

Before, During, and After: Best Practices for School- Based Crisis Intervention

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Objectives

- Provide rationale for importance of a school crisis plan
- Identify types of trauma and the degree to which a school is directly or indirectly related
- Discuss common reactions children may experience to a traumatic event
- Discuss how a school can respond to a crisis:
 - Activating the school crisis team
 - Delivering news of the crisis to all relevant parties
 - Identifying children at risk for emotional problems
 - Providing support to children and their parents
 - Making referrals for children in need

What is a traumatic event?

What is a traumatic event?

- Involves actual or threatened death or serious injury, or a threat to the person's physical integrity

- Involves feelings of intense fear, helplessness, or horror (children may show disorganized or agitated behavior instead)

Traumatic Events

- Life-threatening illness/ injury to self or loved one
- Abuse/neglect/ abandonment
- Death of loved one including peer or school staff
- Bullying
- Witness to domestic violence, community violence
- Automobile accidents
- Threats to cause serious injury (e.g., bomb threats)
- Natural disasters (hurricane, tornado, fire)
- War or terrorism (exposed to in person or on television)
- Man-Made disasters
- Commercial sexual exploitation

Childhood trauma is
more common than we
think.

Trauma Prevalence

- More than 25% of youth experience a serious traumatic event by age 16.
- More than half of US families have been affected by some type of disaster (54%).
- About 25% of Canadian children have been physically abused.
- Dating violence, bullying, witnessing violence are daily occurrences for many youth.



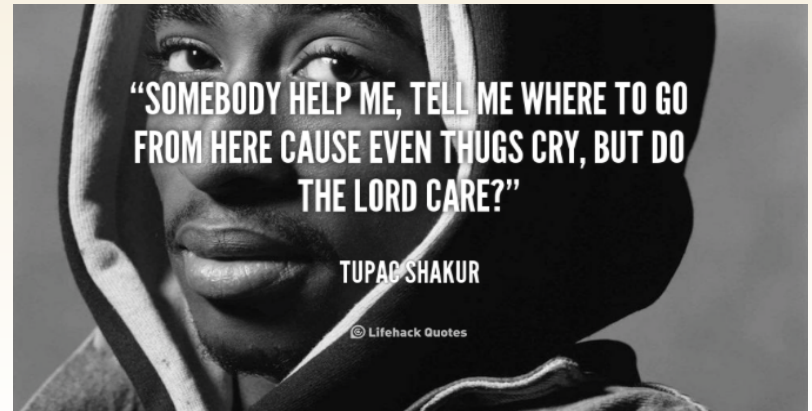
Trauma Prevalence

- 1 in 4 high school students involved in at least 1 physical fight.
- 1 in 5 high school students are bullied at school; 1 in 6 experienced cyberbullying.
- Among refugee children, rates of trauma exposure approach 100%.
- Large-scale traumas in schools are very rare, but highly publicized.
- Suicides and auto accidents are two of the most common causes of death among youth



Impact of Traumatic Events

- Trauma can impact school performance and impair learning
 - Students may experience:
 - Lower GPA
 - High rate of school absences
 - Increased drop-out
 - More suspensions and expulsions
 - Decreased reading ability
 - Intrusive thoughts
 - Anger and moodiness
 - Reduction in ability to focus, organize, and problem solve



Impact of Traumatic Events

- Increases vulnerability to future trauma

Impact of Traumatic Events

- Traumatized children may experience physical and emotional distress
 - Physical symptoms:
 - Headaches
 - Stomachaches
 - Emotional distress:
 - Poor control of emotions
 - Unpredictable and/or impulsive behavior
 - Over or under-reacting to bells, physical contact, doors slamming, sirens, lightening, sudden movements
 - Intense reactions to reminder of their traumatic event



Hurricane Ike

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Teen Dating Violence and Substance Use Following a Natural Disaster: Does Evacuation Status Matter?

