

ASSESSMENT AND EBPS FOR ANXIETY, STRESS AND TRAUMA

TODAY'S GOAL:

- Accessing interventions by understanding student stress levels
- Overview of anxiety, stress, and trauma
- Introduce interventions
- Case study I, II
- Questions, comments, evaluations



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CDE – Diagnostic Center North



We are recruiting for a school psychologist!

• Evaluate students with special needs in Northern California (35 counties/500 school districts)

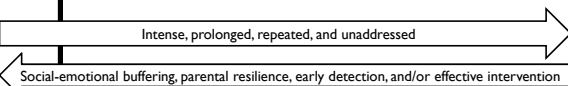
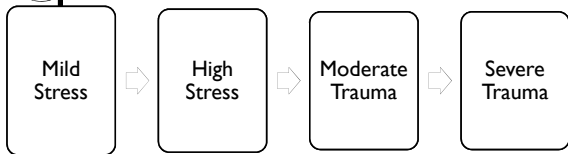
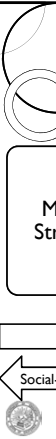
- Trainings**
- UDL and the Common Core Standards
 - Assessment of Autism
 - Mental Health Series

- Projects**
- Evidence-Based ASD Classrooms
 - Alternative Assessments

- Ask a Specialist**
- Assistive Technology
 - AD/HD
 - Mental Health
 - School Related Medical Issues



To Find the Right Intervention, We Must First Identify Stress Levels



State 1: Mild Anxiety and Stress Symptoms

- Nervous energy
- Hyper-alertness
- Irritability, anger
- Mild changes in physiological responses
- Insomnia
- Somatic tension
- Restlessness
- Speedy thoughts
- Long-lived

State 2: High Anxiety → Stress Symptoms

- State 1 symptoms, plus
- Shaking, trembling
- Fleeting thoughts
- Rage, terror
- Moderate changes in physiological function
- Maximum performance OR inability to perform
- Body tension (i.e., muscle contractions)
- Short-lived

Stress versus Trauma

- Stress
 - Able to Fight, Flee, or Freeze
 - Still in sympathetic branch of ANS
- Trauma
 - Triple F's aren't enough → System overwhelm → Looks like Freeze
 - Massive parasympathetic responses



State 3: Moderate Trauma Symptoms

- Hopelessness
- Fogginess / dissociation
- Lethargy, heaviness
- Lessening muscle tension
- Feeling cold
- Slow thoughts
- Nausea
- Confusion

State 1 & 2 symptoms alternate or occur simultaneous to State 3 symptoms

State 3: Dual Activation of Different States

State 3 (parasympathetic responses) ↔ State 1 &/or 2 (sympathetic responses)

Symptoms of Un-Discharged Traumatic Stress

Stuck on "On"

- Anxiety, Panic, Hyperactivity
- Exaggerated Startle
- Inability to relax, Restlessness
- Hyper-vigilance, Digestive problems
- Emotional flooding
- Chronic pain, Sleeplessness
- Hostility/rage

Stuck on "Off"

- Depression, Flat affect
- Lethargy, Deadness
- Exhaustion, Chronic Fatigue
- Disorientation
- Disconnection, Dissociation
- Complex syndromes, Pain
- Low Blood Pressure
- Poor digestion

Courtesy of Somatic Experiencing

State 4: Severe Trauma Symptoms

- Complete dissociation
- Blank affect
- Feeling disconnected
- Spaciness
- Feelings of unreality
- Feeling nothing/numb
- Visual perception changes

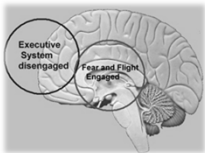
*No State 1 or 2 symptoms
Looks like State 0 – Everything looks fine*

Academic Signs of Anxiety

- Mental fatigue
- Fear of having work evaluated
- Chronic boredom, sulking
- Avoidance of social and learning experiences
- Concentration
- Transitions
- Initiation

