

Evidence-based Practices to Support Trauma-exposed Students

Sharon Hoover Stephan, Ph.D.

Associate Professor, Division of Child and Adolescent Psychiatry
Co-Director, Center for School Mental Health

Banff XLVIII
March 20-23, 2016



Disclosures of potential conflicts

- No commercial affiliations. No conflicts of interest.

Research/Grant Funding:

- Substance Abuse Mental Health Services Administration (SAMHSA)
- US Department of Education
- National Institute of Justice
- National Institute of Mental Health
- US Department of Health and Human Services, Health Resources and Services Administration
- Maryland Department of Health and Mental Hygiene
- Baltimore City Public Schools
- Baltimore County Public Schools
- Howard County Public Schools
- CT Department of Children and Families

Center for School Mental Health

MISSION

To strengthen the policies and programs in school mental health to improve learning and promote success for America's youth

- Established in 1995. Federal funding from the Health Resources and services Administration.
- Focus on advancing school mental health policy, research, practice, and training.
- **Shared family-schools-community agenda.**
- Co-Directors:
Sharon Stephan, Ph.D. & Nancy Lever, Ph.D.
<http://csmh.umaryland.edu>, (410) 706-0980



The Treatment and Services Adaptation (TSA) Center for Resiliency, Hope, and Wellness in Schools

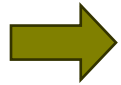
<http://traumaawareschools.org>



Marleen Wong, Ph.D. LCSW
Associate Dean and Clinical Professor
University of Southern California School of Social Work
Principal Investigator, USC/LAUSD/RAND/UCLA
NCTSN Trauma Services Adaptation Center
For Resilience Hope and Wellness in Schools

- Pia Escudero, LCSW
- Steve Hydon, MSW
- Lisa Jaycox, PhD
- Joshua Kaufman, LCSW
- Sheryl Kataoka, MD, MSHS
- Audra Langley, PhD
- Bradley Stein, MD, PhD
- Pamela Vona, MA

Outline of Today's Workshop



- **What is trauma and who is affected?**
- **What are the effects of trauma on youth?**
- **School Strategies and Programs to Address Student Trauma**
 - **In Depth – Cognitive Behavioral Intervention for Trauma in Schools**



Categories of Trauma

- Acute Trauma: Event that occurs at a particular time and place and is usually short lived
- Chronic Trauma: Experiences that occur repeatedly over long periods of time
- Historical Trauma: The collective and cumulative trauma experienced by a particular group across generations still suffering the effects

What is Traumatic Stress?

- Overwhelming experience
- Involves a threat
- Results in vulnerability and loss of control
- Leaves people feeling helpless and fearful
- Interferes with relationships and beliefs

Herman, J. (1992). Trauma and Recovery. New York Basic Books.

"Trauma arises from an inescapable stressful event that overwhelms an individual's coping mechanisms"

(van der Kolk & Finkelhor, 1995).

Childhood Trauma:

Experience or witnessing of an event that involves:

- Actual or threatened death or serious injury to self or others
- Threat to psychological or physical integrity of self or others

(Zero to Three, 2004)



Examples of Traumatic Experiences

- Community Violence
- Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Medical Trauma
- Natural Disasters
- Physical Abuse
- Refugee Trauma
- School Violence
- Sexual Abuse
- Terrorism
- Traumatic Grief