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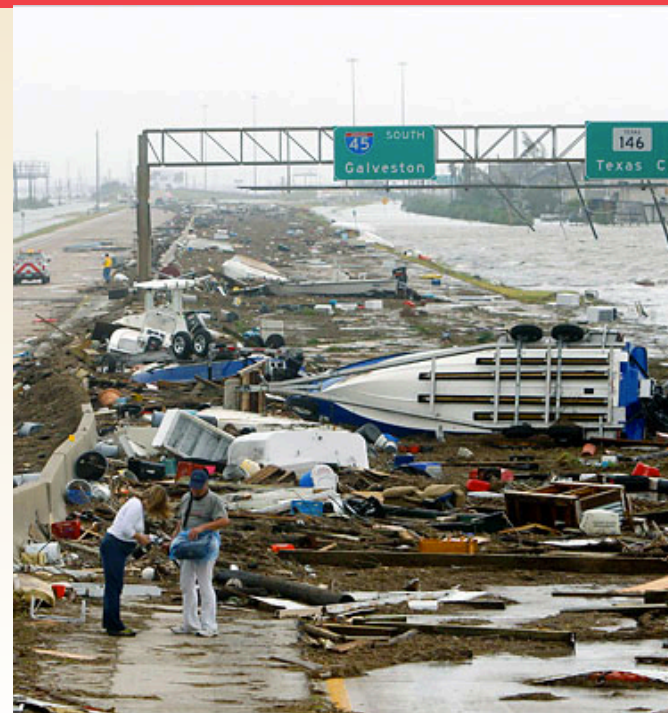
See other articles in PMC that [cite](#) the published article.

Abstract

Go to:

Objectives

In September of 2008 the Texas coast was directly hit by Hurricane Ike. Galveston was flooded by 14 feet of storm surge, affecting most of the Island's housing and infrastructure. The purpose of the present study is to examine whether youth who did not evacuate (11%), and subsequently were exposed to Hurricane Ike, exhibit higher rates of substance use and physical and sexual teen dating violence (both perpetration and victimization), relative to adolescents who did evacuate.



Case study: Hurricane Ike

- Survey conducted 7 months post-disaster
 - N = 1,048 primarily low-income high school students surveyed
 - 11.3% reported they did not evacuate before the storm
- Non-evacuating boys:
 - Three time the odds of reporting that they had perpetrated physical violence (OR = 3.19) or sexually assaulted their dating partners (OR = 3.73)
- Non-evacuating boys and girls were more likely to report recent use of excessive alcohol, marijuana, and cocaine than those who did not evacuate.

Impact of Traumatic Events

Preschool Children	Elementary School Children	Middle & High School Children
Fear of being separated from their parent/ caregiver	Become anxious or fearful	Feel depressed or alone
Cry or scream a lot	Feel guilt or shame	Develop eating disorders or self-harming behaviors
Eat poorly or lose weight	Have a hard time concentrating	Begin abusing alcohol or drugs
Have nightmares	Have difficulty sleeping	Become involved in risky sexual behaviors

Effects of Traumatic Events

- Approximately 20% of youths exposed to serious trauma have persistent PTSD
- 77% of youths who witnessed school shooting reported PTSD symptoms

Post-Traumatic Disorder (PTSD)

- Symptoms present for more than a month
- Re-experiencing of the event
 - Recurrent dreams of the event
 - Intense distress at cues that serve as reminders of the event
- Avoidance/Numbing
 - Avoiding activities, places, or people that arouse recollections of the trauma or loss
 - Feeling detached from others
- Hyperarousal
 - Difficulties sleeping
 - Startling easily