Academic Signs of Stress/Trauma

- Cause-effect relationships
- Executive functions
- Language processing
- Memory
- Confusion
- Frustration tolerance



Matching States of Stress to Interventions

- States 3, 4
 - Individual support of targeted curriculum
 - In conjunction with therapy
- States 2, 3
 - Targeted Curriculum
- States 1,2
 - Mindfulness
 - SEL Curriculum
 - Trauma-Informed Schools

Introduction to Interventions

- Universal direct supports for anxiety, stress, and trauma
 - Mindfulness
 - Trauma Informed Schools
- Stress/Trauma
 - TF-CBT
 - CBITS
 - SSET
- Anxiety
 - Cool Kids
 - Coping Cat

Universal Interventions

Mindfulness v. Meditation

<ul style="list-style-type: none"> • Power of concentration • Sensory clarity • Equanimity 	<ul style="list-style-type: none"> • Calming / behavioral control tool • Deeper insight • Visualization
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<p><i>Goal of Mindfulness:</i></p> <p>“Sit with it”</p> <p>Self-awareness ... emotional balance ... impulse control ... focus</p>	<p><i>Goal of Meditation</i></p> <p>“Take your mind elsewhere”</p> <p>Relaxation ... Calming strategies ...</p>
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Universal Intervention: Mindfulness

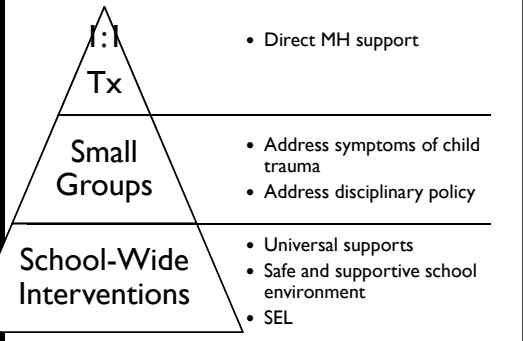


The screenshot shows the Mindful Schools website. At the top, there's a navigation bar with links: Home, Take a Course, About Mindfulness, About Us, Resources, and Group Rates. Below that, a featured course is highlighted: 'Curriculum Training: Teach Mindfulness to Youth' with a sub-headline 'Bring mindfulness to youth to build attention, self-regulation, and empathy.' Below the course, there's a section for 'MindUP' with the text 'To obtain your own copy of the MindUP™ Curriculum, order today through our publisher, Scholastic, Inc.' and three images of the curriculum materials.

Universal Intervention: Meditation Examples

- Relaxation response
 - E.g., Sync breathing with a special word, sound, or muscle
- Breathing practices
 - E.g., Balloon breathing ... breathing with sounds ... breathing by numbers
- Visualization
 - E.g., Picture a favorite place or place in nature

Continuum of Interventions: What Is a Trauma Informed School?



The diagram is a pyramid divided into three horizontal sections. The top section is labeled '1:1 Tx' and lists 'Direct MH support'. The middle section is labeled 'Small Groups' and lists 'Address symptoms of child trauma' and 'Address disciplinary policy'. The bottom section is labeled 'School-Wide Interventions' and lists 'Universal supports', 'Safe and supportive school environment', and 'SEL'.

Continuum of Interventions: What Is a Trauma Informed School?

