

# Measuring Fear: Strategies for Gauging School Climate and Implementing Mental Health Recovery Solutions

## Presenters:

Richard van den Pol, Ph.D.

*Director – Division of Educational Research and Service (DERS)*

Matthew Taylor, M.A.

*Associate Director – DERS*

Aaron Morsette, M.A.

Trauma Intervention Specialist

Montana Center for the Investigation and Treatment of Childhood Trauma

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# The Division of Educational Research and Service at the University of Montana ([www.dersum.org](http://www.dersum.org))

- **Partnerships with:**
  - National Childhood Traumatic Stress Network
  - SAMHSA, OSDFS, ACA, Department of Justice and others
- **Topic Areas:**
  - School & Community Safety
  - Mental Health
  - Technology Integration
  - Early Intervention



# Presentation Agenda

International Perspectives: Efforts to manage school and community fear

- Historical overview of traumatic stress research – defining “fear”
  - Physiological correlates
- Warning signs for school counselors
- Emergency management cycle and relation to traumatic stress in schools
  - Prevention/Mitigation strategies for schools
  - Strategies for measuring fear - Safe Schools Assessment and Resource Bank (SSARB)
  - Preparedness / Response stages overviewed
  - Recovery stage overview - Psychological first aid summary
- School based interventions for mental health recovery
  - Overcoming the challenges of serving need of diverse clients in rural settings
  - Cultural Differences Influencing Trauma Treatment in Native American Populations
  - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Questions

# Multi-national Perspectives

- The SSARB survey confirms other findings that bullying is the #1 threat to health, a source of fear, and a barrier to school success.
- Bullying is considered a public health threat in Canada:
- 41% of students reported being involved in social bullying.
- 32% of students reported being involved in physical bullying.
- 18% reported they had called other students racist names.
- 16% reported unwanted touching, in a sexual way.
- 13% reported being victims of electronic bullying and/or electronic bullying others.
- 10% reported being victimized by homophobic harassment.
  
- Time frame: **monthly**

# Defining and Measuring Fear

- We all have experienced fear.
- We have a range of fear responses, both within our self and between our self and others.
- Temperament (a tendency to activate or not) helps to explain the range of emotion, but does not define the nature of what fear is.

# Historical overview of traumatic stress research: Toward a definition of fear

- Germinal research in defining human emotion examined fear using clinical, epidemiological, experimental, and technological methodologies.
- Pioneering work of Stanley Schachter and Phil Zimbardo created current foundation.

## Historical overview of traumatic stress research: Toward a definition of fear

- Schacter used experimental methods to induce activation through IM injections of epinephrine.
- Participants were told a lie about the research and placed in “waiting rooms.”
- Environmental events were contrived to produce anger, levity and anxiety.

## Historical overview of traumatic stress research: Toward a definition of fear

- Participants endorsed verbally that they variously reported being mad, finding situations funny, and feeling fearful.

## Historical overview of traumatic stress research: Toward a definition of fear

- Zimbardo induced anxiety via post-hypnotic orders.
- Subjects would feel strong fear when his phone light illuminated during the “post interview.”
- Subjects self-rated fear intensity and reported reductions once they hypothesized the “cause.”

# Historical overview of traumatic stress research: Toward a definition of fear

- Schachter also worked with polygraph equipment (“lie detectors”) to biologically define human emotional states, whether created experimentally or naturally.
- He concluded that we can confidently determine level of activation with technology, but that human physiology does not differentiate by emotion type at a level detectable by technology.

# Historical overview of traumatic stress research: Toward a definition of fear

- Schachter and Zimbardo provided numerous contributions to our understanding of the nature of human fear:
- Intero-receptive behaviors reflect activation: HR, BP, GSR, gastric motility, pupillary dilation, EEG, respiration rate, blood chemistry, etc.
- Activation is largely undifferentiated by emotional state whether produced exogenously or endogenously.
- “Other” contributions of these researchers.

# Physiological reactions to traumatic stress

- The last 100 years, psychologists have offered a variety of definitions, each focussing on different manifestations or components of the emotion. As there seems to be no empirical solution to the debate on which component is sufficient or necessary to define emotions, at present the most favoured solution is to say that emotions are best treated as a multifaceted phenomenon consisting of the following components: behavioural reactions (e.g. approaching), expressive reactions (e.g. smiling), physiological reactions (e.g. heart pounding), and subjective feelings (e.g. feeling amused). Each instrument that is claimed to measure emotions in fact measures one of these components.
- P.M.A. Desmet (in press) Measuring Emotions Delft University of Technology; Department of Industrial Design

# Historical overview of traumatic stress research: Toward a definition of fear

- Biologically, psychologically and medically, our best efforts to measure fear depend on the individual's verbal description of "what the emotion is."
- Verbal report is the essence of formal assessment, counselor interview, and system wide assessment (SSARB, YRBS, CPHA).

