Is the student exhibiting difficulties in any of the following areas:
 - Academics
 - Attendance
 - Grades
 - Classwork completion
 - Homework completion
 - Peer relationships
 - Hard time making and/or sustaining friendships
 - Participation in activities
 - Family relationships
 - Relationship with other adults (teachers, community members)
- Is the student exhibiting behavior issues at school, home and/or community
 - Disruptive behavior
 - Absenteeism/Avoidance
 - Lack of participation
- Does the student appear:
 - Sad
 - Anxious
 - Isolated/Withdrawn
 - Fearful, distrustful, apprehensive
 - Inattentive
 - Hyperactive
 - Impulsive
 - Angry/hostile/destructive

- Is the student complaining of physical problems?

- Stomach aches
- Head aches
- Other physical symptoms

- Other

Skill Development

Student could benefit from skill development in the following areas:

- Identifying personal strengths
- Identifying and accessing social supports
- Relaxation, coping with stress
- Cognitive coping (using helpful thoughts)
- Coping with anger/frustration
- Decreasing avoidance (what is student avoiding? _____)
- Social skills
- School connectedness
- Other

Student Eligibility Checklist



Post-Disaster Assessment

- Slides put together by Dr. Sharon Hoover
- Based on content from
- Dodd Ph D, C. G., Hill Ph D, R. M., Oosterhoff Ph D, B., & Layne Ph D, C. M. (2019). The Hurricane exposure, adversity, and recovery tool (HEART): Developing and validating a risk screening Instrument for youth exposed to hurricane Harvey. *Journal of Family Strengths*, 19(1), 5.



Post-disaster assessment stages

1. Situation analysis
2. Mental health needs assessment
3. In-depth ecological assessment
4. Ongoing assessment of client well-being

Kaplow, J. B., Layne, C. M., & Rolon-Arroyo, B. (2018). Evidence-based assessment in the aftermath of disasters: Towards a best-practice model for evaluating hurricane-exposed youth. *APSAC Advisor*, 30(4), 6-20.



Situational analysis

- Usually conducted by staff members or providers who (a) have prior relationships with affected youth and families, or (b) are embedded in community agencies within the disaster-affected region (e.g., school staff, medical professionals)
- Focuses on collecting factual details of what occurred and how the disaster unfolded, including:
 - prevalence rates of exposure to specific risk types of factors (e.g., serious injuries, loss of a pet, and home displacement).
- Also tracking the causal consequences of those initial exposures, including:
 - identifying “chain reaction” cascades of adversities that typically commence with the disaster, (e.g., loss of home, change in school, and financial strains)
 - over time these can assume a life of their own and become separate sources of stress that exacerbate and extend beyond the initial effects of disaster-related exposures (Kaplow et al., 2018).



Situational analysis (continued)

- Necessary to ensure that children receive appropriate referrals for mental health needs assessments
- Should seek to include and emphasize the most potent risk factors for negative outcomes following exposure to a natural disaster while remaining flexible to the specific ways in which they were manifest within a given population and setting (Layne et al., 2010).
- The most robust predictors three peri-traumatic factors that can be readily assessed as part of situation analysis in the short-term aftermath of the disaster:
 - child distress at the time of the event
 - the child's perceptions of danger during the disaster
 - child proximity to the disaster
 - loss of a loved one during the event (Furr, Comer, Edmunds, & Kendall, 2010).
- In addition, broad psychosocial risk factors (e.g., prior trauma, psychopathology) may contribute to trauma responses in complex and dynamic ways following exposure to natural disasters (Masten & Narayan, 2012).



Hurricane Exposure, Adversity, and Recovery Tool (HEART), adapted for wildfires Domains and sample items

Disaster-related experiences

During the wildfires:

- 2. Someone in my family or a close friend got hurt.
- 10. I had to leave my house very quickly.

After the wildfires:

- 15. My house was damaged or ruined.
- 18. I had to move more than once.

Pre-Existing Indicators of Risk

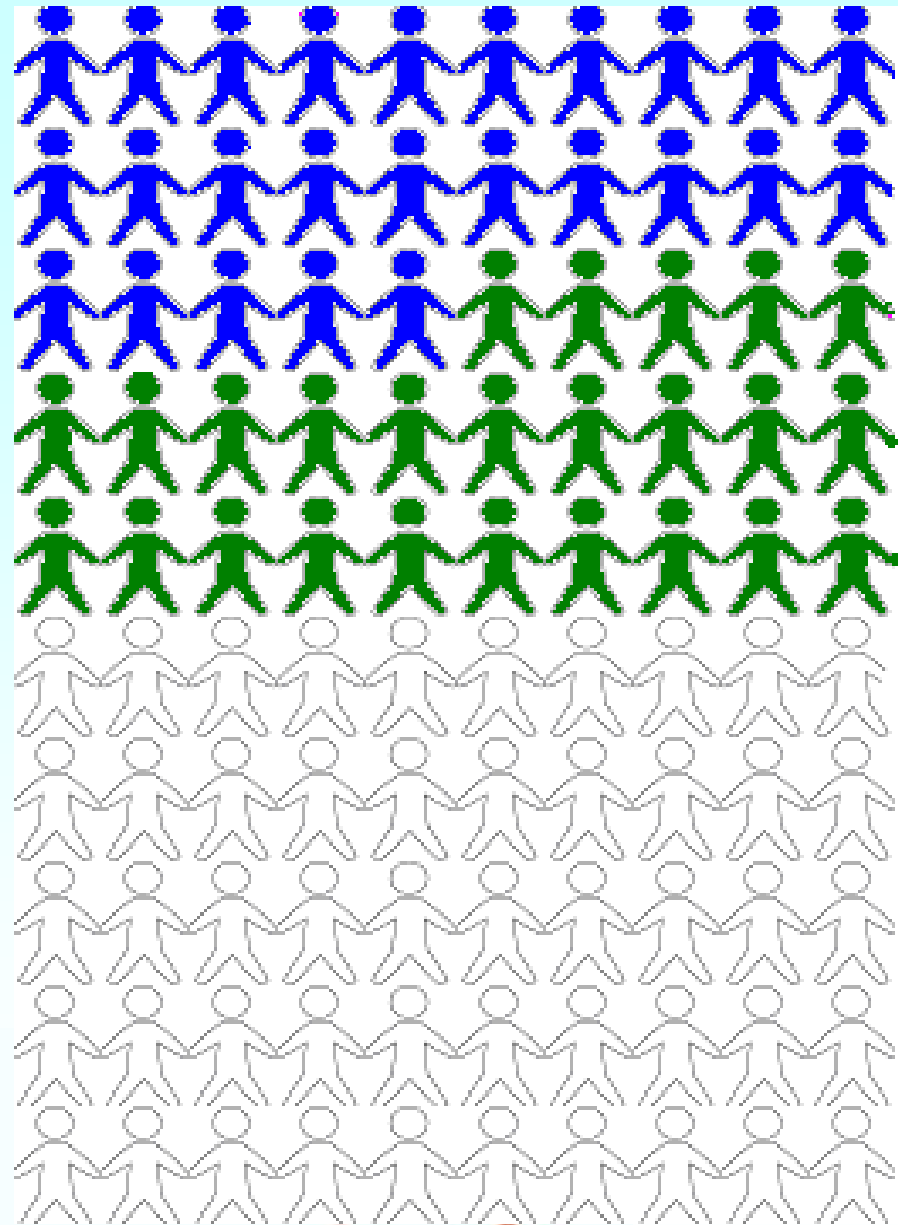
- 23. Before the fires, I was in another disaster, like a different fire, hurricane, flood, or tornado.
- 24. Before the fires, other bad or scary things happened to me (like a car accident, seeing someone get beat up, people in my neighborhood getting in bad fights).