Level	Examples
1:1 MH Tx	<ul style="list-style-type: none">• CBITS• TF-CBT
Address symptoms	<ul style="list-style-type: none">• SSET• Restorative justice
Discipline policy	<ul style="list-style-type: none">• Mindfulness• Lion's Quest• Second Step
Safe, supportive schools SEL	<ul style="list-style-type: none">• Positive Action• Strong Kids

Focused Interventions: But First ... The Cognitive Triangle

Feelings

Thoughts Behaviors

Focused Interventions for Stress and Trauma

- Curriculum
 - TF-CBT
 - CBITS
 - SSET
- Focus of Curriculum
 - Recognize physiological responses
 - Self-regulate physiological responses
 - Using the cognitive triangle
 - Trauma narrative
 - Manage responses to trauma re-exposure

Focused Intervention: TF-CBT

Focused Intervention: TF-CBT

- Thought Stopping Technique (Stress Management)
 - Best used when an intrusive thought is already identified
 - Does not need to be the most vivid or troubling memory about the trauma
 - Select a thought stopping method
 - Introduce a pleasant thought or image

Focused Intervention: TF-CBT

- Affect Expression and Modulation
 - Identify as many feelings as possible
 - Rate the intensity of the emotion
 - Express feelings appropriately (e.g., art, writing)

Focused Intervention: TF-CBT

- Cognitive Coping
 - Review difference between thoughts and feelings
 - Introduce “cognitive triangle”
 - Use hypothetical examples involving that child when inaccurate thoughts might seem “normal”
 - Apply cognitive triangle to example
 - Generate more accurate, helpful thoughts
 - Discuss how to apply to real life

Focused Intervention: TF-CBT

- Trauma Narrative
 - Book, picture, computer design, song, comic strip
 - Starts with innocuous information about the child
 - Details about the identified trauma
 - Include confusing, or upsetting related memories
 - Perception of the event

Focused Intervention: TF-CBT

- Trauma Narrative
 - Child reads the narrative
 - Child adds thoughts and feelings
 - Include worst moment, memory, or part of traumatic event
 - Employ cognitive processing techniques
 - Praise and encourage the child

Focused Intervention: TF-CBT



- Cognitive Processing
 - Purpose – challenge thoughts and beliefs the child may firmly believe
 - Re-read trauma narrative with attention to thoughts
 - Challenge unhelpful or inaccurate thoughts
 - Employ role-playing / role reversal
 - Repeat for a number of sessions

Focused Intervention: TF-CBT

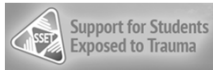
- Behavior Management
- Parent-Child Sessions

Focused Intervention for Trauma: CBITS Program


- 10 group therapy sessions – address symptoms
- 1-3 individual sessions
 - Exposure to trauma memory
 - Tx planning
 - Trauma narrative
- 2 parent sessions and 1 teacher session
 - How to support the student

 Cognitive Behavioral Intervention for Trauma in Schools 

**Focused Intervention for Trauma:
SSET**



- Non-clinical adaptation of CBITS
- 10 sessions
 - Common reactions to trauma
 - Relaxation and coping strategies
 - Learning to approach difficult situations
 - Trauma narrative
 - Problem solving
- Evaluated on 10-14 year olds




**Focused Interventions for Anxiety:
NAMI Recommendations**


Diagnosis	Age (years)	Evidence-Based Psychosocial Intervention
Anxiety	9-18	Cognitive Behavioral Therapy (CBT)
	3-17	Exposure Therapy
	3-13	Modeling Therapy

**Focused Interventions for Anxiety:
Small Group / Individual Supports**

- Coping Cat Curriculum (age 7-13)
 - Recognizing thoughts and physical reactions
 - Modeling real-life situations
 - Role-playing
 - Relaxation training
 - Contingent reinforcement
- C.A.T. Program (age 14-17)



Focused Interventions for Anxiety: Small Group / Individual Supports

- Cool Kids Curriculum (age 7-17)

 - ❖ More of a CBT focus that Coping Cat
→ How we think affects how we feel
 - Identifying anxious thoughts, feelings, and behaviors
 - Cognitive restructuring
 - Exposure therapy
 - Social skills and assertiveness training

Activity: Let's Think ... Pair, Share

- What is the main difference between anxiety-based interventions and trauma-based interventions?
 - Hint: It has to do with the type of re-exposure.

Thank You for Being a Change Agent in Student Mental Health