We can help

Expert in numerous subjects

Trauma counselor

Educator

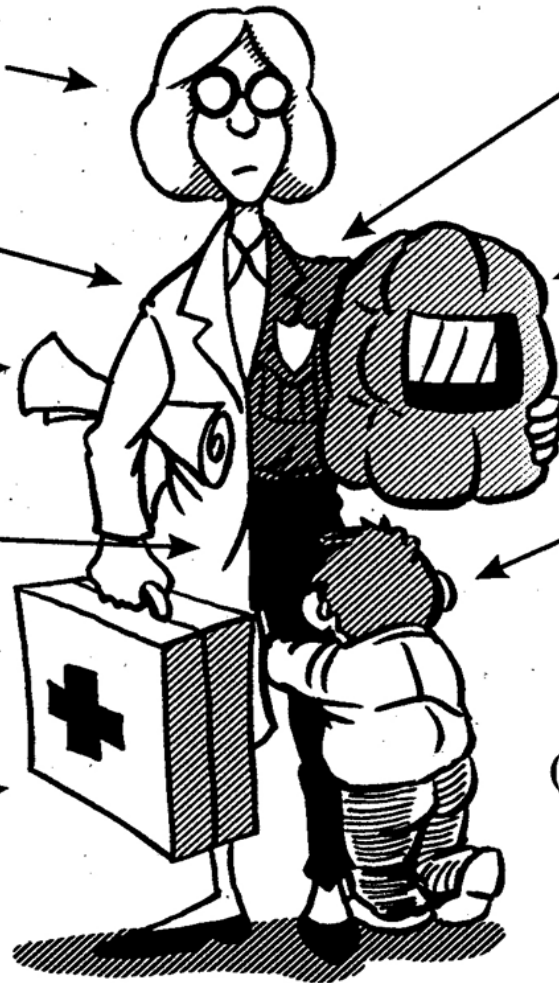
Psychologist

Emergency medical technician

Cop

Bomb disposal specialist

Surrogate parent



Teacher
(latest requirements included)

KONOPACKI
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HUCK/KONOPACKI TEACHER CARTOONS - JULY

Before a Crisis

Be Prepared Basics

- Expect the unexpected
 - Be ready to implement a crisis plan
- Identify common trauma reactions
- Know yourself (strengths, limitations)
- Know your students
 - Risk factors
 - Level of dependency (e.g., child with disability, younger child)
- Build supportive relationships with students before a crisis



School Crisis and Emergency Plan

- Four Phase Checklist
 - Phase I: Mitigation and Prevention
 - Identify and assess the risks
 - Phase II: Preparation
 - Expect the unexpected
 - Phase III: Response
 - Are you ready?
 - Phase IV: Recovery
 - Addressing long-term needs

Phase I: Mitigation and Prevention

- Identify the most common kinds of crises and disasters that may impact your school.
 - Geographical location (hurricanes, tornadoes, flooding, etc.)
 - Community demographics (SES, violence, ethnicity, drug activity, etc.)
- Identify hazards or sites that may pose a threat to your school in the event of a disaster or terrorist act.
 - Factories
 - Commercial transportation routes
 - Conventional and nuclear power plants

Phase II: Preparation

- Form a crisis response team and develop a comprehensive plan for dealing with immediate and long-term mental health responses to the negative consequences of potential hazards
- Establish relationships with local mental health professionals and agencies as well as the community-based organizations specializing in disaster and trauma
- Define roles for school staff, qualified community mental health providers, and other community partners for different types of crises and phases of response and recovery
- Conduct practice drills
 - Annual or bi-annual during different times of day.

Phase II: Preparation

<i>Roles/Functions</i>	<i>Name</i> (One person may serve more than one role/function)	<i>Chain of Command</i> (Who's in charge? Back-ups?)	<i>Contact Information</i>
Team Leader			
Administrative Liaison			
Staff Liaison			
Communications Liaison			
Media Liaison			
First Aid Coordinator(s) medical psychological			
Communications Coordinator			
Crowd Management Coordinator			
Evacuation/Transportation Coord.			

Scope of Event

Major
School-wide
crisis*

Small Group
Crisis**

Individual
Crisis***

<i>Phases for which to plan</i>		<i>Scope of Event</i>		
		Major School-wide crisis*	Small Group Crisis**	Individual Crisis***
During the Emergency				
Immediate Aftermath				
Days/Weeks Following				
Prevention in the Future				

*Major school-wide crisis (e.g., major earthquake, fire in building, gun violence on campus)

**Small group crisis (e.g., in events where most students are unaffected such as a classmate's death, the focus is on providing for *specific* classes, groups, and individuals who are upset)

***Individual crisis (e.g., student confides threat to hurt self or others such as suicide, assault)

Phase II: Preparation

- Identify students and/or staff who may have special needs or may be psychologically vulnerable during crises
 - Wheelchair bound, visually or hearing impaired, etc.
 - Pre-existing developmental, psychological, and emotional difficulties
- Develop crisis and emergency-response protocols, practices, and materials that are culturally and linguistically appropriate to reflect the diversity of your school family
- Create redundant or back-up systems for evacuation, family reunion, and communication with your staff and parents during the crisis and recovery periods

Phase II: Preparation

- Provide your new staff members and substitute staff with adequate background information and training regarding crisis response
- Review your plan annually with all involved
- Conduct staff development on selected topics:
 - Impact of violence and traumatic events on children, adults, and the school climate
 - Early warning signs and risk behaviors associated with traumatic stress
 - Psychological first aid
 - Evidence-based interventions
 - Immediate and long-term recovery
 - Suicide prevention and threat assessment