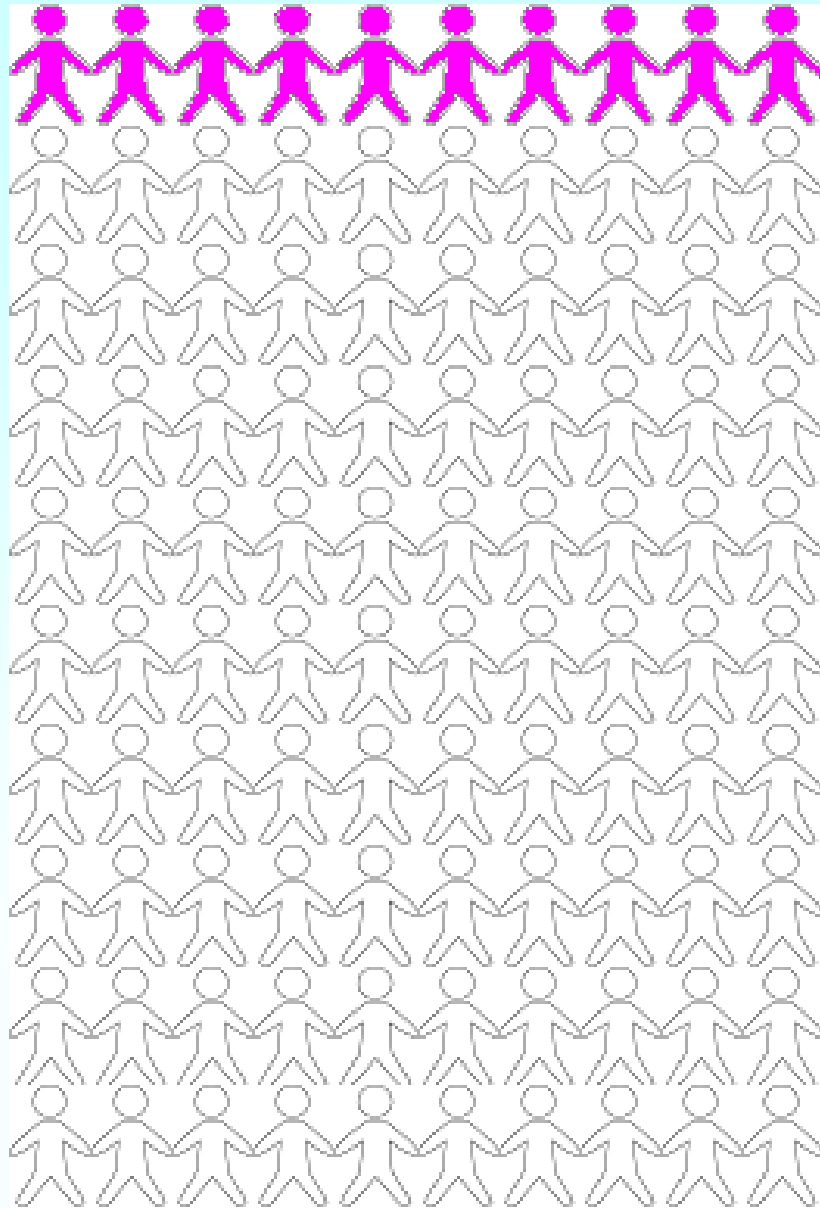
Ongoing Adversities

- 27. My family is having a hard time getting the things we need (like food, clothes, a car, medicine).
- 28. I have trouble talking to my family or friends about my feelings.



Strategy: Psychoeducation





Education about Common Reactions to Trauma

Keep the tone educational and stress commonalities among students

Emphasize two things when responding to each symptom:

- Normalize
- Provide hope for how group can help

Demonstration



Note Card (Front)

Having nightmares or trouble sleeping.



Note Card (Back)

Having nightmares or trouble sleeping. When something really scary or upsetting happens, it takes a while to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to “digest” it, just like your stomach has to work to digest a big meal. Nightmares are one way of digesting what happened.



Note Card (Front)

Avoiding places, people, or things that make you think about it



Note Card (Back)

Avoiding places, people, or things that make you think about it. Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from doing normal things that are an important part of your life.



Note Card (Front)

Being on guard to protect yourself; feeling like something bad is about to happen



Note Card (Back)

Being on guard to protect yourself; feeling like something bad is about to happen.

After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don't have time or energy for other things in your life. Also, it is scary to think something bad is going to happen all the time.



A Terrible Thing Happened

Alternate videos:

<https://www.youtube.com/watch?v=63XMllp9XS0>



Common Reactions

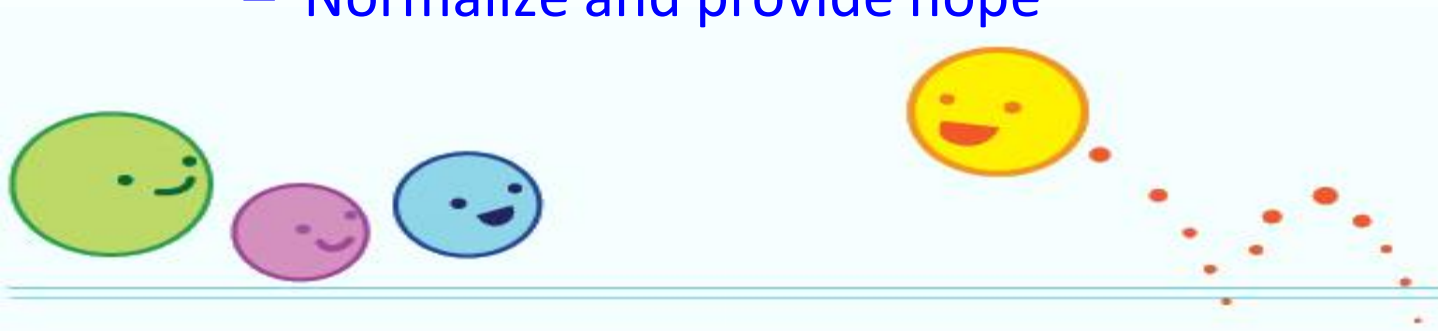
- A Terrible Thing Happened (book)

<https://www.youtube.com/watch?v=mcX6vq4VOQM&t=19s>

- Any of those things sound familiar?
- *“It really makes sense that some of you have been feeling _____ given that you experienced something that was so stressful/scary.”*

- Session 2 Practice Sheet

- Review and check off common reactions
- Normalize and provide hope

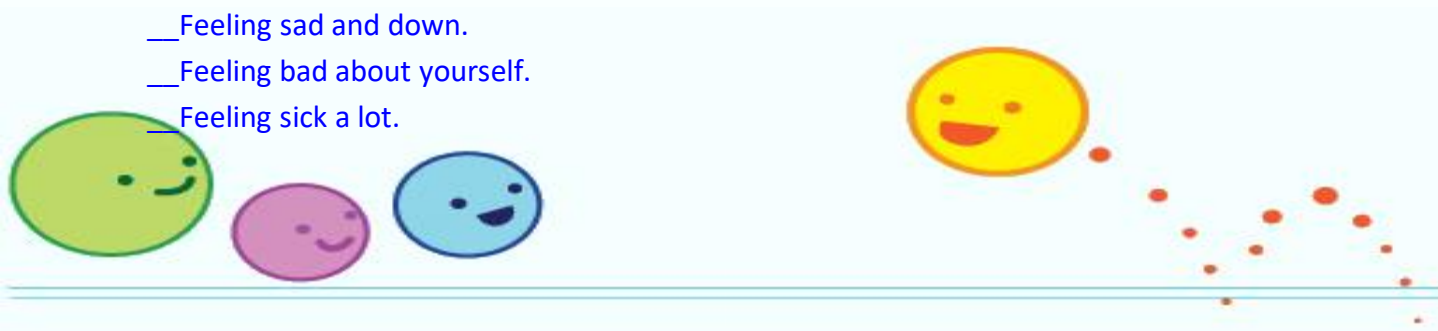


Practice Sheet

Practice Sheet Session 2:

My Common Reactions to share with my trusted adult(s):

- Having nightmares or trouble sleeping.
- Thinking about it all the time.
- NOT wanting to talk about it.
- Avoiding places, people, or things that make you think about it.
- Feeling scared for no reason.
- Feeling “crazy” or out of control.
- Not being able to remember parts of what happened.
- Having trouble concentrating at school or at home.
- Being on guard to protect yourself; feeling like something bad is about to happen.
- Jumping when there is a loud noise.
- Feeling mad.
- Feeling shame.
- Feeling guilt.
- Feeling sad and down.
- Feeling bad about yourself.
- Feeling sick a lot.





Strategy: Strengths and Supports



SESSION 1: MY INSIDE STRENGTHS AND OUTSIDE SUPPORTS



Outline

- A. Introduction
- B. Warm-Up Activity: Join the Circle
- C. Group Expectations and Confidentiality
- D. Inside Strengths
- E. Outside Supports
- F. Relaxation Exercise: Deep Breathing
- G. Assign Practice: Relaxation



Objectives

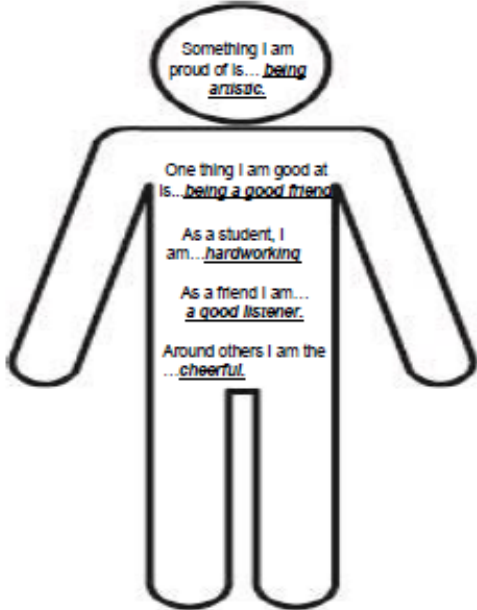
1. Students will understand **confidentiality** and **program expectations**.
2. Students will be able to identify **inside strengths** and **outside supports**.
3. Students will learn and practice a **deep breathing** relaxation exercise.