## A footnote to Schacter and Zimbardo\* Vicarious trauma & Caring for the caregiver

- Humans cannot easily perceive – or control - those phenomena measured by lie detectors.
- Blood pressure is the best known example of medical significance – the “silent killer.”
- Other killers exist, and all are exacerbated by temperament, family history and **job stress**.

## Fear, Anxiety and Traumatic Stress

- While fear has a physiological component we only can confirm empirically the amount of activation, and we cannot differentiate types of activation: We must rely on verbal report through interviews, formal assessment tools, and less formal methods.

# Fear, Anxiety and Traumatic Stress

- We propose a hierarchy of mild fear (“anxiety”), significant fear (“feeling really afraid”), and debilitating fear (“traumatic stress”).
- While chronic fear may induce life threatening disease, traumatic stress per se may produce increased morbidity and mortality.

# Fear, Anxiety and Traumatic Stress

- Historically traumatic stress and post traumatic stress disorder (PTSD) symptoms were presumed to be exclusively adult phenomena.
- We now know trauma and PTSD present in children, manifest somewhat differently than adult counterparts, and are readily treatable.

# Fear, Anxiety and Traumatic Stress

- “That which does not kill us makes us stronger.”
  - - Friedrich Nietzsche, c. 1860
- ...but, sometimes we do, in fact die, and sometimes “that” makes us weaker via traumatic stress/PTSD
- Science does not yet let us predict who will be “sensitized” and who will be “inoculated.”

# Fear, Anxiety and Traumatic Stress

- Traditionally, psychological trauma was defined as a “near death experience” where the individual believed they were about to die.
- We now understand that trauma is a kind of disabling fear resulting from many etiologies including near death, vicarious exposure, bereavement, medical procedures, war, terrorism, and intergenerational influences.

# National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org))

- 25 % of children experience a traumatic event by age 16
- “Many” develop childhood symptoms of PTSD or Childhood Traumatic Stress (CTS)
- Incidence estimates range up to 22%

# National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org))

“We live with dangers every day. They can become traumatic when they threaten serious injury or death or when they include physical or sexual violation. The witnessing of violence, serious injury, or grotesque death can be equally traumatic.”

Developmental implications (Stolle, 2004):

- the world is **not** safe,
- my parents cannot keep me safe, and
- bad things will happen to me again.

# National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org))

- Child Traumatic Stress – 3 main features:
- 1 Re-experiencing via intrusive thoughts, dreams
- 2 Avoidance of school, community, & life
- 3 Chronic activation (per Schachter) leading to symptoms like headache, stomachache, insomnia and long term morbidity
- ...the implications for school and life success are significant and multi-dimensional...

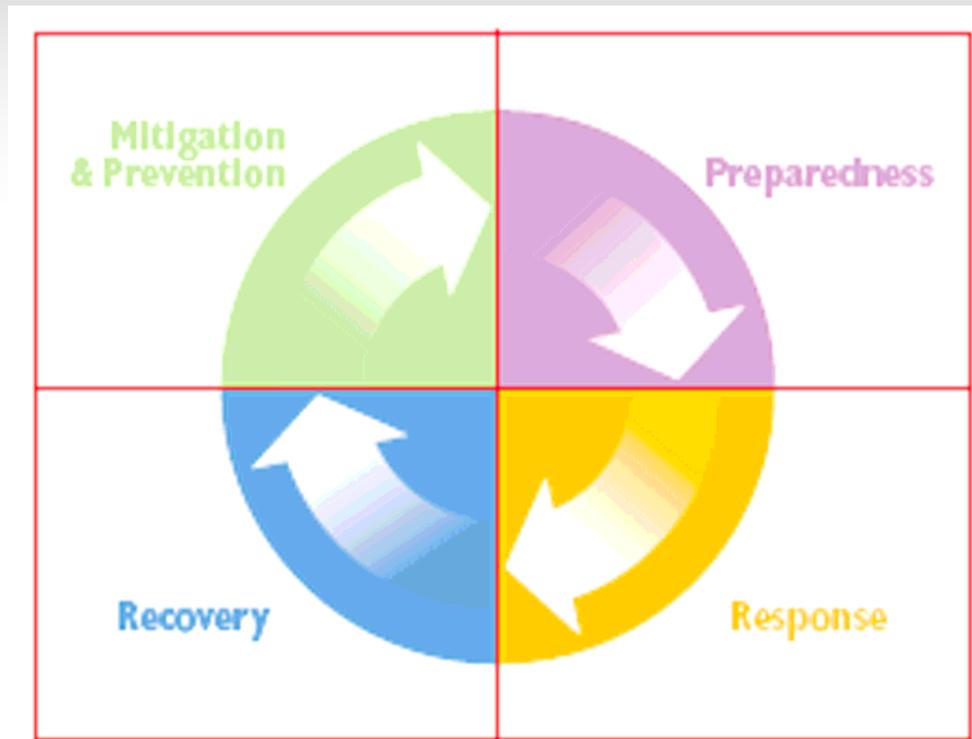
**“Foregoing help can have long-lasting consequences, and fortunately, entering treatment can have concrete beneficial results.” (NCTSN, no date)**

