Classroom/Group Meetings & Stabilization

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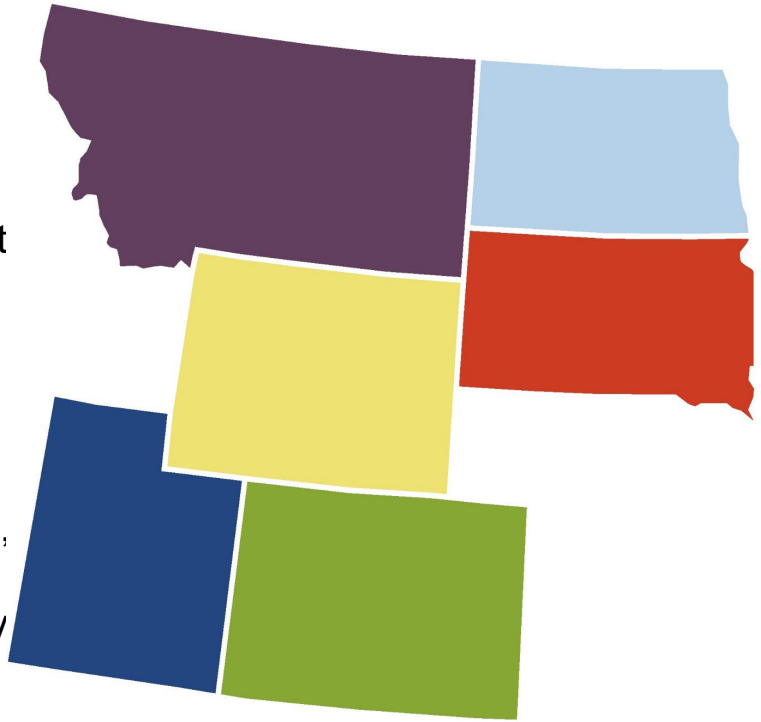
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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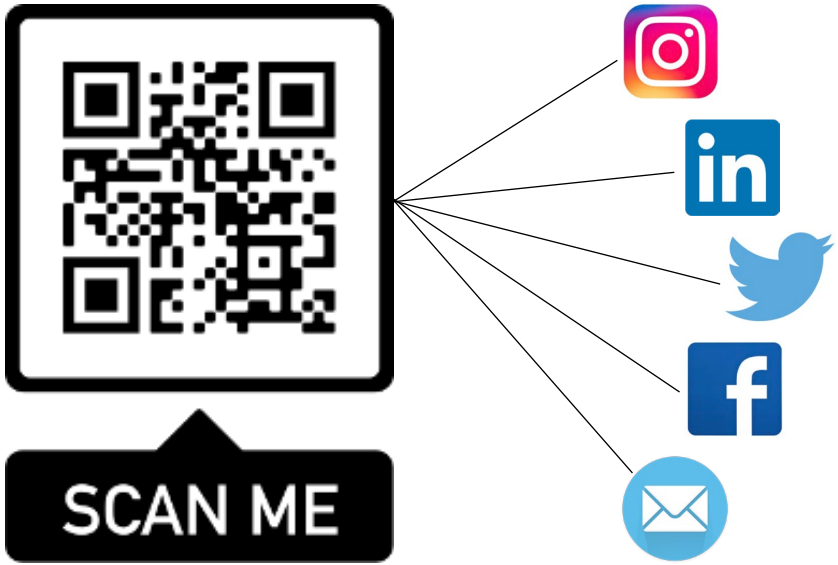


Classroom/Group Meetings & Stabilization

Developed from the NASP PREPaRE curriculum for use during the 2023 Maui Wildfire crisis

Unique Needs of Children

It is generally accepted now that children represent a highly vulnerable population, for whom levels of symptoms may often be higher than for adults.

Recent literature also suggests that childhood trauma can have a lasting impact on child cognitive, moral, and personality development, interpersonal relationships, and coping abilities.

Barenbaum et al. (2004, p. 42)

Unique needs of Hawaii

As we convene, we acknowledge Hawaiʻi as an indigenous space where the descendants of the original people are Kānaka Maoli or Native Hawaiian. We recognize that her majesty Queen Liliʻuokalani yielded the Hawaiian Kingdom and these territories under duress and protest to the United States to avoid the bloodshed of her people, who are recognized in the Kingdom’s law and today as kānaka Maoli. We further recognize that generations of indigenous Hawaiians and their knowledge systems shaped Hawaiʻi in a sustainable way that allow us to enjoy her gifts today. For this, We are truly grateful.