Inside Strengths

My Inside Strengths (Example)

Complete the phrases using the words at the bottom of the page as a guide.



Patient	Good listener	Funny	Dependable	Hardworking
Kind	Honest	Good Friend	Calm	Thoughtful
Sporty	Artistic	Fun	Helpful	Caring
Giving	Brave	Confident	Cheerful	Polite
Problem-Solver	Understanding	Smart	Curious	Enthusiastic

- Goal: demonstrate that students have a **set of inside strengths** that they will learn to build on throughout the program.
- Explain the exercise and show students an **example**.
- Allow students to write/draw to complete the sheet or complete the activity verbally with the group.



Inside Strengths: Alternative Activity

- **Movement Activity:** Say two strengths, and give each strength a side of the room. Ask students to go to the side of the room that is more like them.
- **Strength Word Pairs:**
 - Calm – Enthusiastic
 - Easy-going – Brave
 - Good listener – Confident
 - Fun – Hardworking
 - Funny – Polite
 - Curious – Problem-solver
 - Careful - Giving



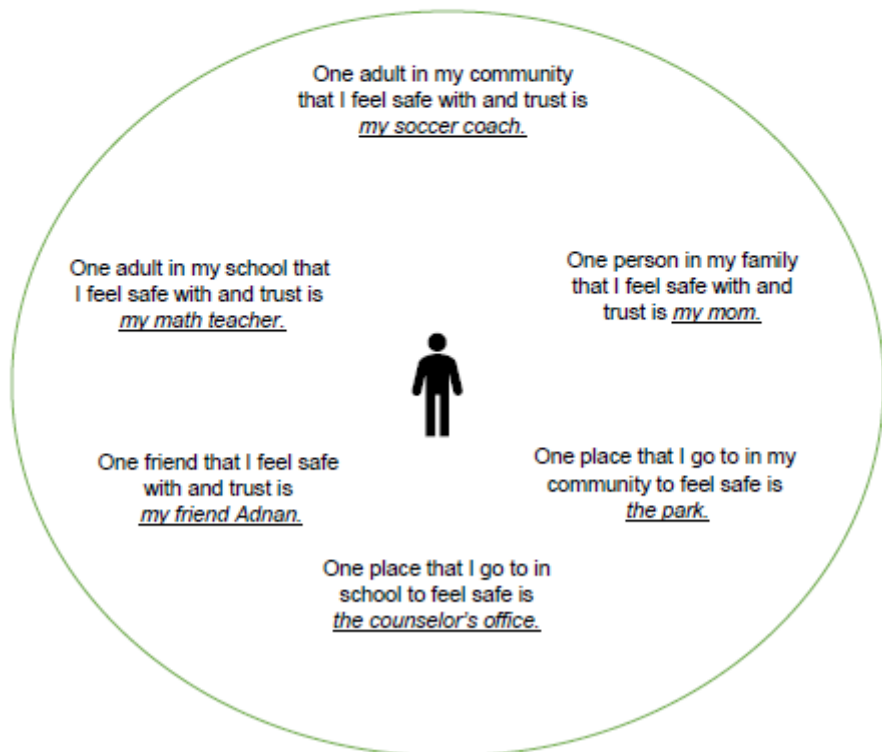
Outside Supports

My Outside Supports (Example)

Use the prompts to list your outside supports inside the circle. If you can't think of outside supports here in Canada, fill in outside supports from your home country.

Prompts:

- One adult in my community that I feel safe with and trust is ...
- One adult in my school that I feel safe with and trust is
- One person in my family that I feel safe with and trust is ...
- One friend that I feel safe with and trust is ...
- One place that I go to in my community to feel safe is ...
- One place that I go to in school to feel safe is...



- Goal: help students identify ways they can use **their external supports** to adjust to the challenges of living in a new place.
- Explain the exercise and show students an **example. Provide each prompt**, ask students to complete the worksheet or provide their answers verbally.
- When students are done completing the exercise, ask students **what they learned**

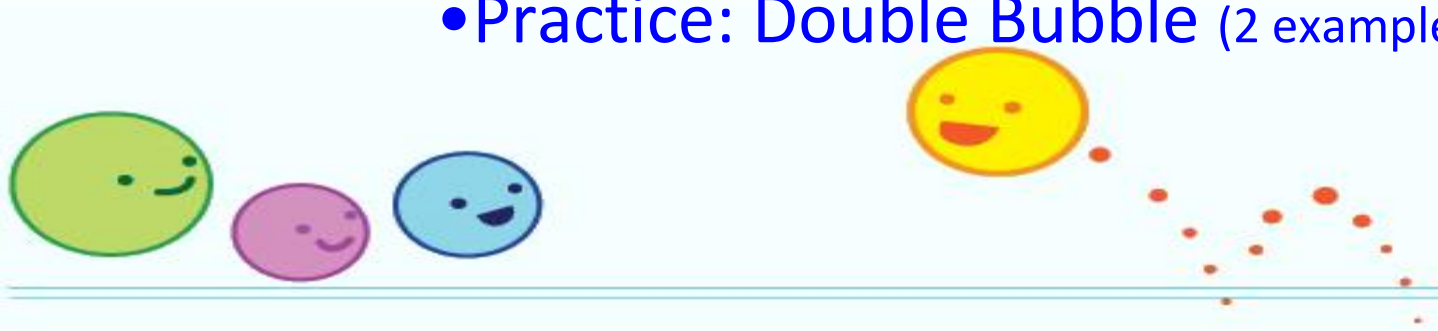


Strategy: Cognitive Coping

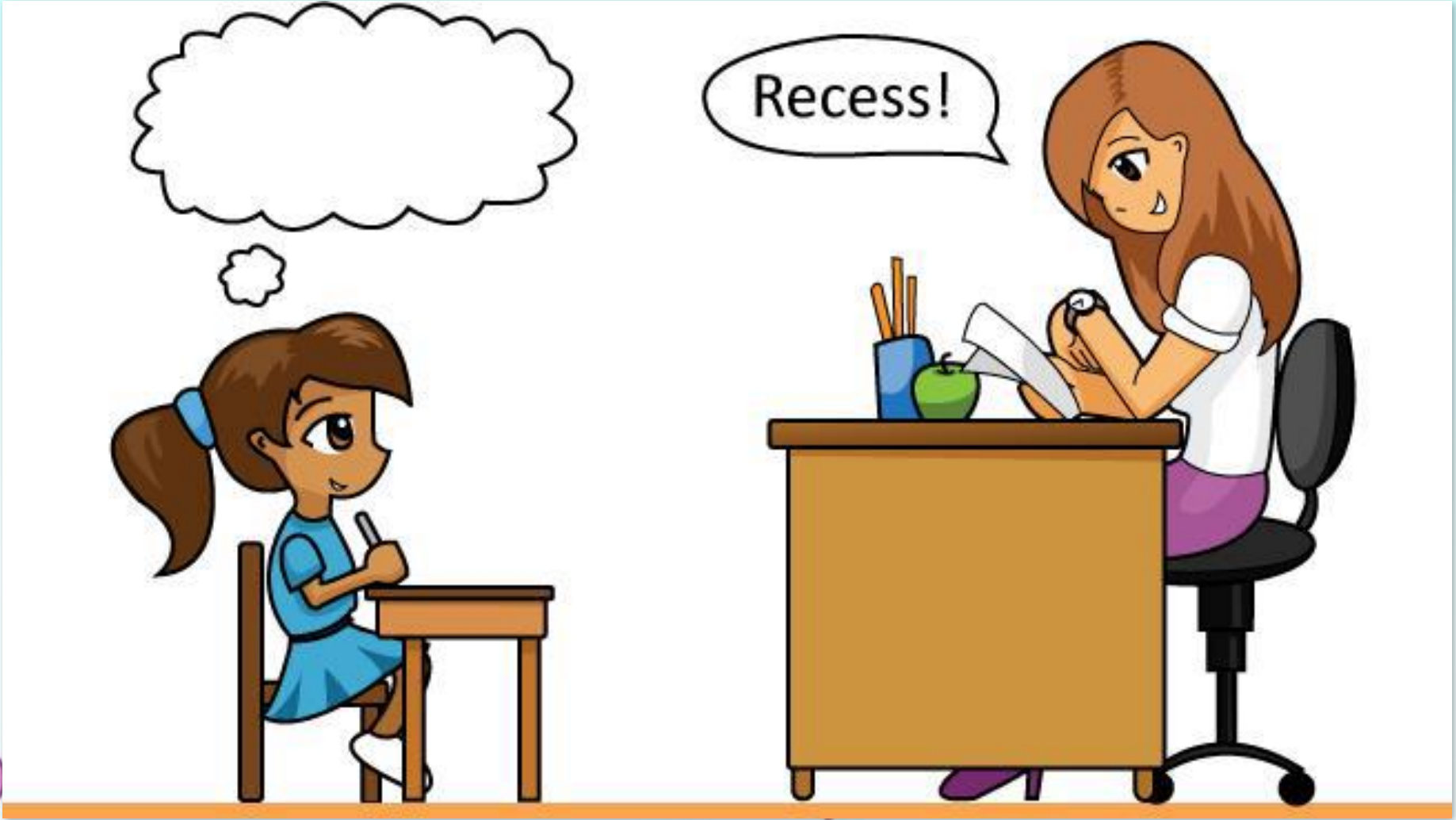
Session 4: Using Helpful Thoughts

How?