- Teaching children stress management and relaxation skills
- Creating a coherent narrative or story of what happened
- Correcting distorted ideas about what happened and why
- Changing unhealthy views that have resulted from the trauma
- Involving parents in creating optimal recovery environments

# Emergency Management Cycle

Decrease the need  
for response

Plan for a rapid, coordinated,  
effective response



Restore the learning  
environment; Monitor  
and assist the healing

Execute the plan

# MITIGATION and PREVENTION

- Connect with county emergency management and first responders to identify local hazards.
- Assess physical hazards of school environment.
- Collect data on the safety perceptions of students, staff, and parents.
- Implement prevention programs: substance abuse, bullying, suicide, positive behavioral supports etc.
- Collect incident report data from SROs, SEAs, YRBS etc..

*... its about the process,  
more than its about the plan*



# Measuring fear as a prevention strategy

- Safety is key to learning.
- School safety is a NCLB priority and a priority of every Ministry of Education in Canada.
- Most provinces require school climate assessments.
- Aggression in young children is rising.
- Most school violence is hidden.
- Perceptions are measurable and can drive program initiatives.
- Recovery begins with student and teacher perceptions of renewed security.

# Measuring fear as a prevention strategy

- Incident data only goes so far.
- Experiencing trauma affects students'
  - Ability to learn
  - Ability to make friends, social skills
  - Behavior in classroom
- Behaviors may be similar to ADHD.
- Careful consideration of intrusive questions.
- Helps keep the “hardening of the school” in check while other prevention/mitigation steps are taken.

# Safe Schools Assessment and Resource Bank (SSARB)

- Based on 32 key factors of school safety which statistically group to create the following major areas of focus:
    - Community Involvement
    - Discipline
    - Perceptions of Safety
    - School Services
    - Staff Preparedness
    - Violence and Victimization
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# Features of SSARB

- A *proactive, cost effective* tool to assess student, staff, and parent perceptions on school safety
- Helps schools make *informed decisions* about important safety improvements over time
- Ability to add *custom questions* to better fit individual school needs
- *Online access* makes it quick to administer and results are accessible immediately
- *Reports and charts display results* by gender, school, district, state, and respondent groups
- *Research-based questions and resources* as well as connections with school safety and mental health experts.
- For more information visit [www.ssarb.com](http://www.ssarb.com) or [www.dersum.org](http://www.dersum.org)

# SSARB example

Items 1 to 4 of 32

1. Teachers at my school encourage students' positive behavior.

Strongly Disagree       Disagree       Undecided/Don't Know       Agree       Strongly Agree

2. Students at my school follow school rules

Strongly Disagree       Disagree       Undecided/Don't Know       Agree       Strongly Agree

3. Teachers at my school know the warning signs of violent behavior in students.

Strongly Disagree       Disagree       Undecided/Don't Know       Agree       Strongly Agree

4. Teachers at my school can deal with a student who becomes out of control and possibly violent.

Strongly Disagree       Disagree       Undecided/Don't Know       Agree       Strongly Agree

Next

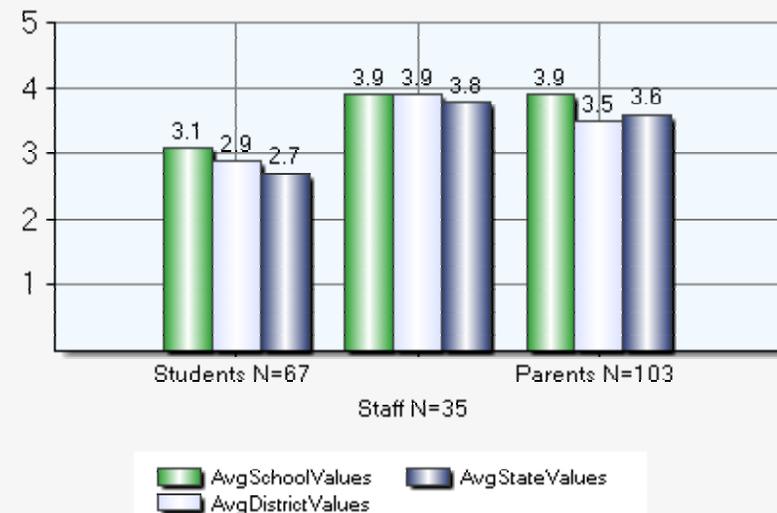
# Graphical results

Student | Staff | Parent

## Daly Assessment Survey Results by Student

Question	Average Score
After-school activities available	4.34
Hostile visitor action plan	4.10
Teachers encourage positive behavior	4.09
Drug and alcohol use	4.08
Intervention for young children	4.08
Crisis action plan	4.01
Feel safe in school building	4.01
Management of out of control behavior	3.97
Parent involvement	3.97
Presence of student weapons	3.97
Feel safe at school overall	3.97
Bomb threat action plan	3.92
Suicide prevention	3.88
Open communication among staff & students	3.86
Drop out prevention	3.86
Support for national crisis	3.84