During a Crisis

Phase III: Response

- Assess the level of student and staff exposure to violence and identify those most at risk for emotional distress or problems requiring support and assistance
- Activate resources for the immediate, concrete needs of the students, families, and staff
- Identify the auditory, visual, and/or other sensory cues that serve as traumatic reminders of the event and monitor the range of trauma-related behaviors among students and staff
- Implement a program of support and provide psychological educational materials to students, staff and parents to help with reactivity to reminders

Phase III: Response

- Develop media messages during a crisis to disseminate trauma-related information and ways that parents can support the recovery of their children
- Provide regular information updates and maintain open communication with teachers, other staff, and parents.
 - Work with teachers to provide developmentally appropriate information to students. Monitor rumors and maintain timely, accurate information
- Develop a system to identify and follow psychologically vulnerable students and staff during the recovery period

Phase III: Response

- Address immediate needs– basic needs
- Disseminate information
 - Content
 - Verify information about the crisis
 - Inform about crisis, provides suggestions for coping
 - Frequency
 - Provide regular updates to teachers, parents, students
 - Process
 - Provide teachers with prepared statements
 - Send letters to parents
 - Have staff disseminate information in **face-to-face small group** settings
 - **AVOID** disseminating information over loud speaker or in large auditorium
 - Deliver media messages through one designated person

Action Plan During a Crisis

- Implement school crisis response plan
- Ensure safety and support of students
- Remain with students if possible
- Use calming techniques
- Model adaptive coping
- Provide developmentally appropriate information to students
- Provide realistic, concrete reassurance

Alternative Coping Strategies

- Challenge negative thoughts
- Distraction
- Positive Imagery
- Relaxation

- ALL PART OF PREVENTION

After a Crisis

Phase IV: Recovery

- Identify students and staff who may need long-term mental health support or intervention
 - HOW?
- Monitor the effects of cumulative stress on caregivers such as office staff, teachers, aides, and crisis team members
- Provide information on how to cope with cumulative stress and modify work roles/ responsibilities or add volunteer or support staff as needed
- Make educational materials available to parents and staff
- Modify school curriculum in the short-term as students and staff are recovering

Phase IV: Recovery

- Establish working relationship with Employee Assistance Programs
- Consider offering school-based mental health services provided by community, university, or public/non-profit mental health agencies after large-scale events and identify funding to support those services (e.g., Project SERV)
- Follow up with student referrals made to community agencies
- Note secondary adversities (friends move, loss of house)
- Plan a response for the anniversary period
 - Several months in advance
 - Identify students at continued risk

Case Example #1

Errors in Case Example

- Lack of teamwork (between police and school)
- Lack of communication
- Parents and school staff had disparate understandings of the annual postexam party

What could have been done?

- School and local police need to establish a good working relationship with open lines of communication
- Police interviews could have been undertaken by a plain-clothes investigator, parents notified, and school staff could have been prepared for student reactions and concerns
- Coordinated efforts to educate students about the dangers of drunk driving
- Crisis plan in place (more staff and resources in the case of a crisis) to be more prepared to undertake the task of working with many grieving students

Case Example #2



Errors in Case Example

- Lack of sensitivity shown to the students' own fears and concerns
- Principal reacted by attempting to keep the incident quiet
- No written information and reassurance to their parents
- Lack of strong visible adult leadership

What could have been done?

- Open and direct acknowledgement of students' feelings and reassurance that actions were being taken to help the injured girl
- Open communication with parents
- School psychologist might have advised the principal to consider the nature of student and parent reactions and volunteered to undertake efforts to calm and re-assure students

Roles of School Mental Health Professionals

School crises usually involve events that are upsetting to school staff as well as students. School MH professionals can:

- provide professional consultation and peer supervision as a useful means of support and clarification for crisis team members
- Make sure that meaningful and timely follow-up services are provided to all those affected by crisis and its aftermath
- Understand that school administration and teachers may also require support or assistance after tragic events

Roles of School MH Professionals

- Undertake a post-event evaluation of the crisis plan and its implementation
 - Use results of evaluation to highlight team strengths and effective actions
 - Recommend improvements in the school's response capabilities

What can be done at school to help a traumatized child?