- What do we mean by thoughts? (baseball, recess)
- Link Thoughts, Feelings, and Actions (cave people, smartboard)
- Courage Cards
 - *I can do this; Nothing bad will happen; I can trust some people; I will try my best; Give it a chance; I am safe at school; I can ask for help; Some people like me*
- Practice Using Courage Thoughts (called on in class; whispering)
- Practice: Double Bubble (2 examples)



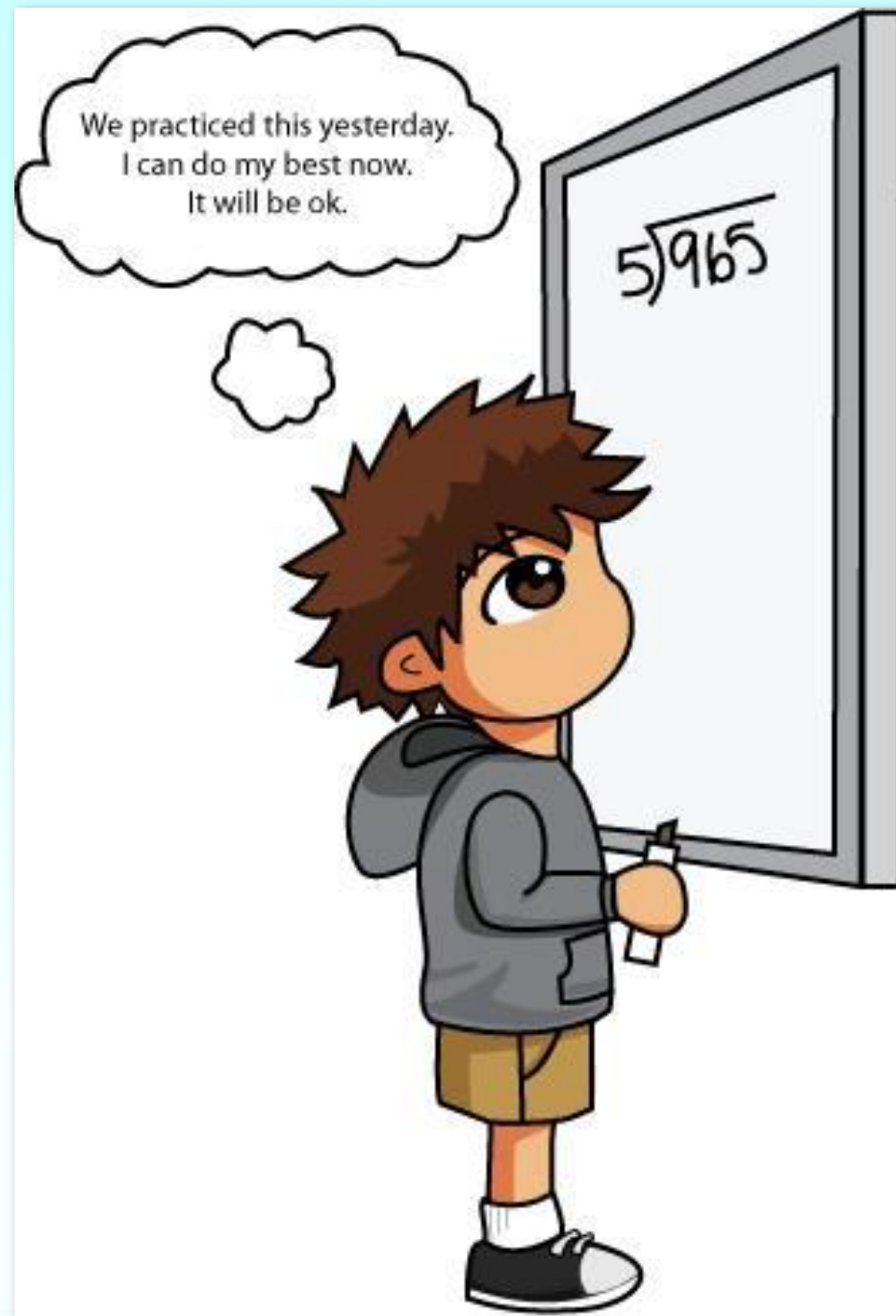




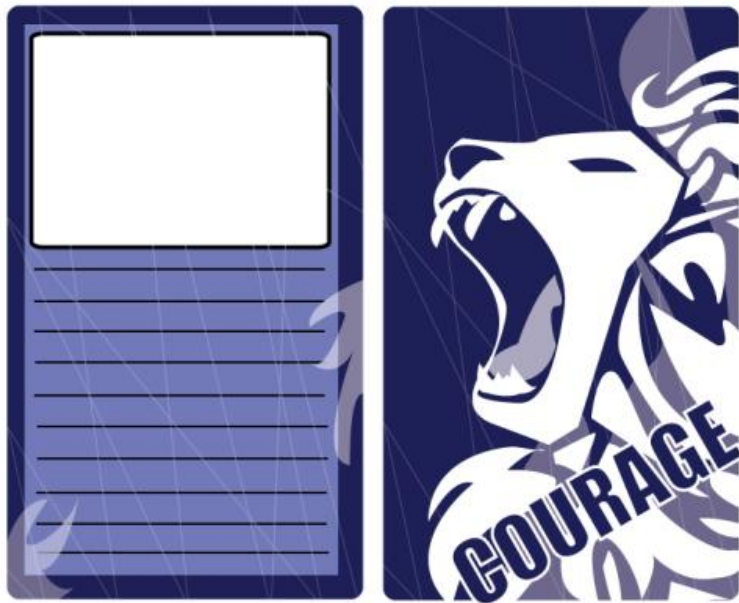












Courage Card Examples:

I can do this

Nothing bad will happen

I can trust some people

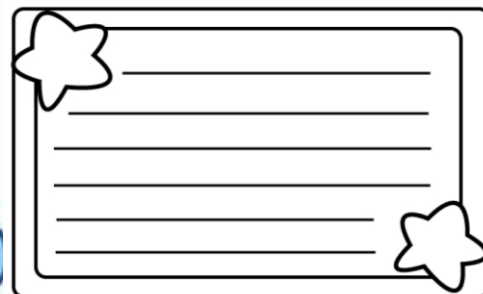
I will try my best

Give it a chance

I am safe at school

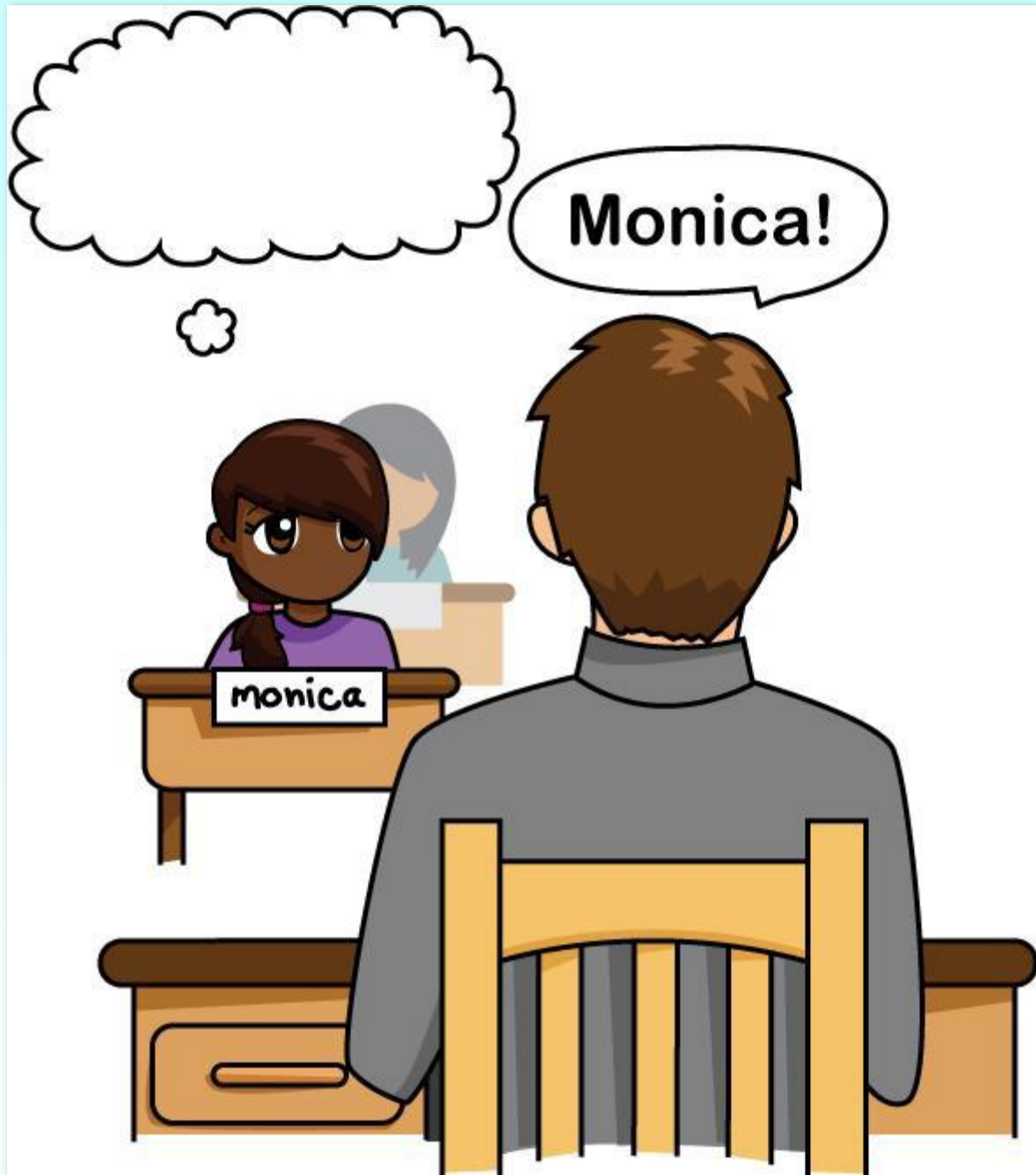
I can ask for help

Some people like me









Double Bubble Exercise

Session 4

noo oo-
oo oo

First Thought

At least I'll
exercise

Helpful Thought



Situation 2:

walking a mile

3) Write down at least 2 times that you practiced your relaxation this week. You can do belly breathing and muscle relaxation or belly breathing and body scan. Teach your parents to do the relaxation exercise with you or read the script for you.

What I did

Time 1: Hand and arms

Time 2: shoulders/neck

Time 3: Arm/shoulders

What day and where

11/16/17

11/16/17 D.K

12/6/17 home

Session 4

Date:

3-5-12

Session 4 Practice Sheet

1) Share what you learned today about thought bubbles and courage thoughts with a parent or trusted adult. Ask them to help you fill out the double bubbles below during the week.

2) Write down 2 situations this week where you feel a bit nervous or unsure or even angry and use your double bubble to see if there is a more helpful way to think about it that can make you feel better. So write down your first thought (that may not be very helpful) on the left and then a courage thought or more helpful thought on the right. You can draw the thought instead of write it if you would like.

They will play
something I don't
know. If I lose the'll
laugh.

First Thought

Nothing bad
will happen.
We will get along.

Helpful Thought

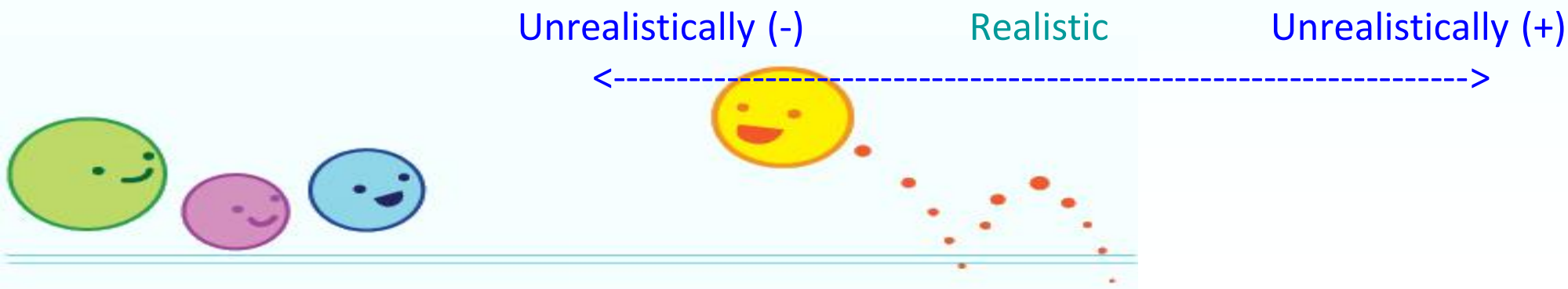


Situation 1:

Go to see friends

Session 4: Using Helpful Thoughts

- Target *MALADAPTIVE* thinking
 - Example: Child comes home and mom has had too much to drink. Child thinks, “*This is bad news/not safe*”
 - Likely to be accurate and adaptive; we don’t want to challenge or change this thought
 - Would want to consider a safety plan AND be sure the child could use problem solving to look at options for managing their thoughts and actions in the situation
- Continually normalize these kinds of thoughts, link them to traumatic event
- Do not shift to *overly positive* thoughts that may be equally unrealistic.





Strategy: Exposure

STUDENT

**GROUP
SESSION 5**



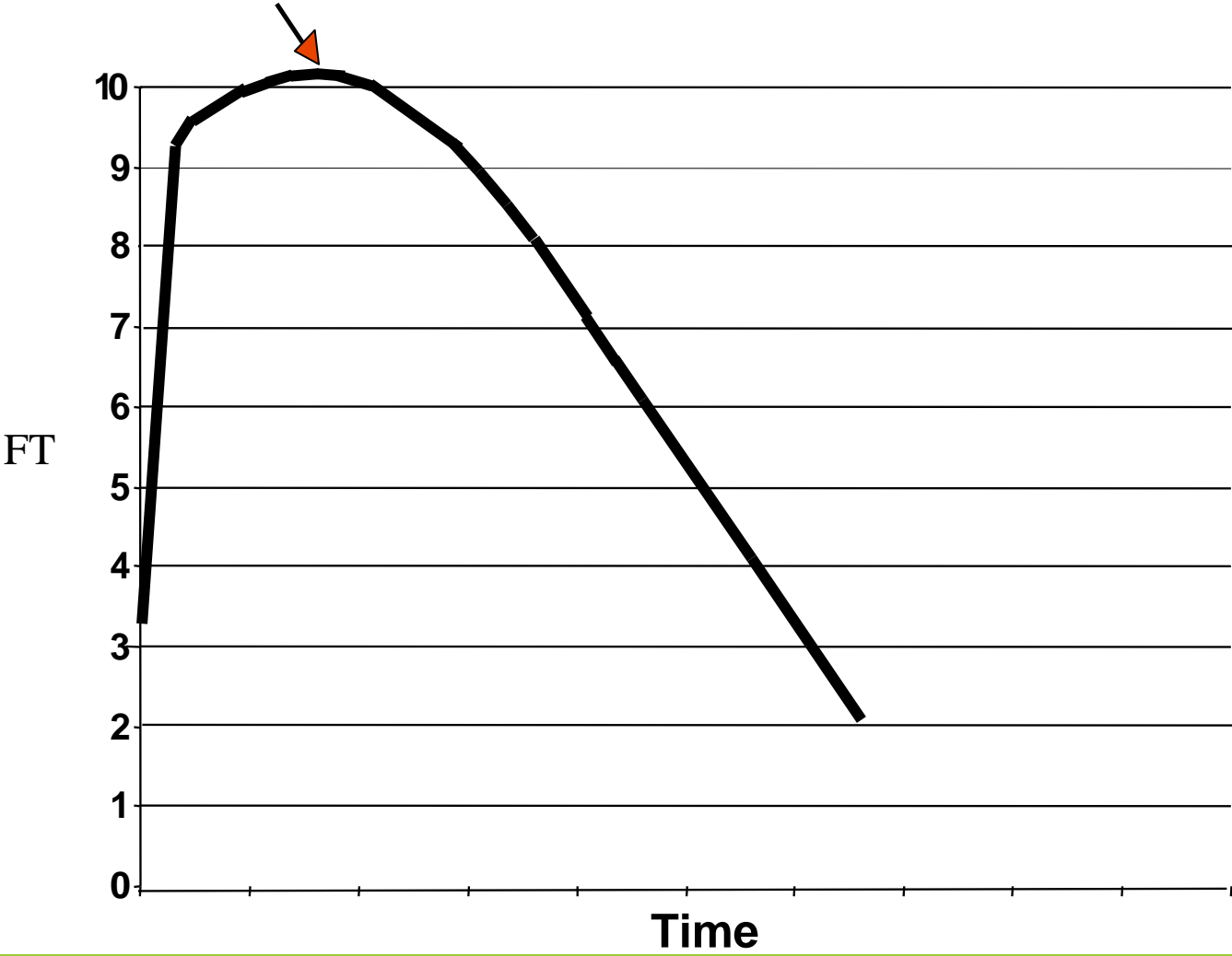
AGENDA

- I. Activities Review
- II. Avoidance and Coping
(Introduction to Real-Life Exposure)
- III. Construction of "Steps to Facing Your Fears"
- IV. Alternative Coping Strategies
- V. Activities Assignment