## Students follow rules



# Preparedness & Response Stages

- **Preparedness:** *....plan for the consequences, not for the crisis*
  - Identify all stakeholders.
  - Gather information about the school facility, such as maps and the location of utility shutoffs.
  - Develop Incident Command System (ICS) and procedures for communications.
  - Practice, practice, practice.
- **Response:** *....manage the crisis, don't let the crisis manage you*
  - Determine if a crisis is occurring.
  - Initiate the appropriate emergency procedure.
  - Activate the ICS and be prepared to hand off control of certain aspects of an crisis when emergency response agencies come on scene.
  - Maintain communications and initiate parent-child reunification plan.
  - Keep records of decisions and secure school data -- *and don't forget to secure the crime scene.*

# Recovery Stage

- Recovery involves medical, psychological, infrastructure, legal, insurance, and documentation issues
- Strive to return to teaching and learning as quickly as possible – but understand what type of learning is going on and don't rush this critical process
- Conduct after action reviews with staff and first responders
- Recovery will not happen quickly
- Psychological First Aid
- System of follow up (mid & long term)



# Psychological First Aid

- Psychological First Aid (PFA) is an evidence-informed modular approach for assisting children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.
  - *Designed to:*
    - reduce the initial distress
    - foster short- and long-term adaptive functioning.
- PFA meets four basic standards
- consistent with research evidence on risk and resilience following trauma;
- Applicable & practical in field settings;
- Developmentally appropriate across the lifespan; and
- culturally informed and adaptable.

*PFA information citation:*

Brymer, M., Lane, C., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., and Watson, P. (2005): Psychological First Aid: Field Operations Guide. National Child Traumatic Stress Network and National Center for PTSD.

## Psychological First Aid Strategies in School Settings

- Immediate Steps for Emotional Triage and PFA
  - Ensure safety and comfort
  - Stabilization
  - Information gathering: current needs, concerns, history
  - Practical assistance (immediate needs, action plan, sense of control)
  - Connection with social supports
  - Education / normal range of emotions and physiological reactions
  - Linkages with collaborative services & client/guardians

# Psychological First Aid Strategies in School Settings

## ■ Pre-School

- Allow expression, reassure adult control
- Clarification that the danger is past (tv/radio)
- Use social stories, don't minimize but also don't encourage "magical thinking"

## ■ School age

- Productively channel feelings of responsibility, fear of reoccurrence, and retelling
- Clarify somatic complaints
- Monitor tendencies to minimize - when intended to protect adults and friends.

## ■ High School age

- Excessive self blame
- Acting out behavior – particularly when oriented to regaining control
- Awareness of tendencies toward emotional detachment

## ■ Post PFA

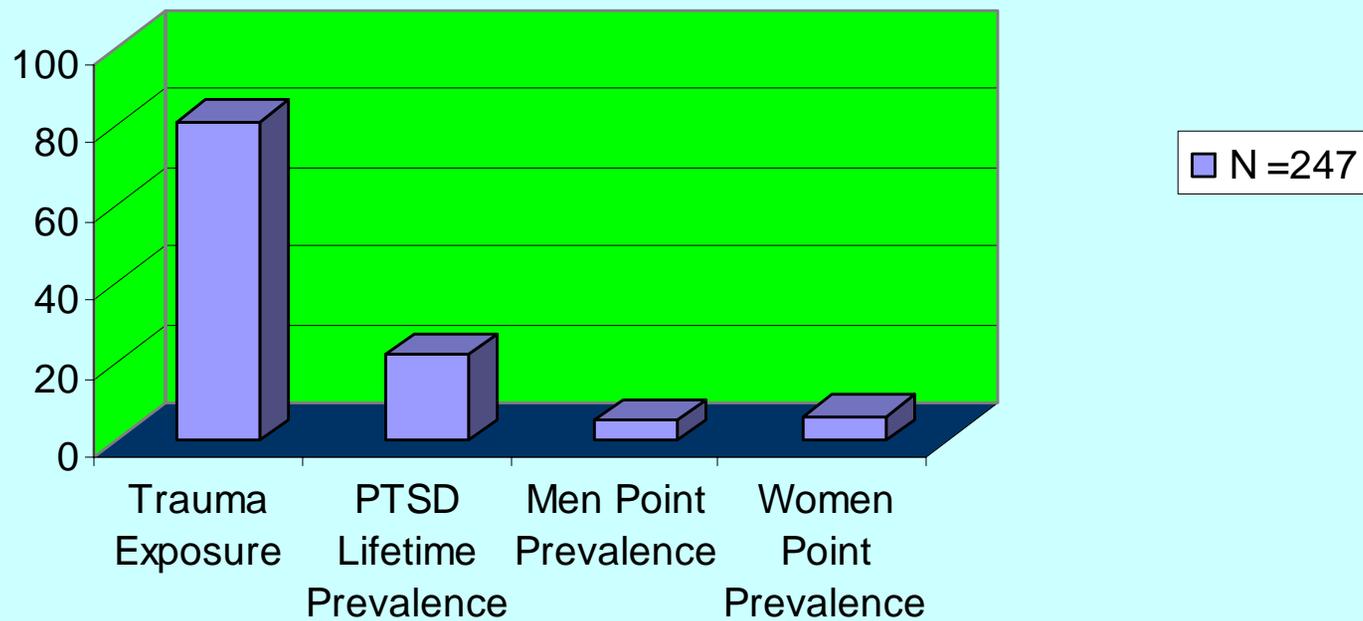
- School base mental health response team focus on classifying students by:
  - Emotional and physical proximity
  - Vulnerabilities
  - PTSD awareness training / information sharing with teachers, coaches etc.,
  - Detailing mid and long term follow up plans / responsibilities