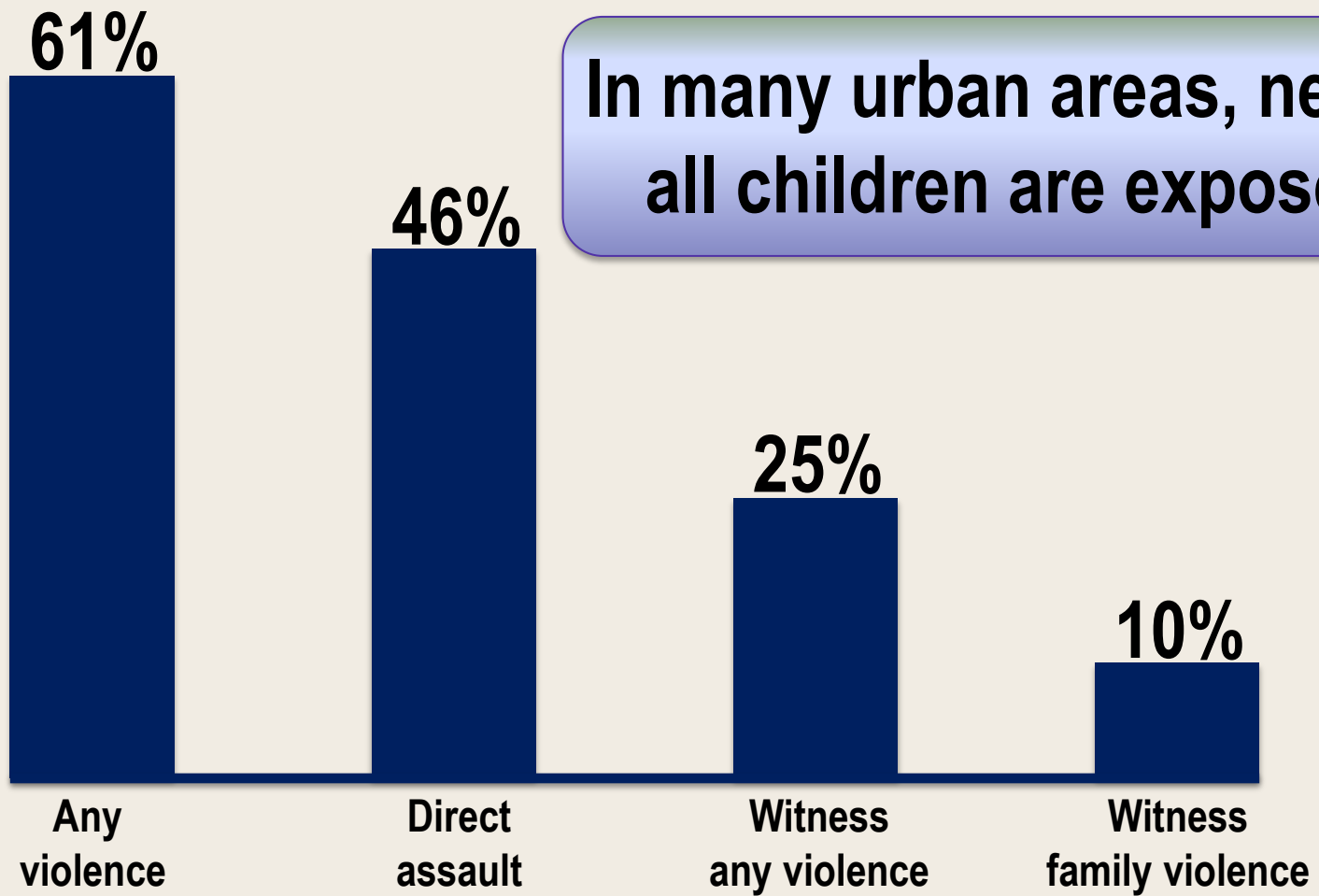
School violence across the U.S.