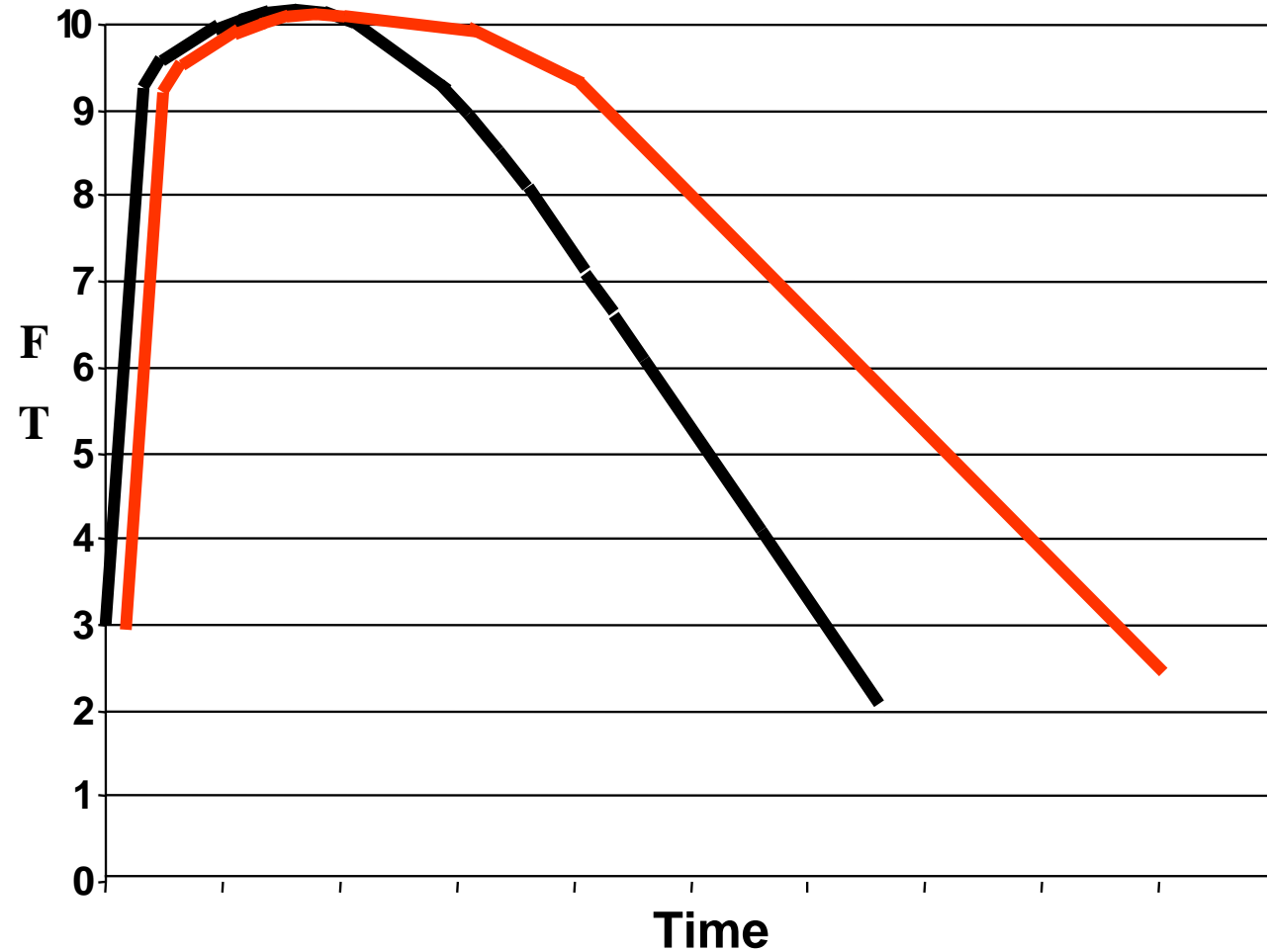
Session 5: Introduction to Real Life Exposure



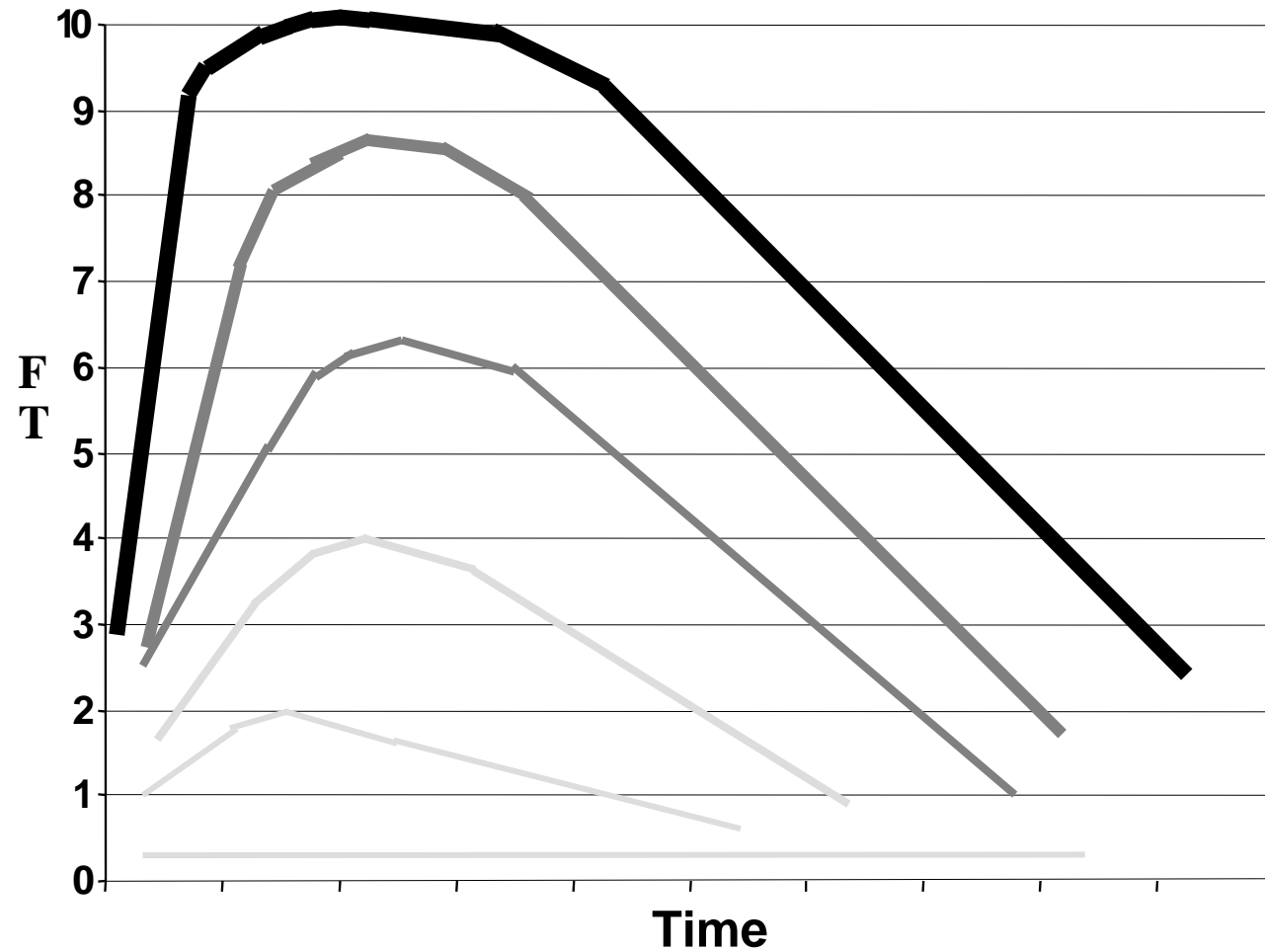
Avoidance



Exposure-Avoidance vs. Habituation



Exposure-Habituation



Approaching anxiety-provoking situations

Why?