## Overcoming Challenges of serving the mental health needs of diverse populations in rural settings

- Rural areas (Stamm, 2003).
  - 20% of U.S population,
  - Adverse weather,
  - Distances,
  - Lack of Services, and
  - Stigmas.
- Prevalence of PTSD
  - 8% of general population (APA, 2000).
  - 6.3-22% of adolescent populations.

# PTSD Prevalence (Robin, Chester, Jaranson, & Goldman, 1997)

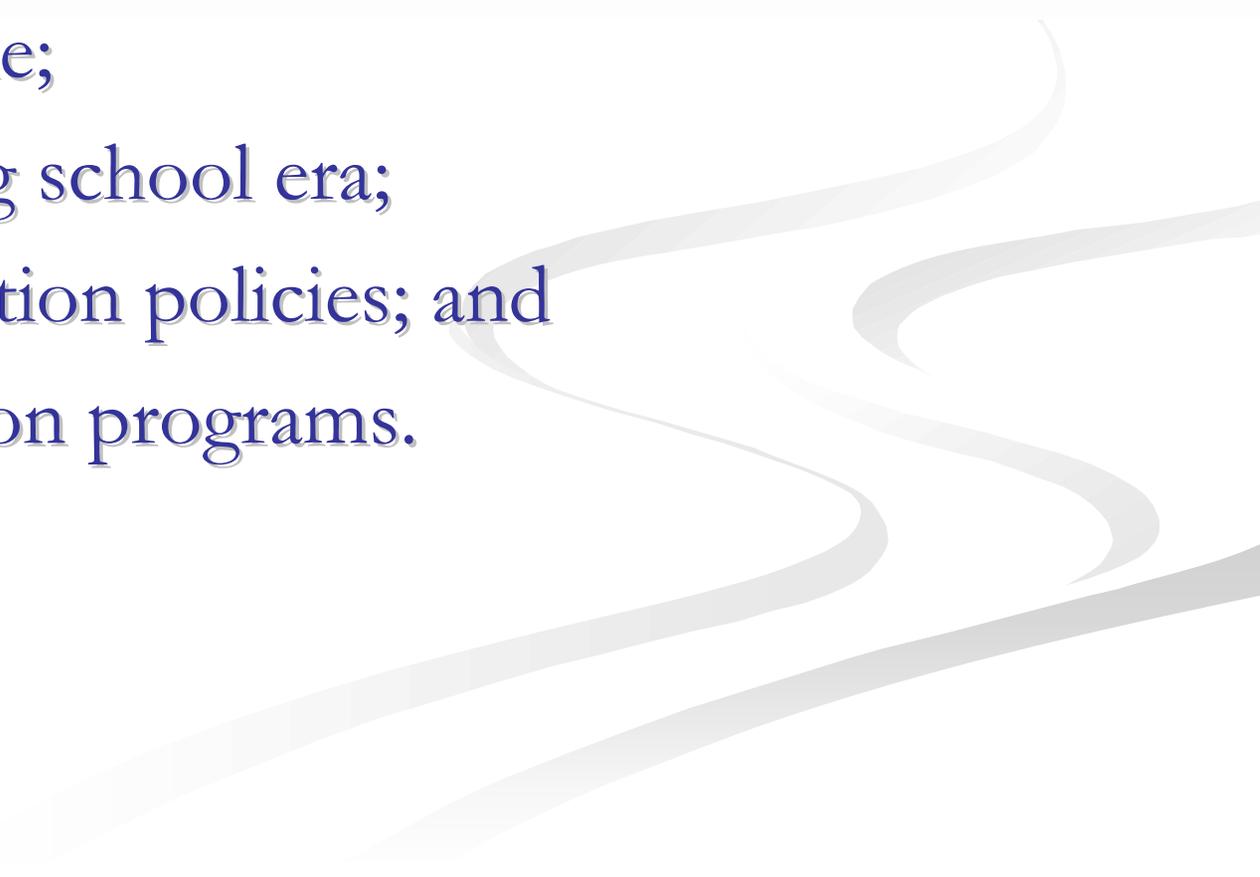
**Trauma Exposure & PTSD Prevalence in a Southwestern American Indian Community**