Helping a Traumatized Child

- Maintain usual routines.

- A return to “normalcy” will communicate the message that the child is safe and life will go on.

- Give children choices.

- Help children feel safe by providing choices or control when appropriate.

- Increase the level of support and encouragement given to a traumatized child.

- Designate an adult who can provide additional support if needed.

- Set clear, firm limits for inappropriate behavior and develop logical- rather than punitive- consequences.

Helping a Traumatized Child

- Recognize behavioral problems may be transient and related to trauma.
- Provide a safe place for the child to talk about what happened.
- Give simple and realistic answers to questions about the traumatic events.
 - Clarify distortions and misconceptions.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child.
- Anticipate difficult times and provide additional support.

Helping a Traumatized Child

- Warn children if you will be doing something out of the ordinary.
 - Turning off the lights or making a sudden noise.
- Be aware of other children's reaction to the traumatized child and to the information they share.
 - Protect the traumatized child from peers' curiosity and protect classmates from the details of a child's trauma.
- Understand that children cope by re-enacting trauma through play or through their interactions with other.
 - Resist efforts to draw you into a negative repetition of the trauma.
- Be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power (although not all children have religious beliefs).
 - Do not engage- refer child to appropriate support instead.

When should a referral be made for additional help for a traumatized child?

Children who have experienced traumatic events may have behavioral problems, or their suffering may not be apparent at all.

NCTSN

Psychological First Aid for Schools (PFA-S)

- Evidence-informed intervention model to assist students, families, school personnel, and school partners in the **immediate aftermath** of an emergency
- Reduces the initial distress caused by emergencies
- Fosters short- and long-term adaptive functioning and coping

Psychological First Aid for Schools (PFA-S)