- To teach students that anxiety does not last forever
- To get students able to do all the things they want and need to do
- To build confidence and to gain mastery

How?

- Identify something the student is avoiding related to the trauma, that is safe to do; how has the trauma generalized?
- Make a plan for decreasing that avoidance in gradual steps
- Practice approaching those situations and staying long enough for anxiety to decrease or go away through habituation

It is not about having students approach their trauma, but about the anxiety that gets generalized to everyday situations

Example: Student on Main Street



Avoidance and coping

Goal: Introduce the idea that avoidance is one form of coping with anxiety but that it also usually creates more problems than it solves

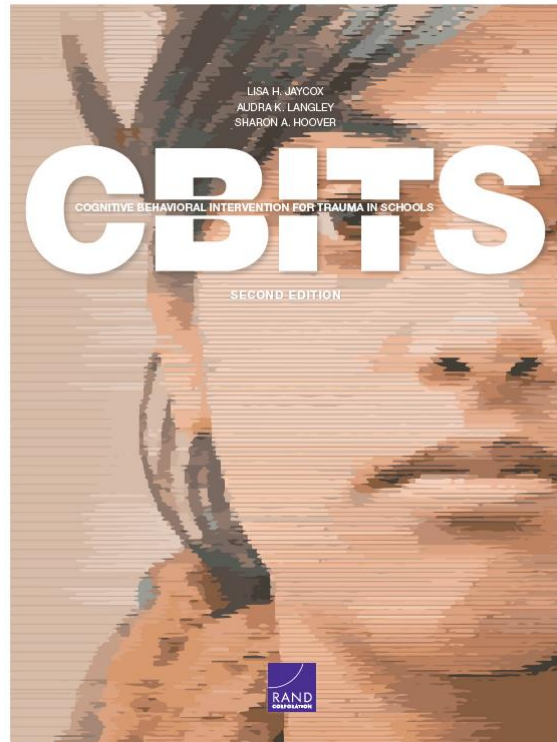
- First day of school
- Sport, music, dance performance

Use examples until the group members understand that repeated exposure to feared events will make them less afraid

Manual p.49 Questions



Manual p. 49



Questions

- *Are there any things that you used to do regularly that you stopped doing after the stress or trauma you went through? Examples: going to places that remind you of what happened, doing things like you were doing when the stress or trauma happened.*
- *Have you started avoiding things like being alone in certain places, being in the dark, or sleeping by yourself?*
- *Do you avoid talking to people about what happened? Is there anyone that you'd like to be able to talk to about it?*
- *Do you avoid reading or watching things that would remind you about what happened?*
- *Do you avoid certain objects that would make you nervous or upset because they were there when it happened?*



Steps Toward Facing Your Fears

Name: _____



Construction of a Gradual Hierarchy: Steps to Facing your Fears

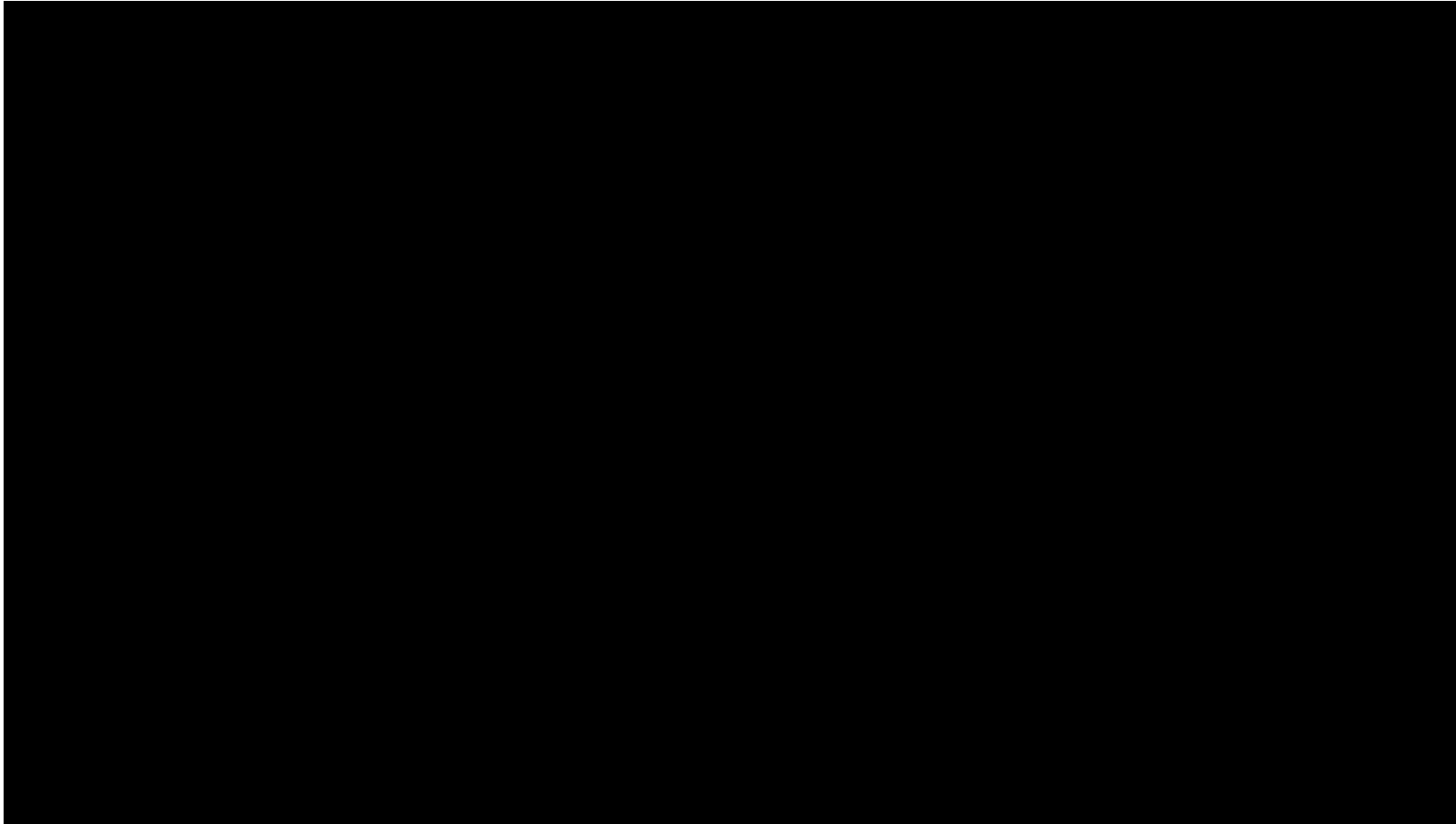
- Have each student identify a situation, person, or place, that makes them feel anxious or upset and that they avoid, and to write it down at the top of their stairstep
 - Use questions on Page 49 (*"Are there any things you used to do regularly..."*)
- Give an example of how to break it down into small steps (speech in front of class-pp. 49-50)
- Help students break down their own goals into small, gradual steps using the Feeling Thermometer to rate how much anxiety each small step would cause; that is, "what would your Feeling Thermometer rating be to do this step this week?"

Steps to Facing our Fears: Speech in front of class





Driving with Dad Role-play





Strategy: Trauma Narrative

STUDENT

**INDIVIDUAL
SESSION 1**



AGENDA

- I. Explain Rationale and Answer Questions
- II. Trauma Narrative: Processing the Trauma Memory
- III. Planning for Group Support
- IV. Planning for Additional Individual Sessions

Individual Sessions

Trauma Narrative: Processing the Trauma Memory

Individual Sessions

Trauma Narrative: Processing the Trauma Memory

Why?

- To decrease anxiety when thinking about the trauma
- To help children process or digest what happened to them
- To build parent and peer support and reduce stigma

How?