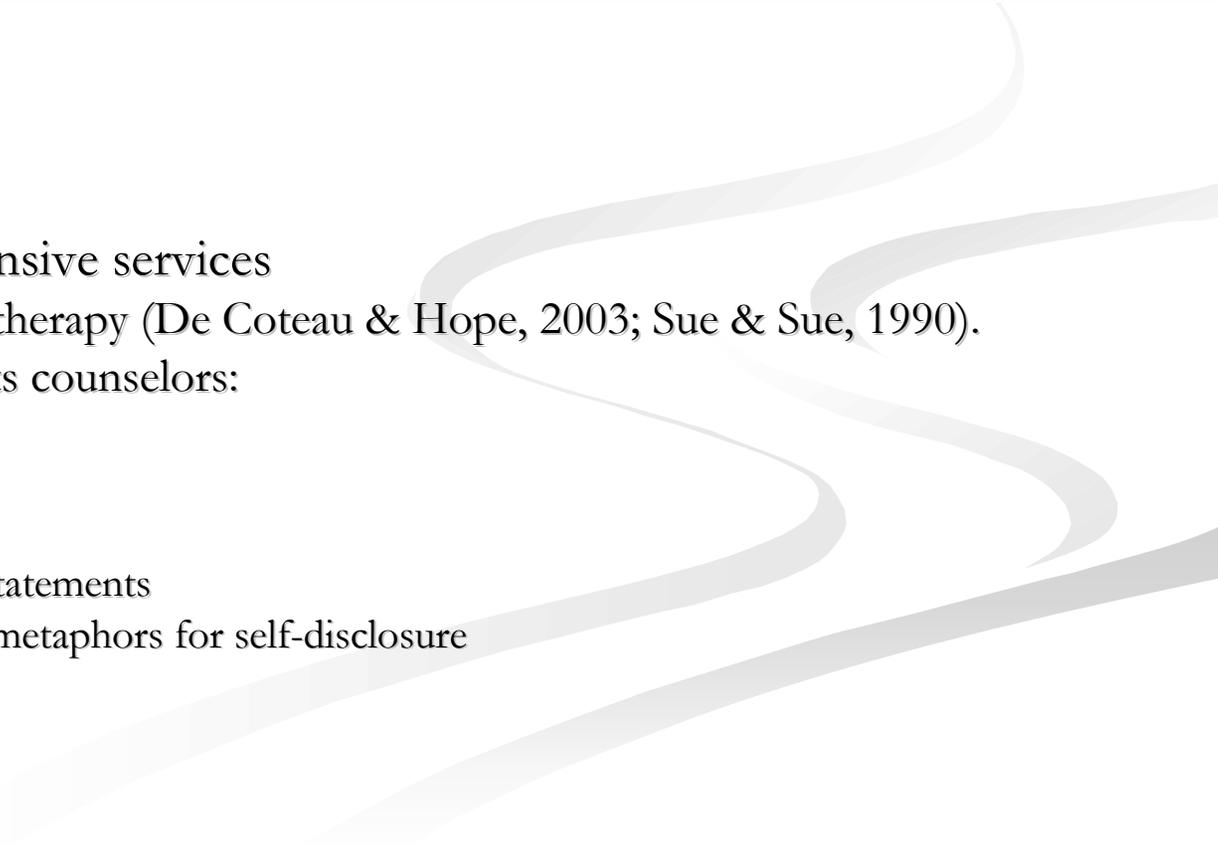
# Trauma Exposure in Native Populations

- Alcohol abuse and dependence may also be related to trauma (N=1660, 7 reservations; Koss, 2003).
  - 86% abused and neglected as children.
  - 9% of men and 5% of women met criteria for *alcohol abuse*.
  - 30% of men and 18% of women met criteria for *alcohol dependency*.
  - Study did not assess PTSD symptomatology.

# Historical Trauma

- Historical trauma and historical unresolved grief (Yellow Horse Brave Heart & DeBruyn, 1998).
    - Genocide;
    - Boarding school era;
    - Assimilation policies; and
    - Relocation programs.
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# Cultural Differences Influencing Trauma Treatment in Native American Populations

- Rural areas
  - Cultural dissimilarities
    - Approaches to treatment
    - Family composition
    - Perceptions of elders
    - Social norms
    - Systemic distrust
  - Provide culturally responsive services
    - Integrate culture into therapy (De Coteau & Hope, 2003; Sue & Sue, 1990).
    - Garrett (1994) suggests counselors:
      - Do not interject
      - Exhibit patience
      - Allow for silence
      - Utilize descriptive statements
      - Use anecdotes and metaphors for self-disclosure
- 

# Cognitive Behavioral Intervention for Trauma In Schools (CBITS)

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Stein et al., 2003)
  - CBITS incorporates aspects of CBT.
  - 10 week treatment protocol.
  - Treats secondary-aged children.
  - Standardized on an immigrant population in the Los Angeles Unified School Districts (LAUSD)
  - Research indicated:
    - 86% of children exhibited significant decreases in PTSD symptomatology.
    - 67% of children exhibited significant decreases in depressive symptomatology.