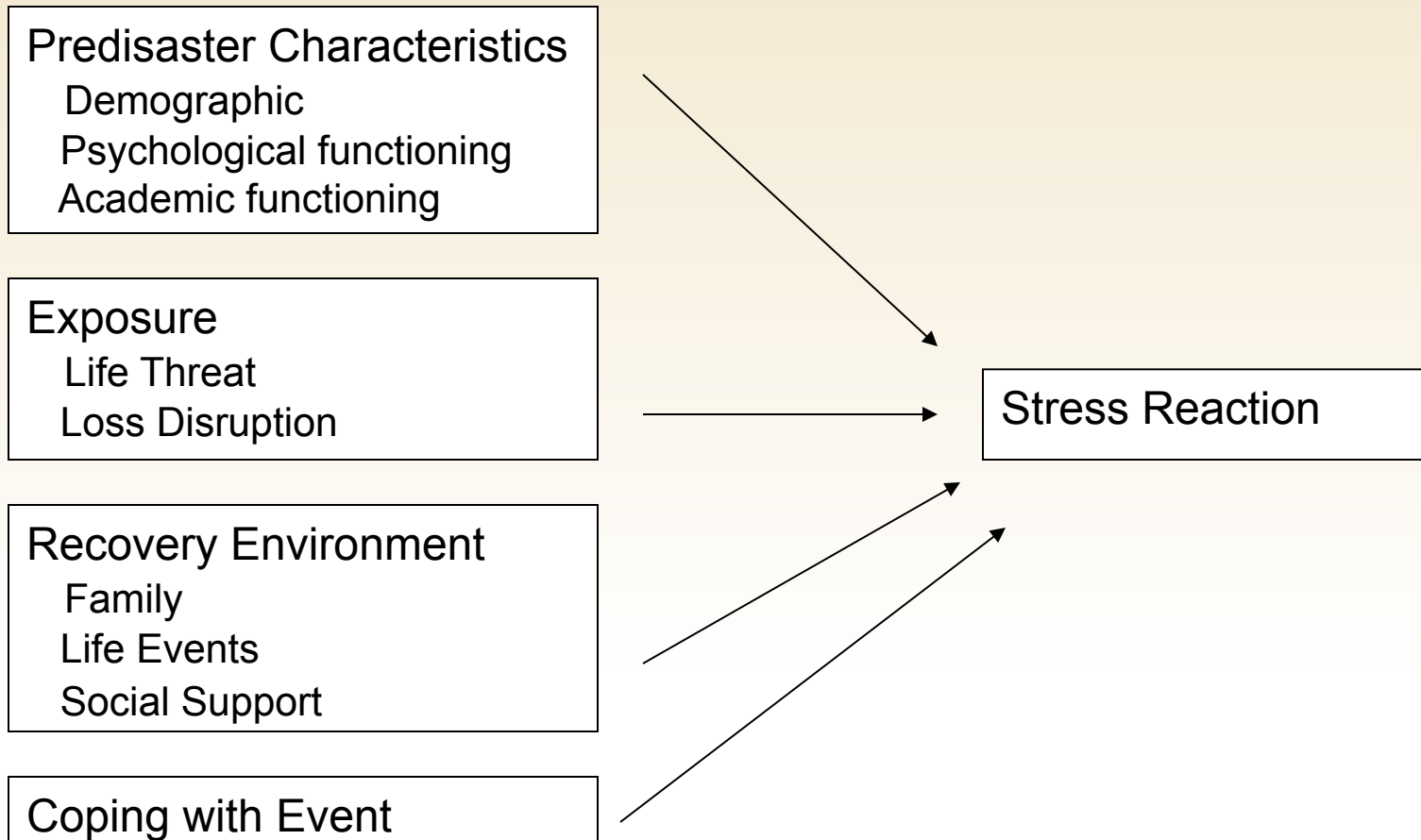
➤ PFA-S: 5 phases



Psychological First Aid for Schools (PFA-S)- **LISTEN**

- **LISTEN** and pay attention for:
 - Risk factors (may indicate a counseling referral)
 - Past traumatic events
 - Exposure to traumatic event as well as level of exposure
 - Secondary adversities
 - Life stressors
 - Coping strategies
 - Changes in following areas:
 - Academics
 - Activities
 - Behavior at home/school
 - Social interactions

Factors Increasing Risk for Stress Reaction



Listen²

(Where and how)

- Setting
 - Group
 - Private
- Sample Questions
 - Where were you when the crisis happened?
 - What do you remember about that day?
- Response
 - Be available and show interest and empathy through reflection
 - Encourage discussion but **DO NOT FORCE** students to talk or provide details as forcing can actually retraumatize them
 - Encourage them to stay in school instead of going home

What Not to Say and What to Say

•*What Not to Say:*

- I know how you feel; Johnny was one of my favorite students.
- You'll get over it.

•*What to Say:*

- I know how I've been feeling about Johnny's death but I'm not sure what it has been like for you. Tell me how you have been feeling.
- You seem really sad now. Its very understandable that you are feeling this way and you may have these feelings for a while. It is very good that you are talking about your feelings and reaching out for help.

Psychological First Aid for Schools (PFA-S)- **PROTECT**

➤ **PROTECT**

- Answer questions simply and honestly
- Inform students what school is doing to keep them safe
- Limit viewing of traumatic event on television and via internet
- Reestablish rules, routines, and discipline
- Make sure that support respects privacy
- Keep your eyes and ears open for bullying behaviors
- Make adjustments to assignments to be sensitive to students' current level of functioning
- Encourage students to “take a break” from the crisis focus with activities unrelated to the event

What else can we do
that help students feel
better?

Psychological First Aid for Schools (PFA-S)- **CONNECT**

➤ **CONNECT**

- Check in with students on a regular basis
- Encourage connection with peers
- Communicate with parents or caregivers
- Connect students with opportunities to help community
- Offer resources for support for students and classroom
- Restore interactive school activities
 - Sports, club meetings, student serviced projects, etc.
- Empathize with students
 - Allow extra time for new material
- Remind students major disasters, crises, and emergencies are rare
 - Discuss other times they have felt safe

Psychological First Aid for Schools (PFA-S)- **MODEL & TEACH**

➤ Staff can:

- Display calm demeanor that is optimistic
 - Be aware of verbal and nonverbal cues
- Educate students about common reactions to a traumatic event
- Explain that recovery may take varying amounts of time
- Monitor conversations that students may hear
- **TEACH** and **MODEL** effective coping:
 - Eat well, good sleep hygiene, exercise
 - Get back to regular schedule
 - Reach out and talk to someone
 - Help others
 - Do fun activities—PLAY
 - Practice drills

Cognitive Behavioral Intervention for Trauma (CBITS)

- Intervention program developed for use in schools for a broad array of traumas and populations.
 - Types of trauma include: physical abuse, disasters, accidents, witnessing death, assault, war, terrorism, immigration related trauma, and traumatic loss.
- Skill-based child group intervention that is aimed at relieving symptoms of Posttraumatic Stress Disorder (PTSD), depression, and general anxiety among children exposed to multiple forms of trauma.