- Hold individual sessions where the child recounts their trauma story
- Encourage discussion of the trauma at home while groups are running

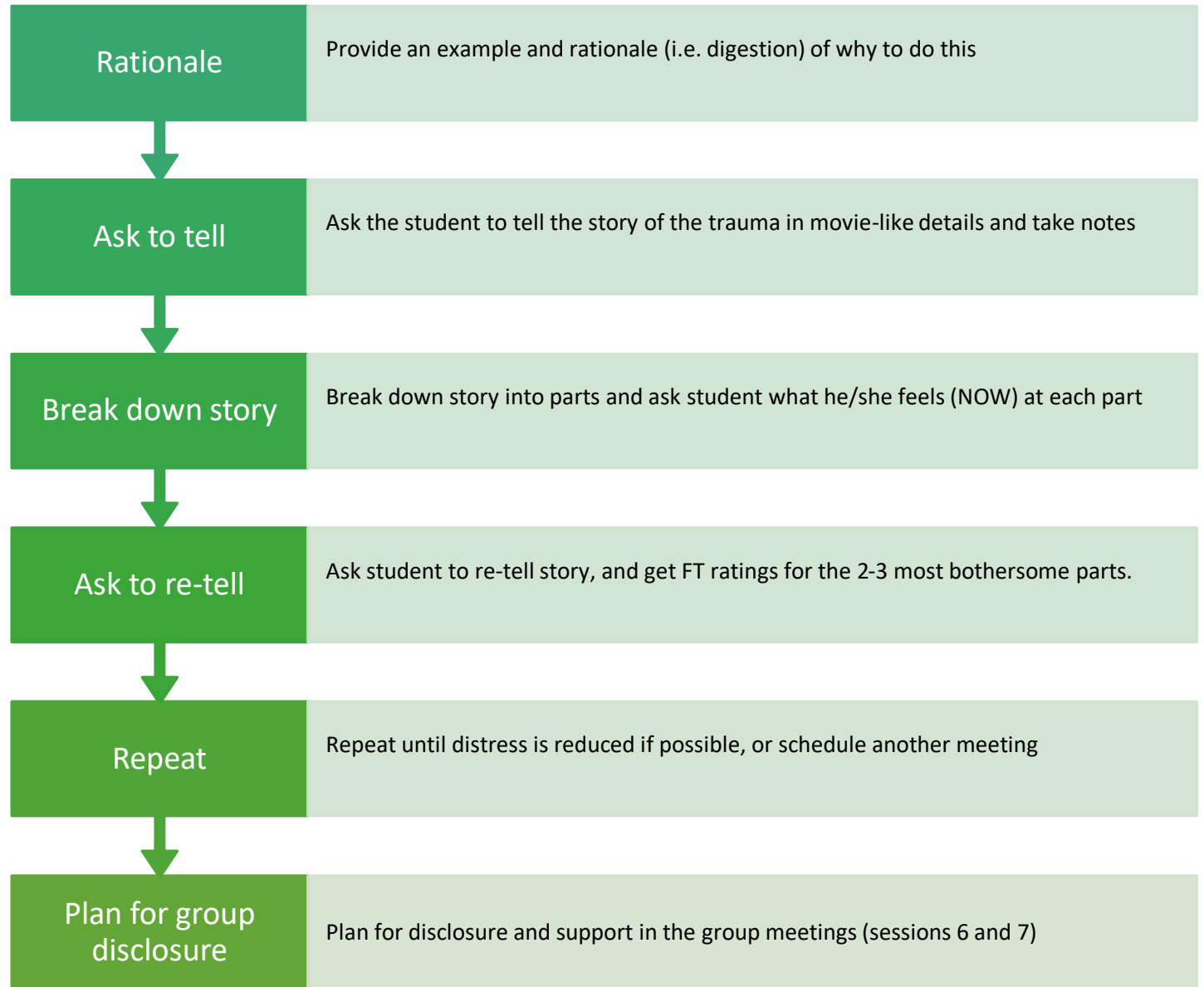


The Therapist's Stance During Exposure

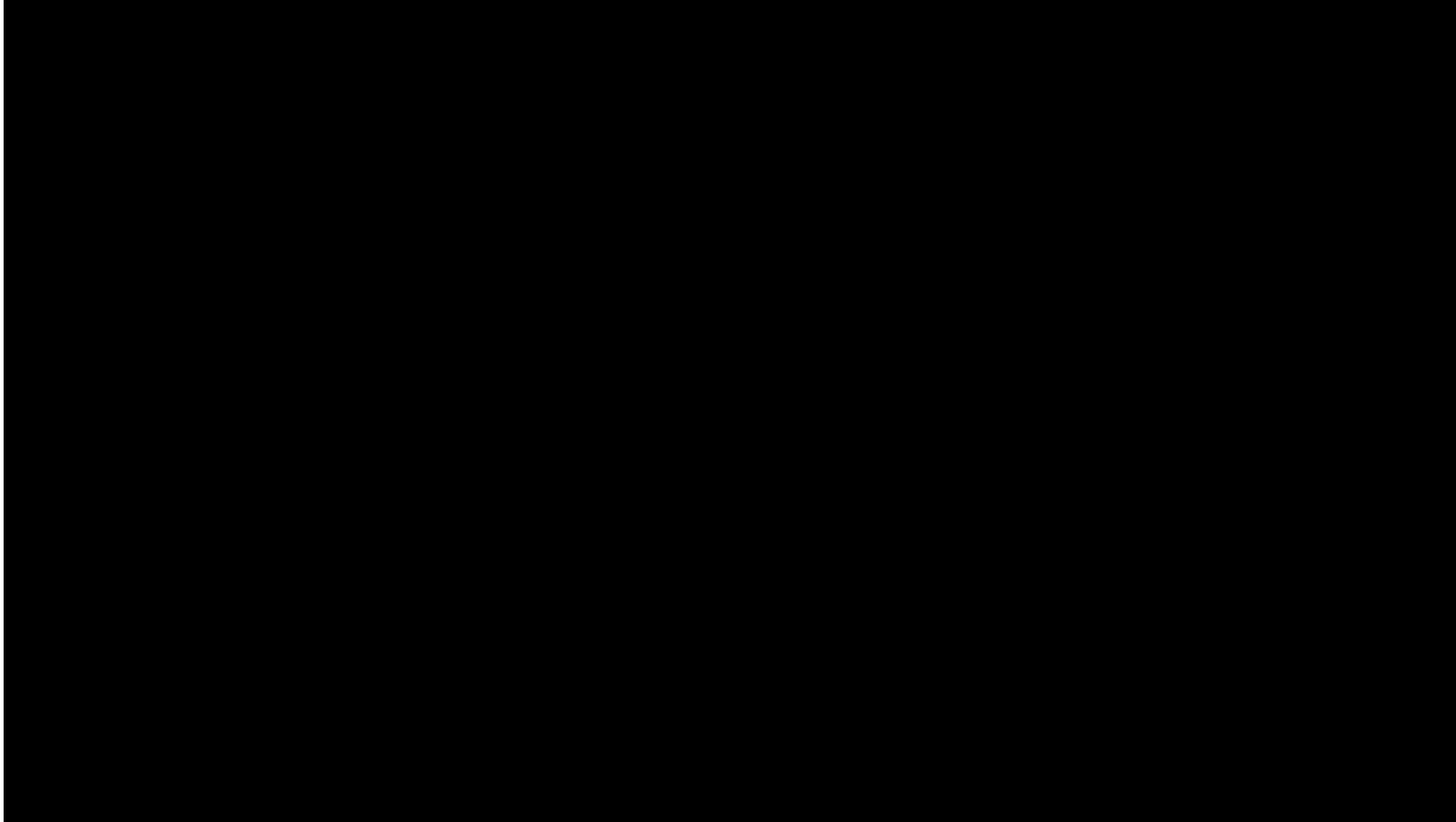
- Quiet
- Supportive and empathic
- Probing only as necessary to engage the student
- Not asking why or how or trying to analyze what happened



How to help students process the memory



Individual Session



Practice

Role play in pairs
(student/group leader)

- Use Counseling Worksheet

Remaining Questions

Counseling Worksheet

Name of Student: _____

Part(s) of stress or trauma:	Feelings Thermometer Rating
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part(s) that the student will work on in imagination, writing, or drawings:

Part(s) that the student will work on by talking to the group:





Strategy: Caregiver/Teacher Education

CAREGIVER
EDUCATION

SESSION 1



AGENDA

- I. Introductions and Agenda
- II. Education About Common Reactions to Trauma
- III. Explanation of CBITS
- IV. Teaching Your Child to Measure Feelings
- V. How to Help Your Child Relax
- VI. Wrap-Up

Parent Education Session 1

CAREGIVER
EDUCATION

SESSION 2



AGENDA

- I. Introductions and Agenda
- II. Teaching Children to Look at Their Thoughts
- III. Teaching Children to Face Their Fears
- IV. Teaching Children to Digest What Happened to Them
- V. Teaching Children to Solve Everyday Problems
- VI. Wrap-Up

Parent Education Session 2

TEACHER
EDUCATION

SESSION 1



AGENDA

- I. Introductions and Agenda
- II. Education About Common Reactions to Trauma
- III. Explanation of CBITS
- IV. Elements of the CBITS Program
- V. Tips for Teaching Students Who Have Been Traumatized
- VI. Answering Questions

Teacher Education Session



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