Evaluating Psychological Trauma

- Rationale
- Risk factors
- Warning signs

Rationale for Evaluating Psychological Trauma

- Unique consequences of crisis exposure
  - Has different effects
  - Recovery is the norm
  - Exceptions
    - Preexisting mental illness
    - Trauma history (e.g., adverse childhood experiences)
- Unique consequences of crisis intervention
  - Can cause harm

Activity: Psychological Trauma Warning Signs Indicators of Traumatic Stress

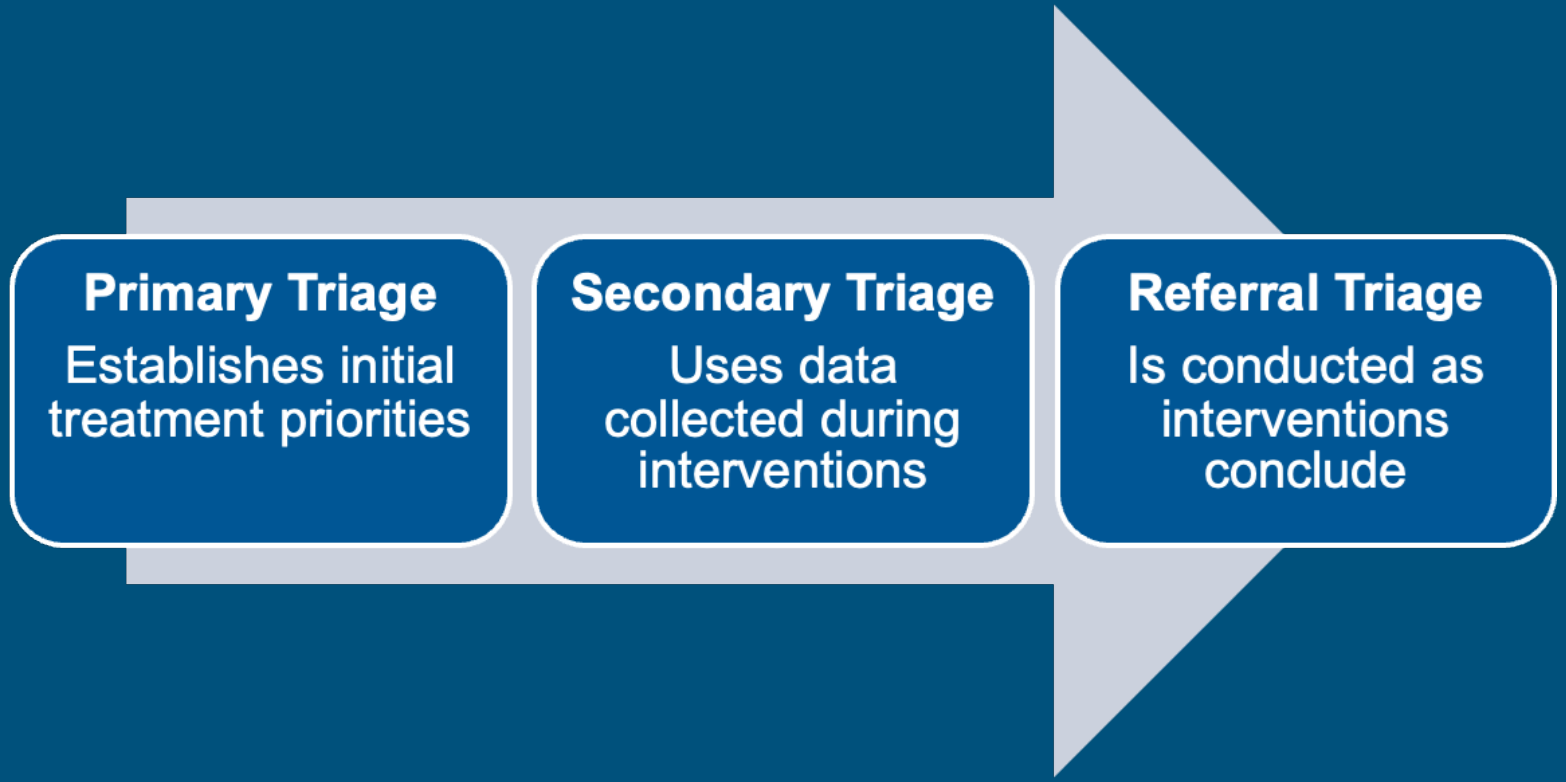
- Using Handout 14, identify which of the reactions are typically associated with one of four developmental levels.

- Write “PS” for preschooler reactions, “PG” for primary grade reactions, “IG” for intermediate grade reactions, and “A” for adolescent reactions.