*For more information see:*

Stein, B.D., Jaycox, L.H., Kataoka, S.H., Wong, M., Tu, W., Eliot, M.N., & Fink, A. (2003). A mental health intervention for school children exposed to violence: A randomized controlled trial. *Journal of the American Medical Association*, 290(5), 603-611.

## CBITS Overview

- Ten Week Group Intervention
  - Introductions
  - Education & Relaxation
  - Introduction to Cognitive Therapy
  - Combating Negative Thoughts
  - Introduction to Real Life Exposure
  - Exposure to Stress or Trauma Memory (Two weeks)\*
  - Introduction to Social Problem Solving
  - Practice with Social Problem Solving
  - Relapse Prevention and Graduation

# CBITS results – Montana Center for the Investigation and Treatment of Childhood Trauma

- Screening data (48 students)

- LES 1-19,
- M = 6.85
- CPSS 0-19,
- M = 6.33

- Group Analysis

- LES 3-14,
- M = 6.85
- CPSS 5-18,
- M = 8.57

# CBITS results – Montana Center for the Investigation and Treatment of Childhood Trauma

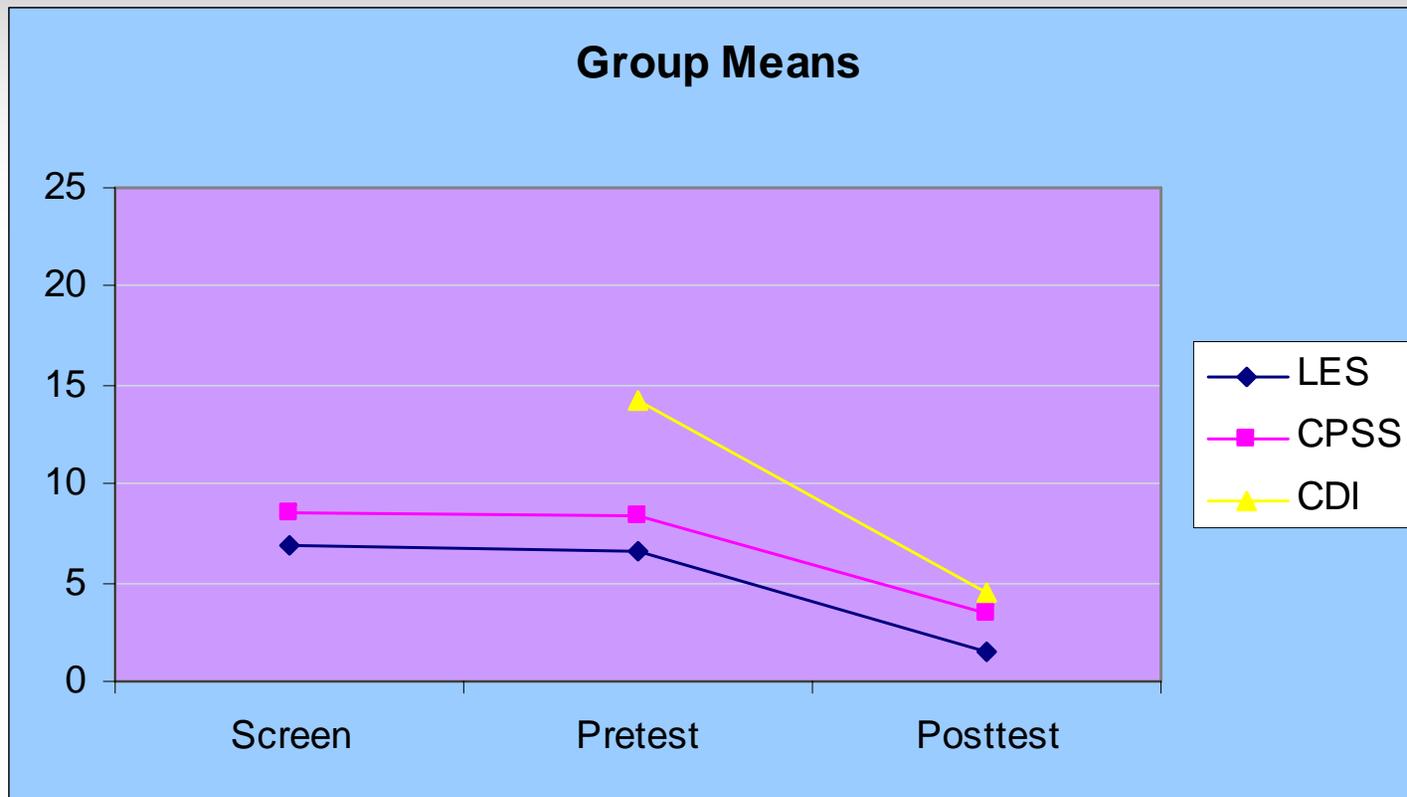
## ■ Group Analysis

- LES, 0-19,
- M = 6.57
- CPSS, 2-15,
- M = 8.43
- CDI, 2-23,
- M = 14.29

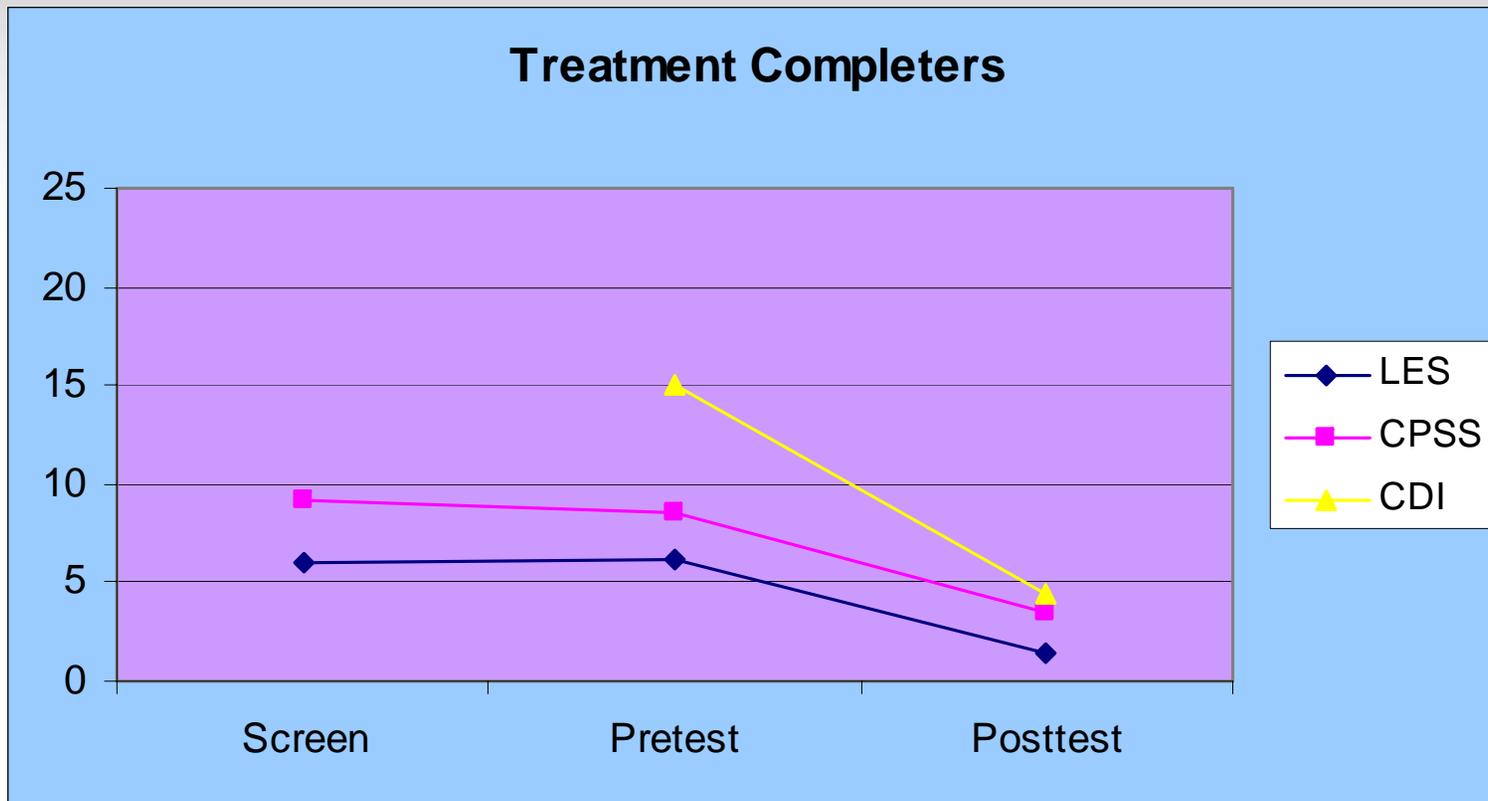
## ■ Group Analysis

- LES, 0-4,
  - M = 1.5
  - CPSS, 2-5,
  - M = 3.5
  - CDI, 0-11,
  - M = 4.5
- 
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# CBITS results – Montana Center for the Investigation and Treatment of Childhood Trauma



# CBITS results – Montana Center for the Investigation and Treatment of Childhood Trauma



## CBITS in the school setting

- CBITS effective method of treatment addressing PTSD and depressive symptoms in the schools (Stein et al., 2003, JAMA).
- Control group did improve – but slowly.
- Treatment group improved rapidly.
- When treated, control group also improved rapidly.
- Sustainable.