Cognitive Behavioral Intervention for Trauma (CBITS)

- Teaches six cognitive-behavioral techniques:
 - Education about reactions to trauma
 - Relaxation training
 - Cognitive therapy
 - Real life exposure
 - Stress or trauma exposure
 - Social problem-solving

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- Components-based model of psychotherapy that addresses the unique needs of children with PTSD symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences.
- Used successfully in clinics, **schools**, homes, residential treatment facilities, and inpatient settings.
- Works even if there is NO parent or caregiver to participate in treatment.
- Short-term treatment approach (works in as few as 12 sessions).

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

➤ Specific components summarized by acronym PRACTICE

- **P**sychoeducation- provided to children and their caregivers about the impact of trauma and common childhood reactions
- **P**arenting skills- provided to optimize children's emotional and behavioral adjustment
- **R**elaxation and stress management skills individualized for each child and parent
- **A**ffective expression and modulation- taught to help children and parents identify and cope with a range of emotions
- **C**ognitive coping and processing- enhanced by illustrating the relationships among thoughts, feelings and behaviors

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

➤ Specific components summarized by acronym PRACTICE

- **T**rauma narration- children describe their personal traumatic experiences (important component of treatment)
- **I**n vivo mastery of trauma- used to help children overcome their avoidance of situations that are no longer dangerous, but remind them of the original trauma
- **C**onjoint child-parent session help the child and parent talk to each other about the child's trauma
- **E**nhancing future safety and development (final phase)- addresses safety, helps the child to regain developmental momentum, and covers any other skills the child need to end treatment

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

➤ TF-CBT reduces typical PTSD symptoms:

- Intrusive and upsetting memories, thought or dreams about the trauma
- Avoidance of things, situations, or people which are trauma reminders
- Emotional numbing
- Physical reaction of hyperarousal, trouble concentrating, or irritability

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

➤ TF-CBT results in improvements in:

- Depression
- Anxiety
- Behavior problems
- Sexualized behaviors
- Trauma-related shame
- Interpersonal trust
- Social competence

Support for Student Exposed to Trauma (SSET)

- School-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of post traumatic stress disorder (PTSD)
- Specifically for use by teachers and school counselors
- Non-clinical adaptation of the CBITS program
- Delivered in an easy-to-use lesson plan format ideal for educators
- 10 group lessons

Support for Student Exposed to Trauma (SSET)

➤ Reduces problems with:

- Anxiety or nervousness
- Withdrawal or isolation
- Depressed mood
- Acting out in school
- Impulsive or risky behavior

➤ Also helps students deal with real-life problems and stressors and increase levels of peer and parent support

➤ Evaluated for use with middle school students ages 10-14

- Works well with students in late elementary through early high school

Medication

- Stress responses can be both biological and psychological
 - Varies from person to person
- Medication prescribed to treat (dampen down) specific symptoms
 - Nightmares, difficulty sleeping, and anxiety
- Remind parents that research using such medications on young people lags behind research on adults

- **No definitive medication treatment to “cure” children’s traumatic stress**

“There is a cost to caring.”

Charles Figley, PhD

➤ Self Care for Educators

▪ **Seek support and consultation routinely.**

- Prevents “compassion fatigue” aka “secondary traumatic stress (STS)” from exposure to trauma through the children with whom you work.

▪ **Be aware of the signs of STS.**

- Increased irritability or impatience with students
- Difficulty planning classroom activities and lessons
- Decreased concentration
- Denying that traumatic events impact student or feel numb or detached
- Intense feelings and intrusive thoughts, that don't lesson over time, about a student's trauma
- Dreams about student's trauma

“There is a cost to caring.”