Evaluating Psychological Trauma

	Low Risk	Moderate Risk	High Risk
Physical Proximity	☐ Out of vicinity of crisis site	☐ Present on crisis site	☐ Crisis victim or eye witness
Emotional Proximity	☐ Did not know victim(s)	☐ Friend of victim(s) ☐ Acquaintance of victim(s)	☐ Relative of victim(s) ☐ Best friend of victim(s)
Internal Vulnerabilities	☐ Active coping style ☐ Mentally healthy ☐ Good self-regulation of emotion ☐ High developmental level ☐ No trauma history	☐ No clear coping style ☐ Uncertainty about precrisis mental health ☐ Some difficulties with self-regulation of emotion ☐ Appearance of immaturity at times ☐ Trauma history	☐ Avoidance coping style ☐ Preexisting mental illness ☐ Poor self-regulation of emotion ☐ Low developmental level ☐ Significant trauma history
External Vulnerabilities	☐ Living with intact nuclear family members ☐ Good parent–child relationship ☐ Good family functioning ☐ No parental traumatic stress ☐ Good social resources	☐ Living with some nuclear family members ☐ Parent–child relationship at times stressed ☐ Family functioning at times challenged ☐ Some parental traumatic stress ☐ Social resources/relations at times challenged	☐ Not living with any nuclear family members ☐ Poor parent–child relationship ☐ Poor family functioning ☐ Significant parental traumatic stress ☐ Poor or absent social resources
Immediate Reactions During the Crisis	☐ Remained calm during the crisis event	☐ Displayed mild to moderate distress during the crisis event	☐ Displayed acute distress (e.g., fright, panic, dissociation) during the crisis event
Current or Ongoing Reactions and Coping	☐ Only a few common crisis reactions displayed ☐ Coping is adaptive (i.e., it allows daily functioning at precrisis levels)	☐ Many common crisis reactions displayed ☐ Coping is tentative (e.g., the individual is unsure about how to cope with the crisis)	☐ Mental health referral indicators displayed (e.g., acute dissociation, hyperarousal, depression, psychosis) ☐ Coping is absent or maladaptive (e.g., suicidal or homicidal ideation, substance abuse)
Total:			

Conducting Psychological Triage: A Process, Not an Event



Classroom Meeting Goals

1. Students/Staff have . . .
    a. Knowledge of reassuring crisis facts.
    b. Crisis rumors addressed.
2. Adults/leaders have . . .
    a. Begun to identify those in need of mental health crisis intervention assistance.

Intervention Strategies

1.Strategy 3: Classroom/Group Meeting Elements
Introduce the meeting (5 minutes)
2. Provide reassuring crisis facts (5 minutes)
3. Answer questions (5 minutes)
4. Refer those who have coping challenges

STEPS

1. *Introduce* the meeting
    a. Approximate duration 5 minutes
    b. Goal:
        i. Understand the meeting's purpose, process, and steps.
2. *Provide* reassuring crisis facts
    a. Approximate duration 5 minutes
    b. Goals:
        i. Ensure developmentally appropriate understanding of the crisis.
        ii. Avoid unnecessary or frightening details.
c. Read fact sheet script.

STEPS, continued

3. *Answer* questions
    a. Approximate duration 5 minutes
    b. Goals:
        i. Address questions.
        ii. Stop rumors.
        iii. Acknowledge unresolved crisis details.
    c. Use the fact sheet to answer questions:

        I. Anticipate questions.

        Ii. Let questions guide the meeting.

        Iii. Use care when giving frightening details.

        Iv. Redirect students who share experiences or reactions.

        »For example: “I will be sure to give you a chance to talk about that later, for now I just want to know if anyone has questions about what happened.”

STEPS, continued

3. *Answer* questions

d. Help distressed students calm down by shifting to neutral activity:

I. Drawing or coloring

Ii. Writing

Iii. Breathing exercises

e.Provide stabilization exercises or individual crisis intervention to those who are distressed.

STEPS, continued

4. *Refer* individuals demonstrating coping challenges
    a. Goals:
        i. Identify those at risk for traumatic stress.
        ii. Ensure students know how to get crisis intervention support.

Let’s Practice!

–A teacher reads the following Classroom Meeting script.

–Given the discussion of Classroom Meetings just offered, how would you respond to the following?

I. A student asks: “Is this going to happen again?”

Ii. A student asks: “Why does God let things like this happen?”

Iii. A student starts to cry hysterically.

Stabilization

Goal: –*To calm and orient* [in the moment] *emotionally overwhelmed or disoriented students and school staff.*

Brymer, Taylor et al. (2012, p. 35)

Stabilization

–Strategies: Responding to the distressed adult or older student

a. Reestablish social support.

b. Respect privacy:

–Remain calm, quiet, and present.

–Give physical and emotional space.

c. Offer assistance.

d. Provide practical guidance.

e. Support understanding of crisis facts.

f. Help identify crisis problems.

Stabilization

–Strategies: Responding to the distressed **younger** child

a. Reestablish support from familiar (and stable!) caregiver (ideally a primary caregiver).

b. Remain calm, quiet (speak in low tone), reassuring (sit with child at eye level).

c. Consider placing (never forcing) a reassuring or protective arm across child's shoulder.

d. Distract the child.

–Ask carefully chosen safe/neutral questions about child's interests.

e. Give reassuring crisis facts.

–Talk about events in a developmentally appropriate manner.

f. Let the child's questions determine additional information given.

Stabilization

–Strategies: Responding to extreme agitation and disorientation

a.Get at eye level.

b.Prompt attention.

–Ask the student to listen to you.

c.Determine if oriented to person, place, and setting:

–Ask where they are.

–Ask child to describe immediate surroundings.

d.Consider a grounding activity.

Stabilization-Activity

–Consider the following situation:

Your principal was informed of a student death before the start of school. From primary triage you identify a best friend of the deceased and are concerned how this friend will react. A teacher who has established a positive relationship with the student offers to be with the school psychologist when she breaks this tragic news. Upon hearing of his friends death, the student becomes agitated, paces, holding and shaking his head, shouting “No, no, no!”

–How would you respond to stabilize the situation?

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https://www.nasponline.org/professional-development/prepare-training-curriculum

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