Charles Figley, PhD

- **Don't go it alone.**
 - Get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues.
- **Recognize compassion fatigue as an occupational hazard.**
 - It's not a sign of weakness or incompetence; rather, the cost of caring.
- **Seek help with your own traumas.**
- **If you see signs in yourself, talk to a professional.**
 - Experiencing signs for more than 2-3 weeks.
- **Attend to self care.**
 - Keep prospective by spending time with children and adolescents who are NOT experiencing traumatic stress.
 - Eat well and exercise
 - Engage in fun activities
 - Allow yourself to cry and find things to laugh about

Elementary School Age

Meet Sarah: Her teacher brought the fourth grader, who had been a model student, to the school nurse, complaining that she was not paying attention or completing her work. Quiet and withdrawn in the nurse's office, Sarah eventually said, "May I tell you something?" She then proceeded to talk about her dog being hit and killed by car. She was both sad and frightened, couldn't make sense out of what had happened, and was having nightmares.

Elementary School Age

Meet Mark: He is consistently in trouble at school, and appears to be having problems grasping his third grade material. His mother describes the violence that is pervasive in both their home and neighborhood. She reports that Mark has witnessed his mother being beaten by his father and has been a victim himself of his father's rages. During the first grade he was placed in foster care. Mark has also seen gun violence in his neighborhood.

Elementary School Age

While very different, what do Sarah and Mark have in common?

Both exposed to TRAUMA

- Remember, **trauma** is defined as *an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope.*
- What is extremely traumatic for one student may be less so for another.
- **Be aware of both children who act out AND the quiet ones who don't appear to have behavioral problems.**

Group Exercise

Crisis: Sudden death of a student, Michael, at Sunshine High School in Pleasant Valley, California. Student was 16 yo, died in a car crash. He was involved in National Honor Society and theater.

DISCUSS AS A GROUP THE NECESSARY STEPS YOU WOULD TAKE AS A SCHOOL MH PROFESSIONAL/ADMINISTRATOR/TEACHER

Resources

- Emergency Management Guide

<http://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/safe-caring-orderly/emergency-management-guide.pdf>

- Checklist for School Crisis and Emergency Plan

http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/Challenger%20Newsletter%20Checklist-final-sw_rvsd.pdf

- Child Trauma Toolkit for Educators

<http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit>

- Preventing Suicide A Toolkit for High Schools

<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Resources

- Guide for Parents on Child Trauma

http://www.nctsn.org/sites/default/files/assets/pdfs/ctte_parents.pdf

- Psychological First Aid

<http://www.nctsn.org/content/psychological-first-aid-schoolspfa>

http://rems.ed.gov/docs/HH_Vol3Issue3.pdf

- Cognitive Behavioral Intervention for Trauma in Schools

<http://cbitsprogram.org/>

THANK YOU!

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References

1. The National Child Traumatic Stress Network (October 2008). Child Trauma Toolkit for Educators. Los angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
2. US Department of Education. (2008). Psychological first aid (PFA) for students and teachers: Listen, protect, connect-model and teach. Helpful Hints for School Emergency Management, 3: 1-11.
3. American Psychiatric Association. (2000). Diagnostic and Statistical Manual for Mental Disorders Fourth Edition, Washington D.C.: American Psychiatric Association.
4. La Greca AM, Silverman WK, Vernberg EM, Prinstein MJ (1996). Symptoms of posttraumatic stress in children after Hurricane Andrew: A prospective study. *Journal of Consulting and Clinical Psychology*, 78: 712-723.
5. Vernberg EM, La Greca AM, Silverman WK, Prinstein MJ (1996). Prediction of posttraumatic stress symptoms in children after Hurricane Andrew. *Journal of Abnormal Psychology*, 105: 237-248.
6. Lai BS, La Greca AM, Auslander BA, Short MB (2013). Children's symptoms of posttraumatic stress and depression after a natural disaster: Comorbidity and risk factors. *Journal of Affective Disorders*, 146: 71-78.

References

7. US Department of Education. A checklist for school personnel to evaluate and implement the mental health component of your school crisis and emergency plan. The National Center for Child Traumatic Stress. http://www.nctsn.org/sites/default/files/assets/pdfs/Challenger_Newsletter_Checklist-final_sw_rvsd.pdf
8. Everly GS, Phillips SB, Kane D, Feldman D. (2006). Introduction to and overview of group psychological first aid. *Brief Treatment and Crisis Intervention*, 6: 130-136.
9. Temple, J. R., van den Berg, P., Thomas, J. F. "Fred," Northcutt, J., Thomas, C., & Freeman, D. H. (2011). Teen Dating Violence and Substance Use Following a Natural Disaster: Does Evacuation Status Matter? *American Journal of Disaster Medicine*, 6(4), 201–206.