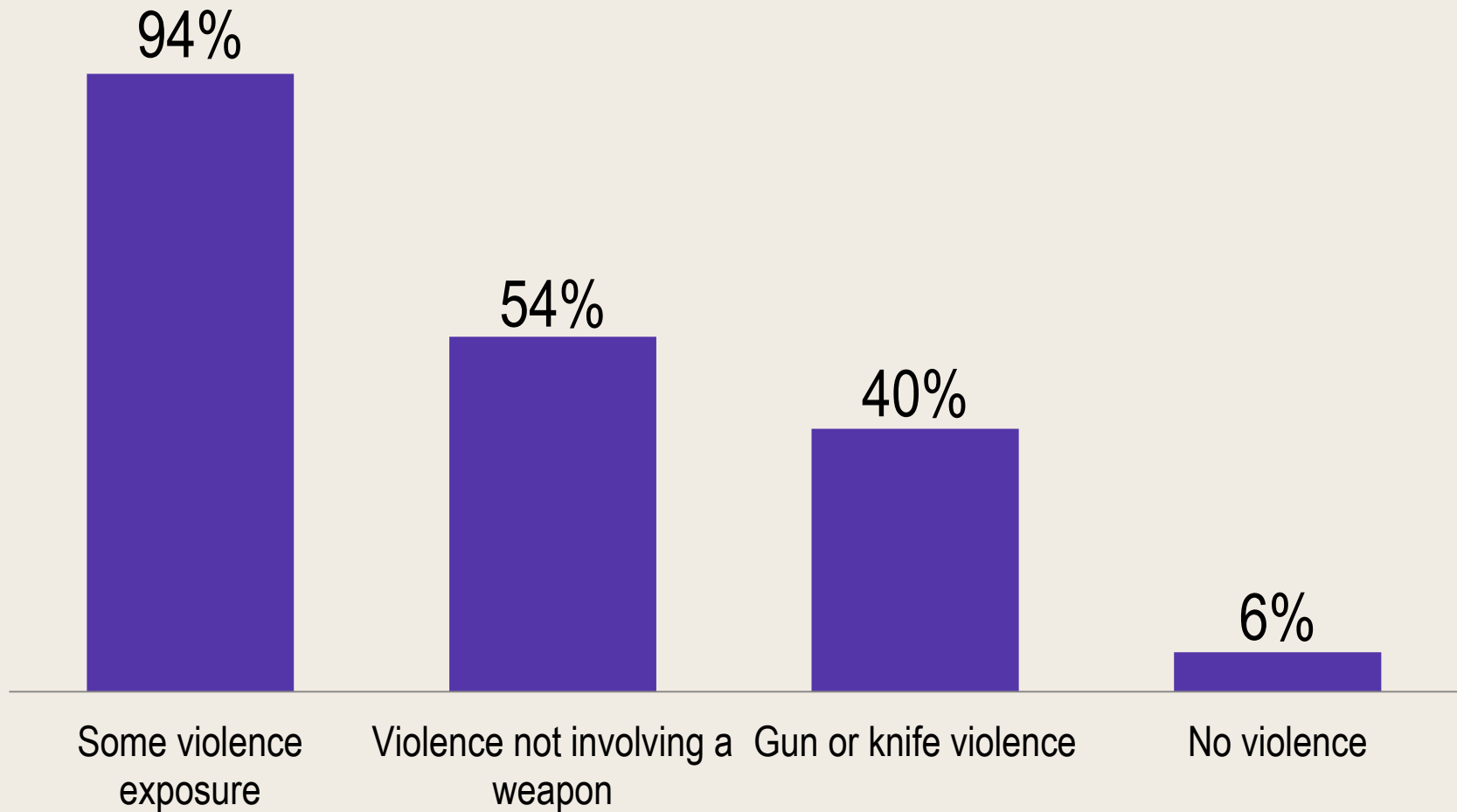
Hurricane Katrina

Most children are exposed to violence



National Survey of Children's Exposure to Violence, 2008

Prior Year Violence Exposure Among Los Angeles 6th Grade Students



Certain groups of students are at greatest risk

- **Ethnic minorities**
- **Children of lower socio-economic status**
- **Children with early conduct problems**
- **Residents of urban or high poverty and crime areas**
- **Males**

ACE Study:

The Relationship of Adverse Childhood Experiences and Adult Health

Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>

Adverse Childhood Experiences

Of 17,000 respondents, two-thirds had at least one adverse childhood event

- Physical, emotional or sexual abuse
- Emotional or physical neglect
- Growing up with family members with mental illness, alcoholism or drug problems
- Family violence
- Incarcerated family member
- One or no parents
- Parental divorce

Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>

ACE Study Findings

Of the 17,000+ respondents...

- More than 25% grew up in a household with an alcoholic or drug user
- 25% had been beaten as children
- Two-thirds had 1 adverse childhood event
- 1 in 6 people had four or more ACES

Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>

As the number of Adverse Childhood Experiences (ACEs) increase, so does risk for:

- Risk for Intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Chronic Obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease

ACE Study Findings

ACE Scores Linked to Physical & Mental Health Problems

Clear dose-response relationship

Compared with people with no ACEs, those with four or more ACEs were:

- Twice as likely to smoke
- Seven times as likely to be alcoholics
- Six times as likely to have had sex before age 15
- Twice as likely to have cancer or heart disease
- Twelve times more likely to have attempted suicide
- Men with six or more ACEs were **46** times more likely to have injected drugs than men with no history of adverse childhood experiences

Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>

ACES Impacts 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

Source: Burke, N.J., Hellman, J.L., Scott, B.G., Weems, C.F & Carrion, V.C. (June 2011). “The Impact of Adverse Childhood Experiences on an Urban Pediatric Population,” *Child Abuse and Neglect*, 35, No. 6.

VIDEO

- Adversity in your environment



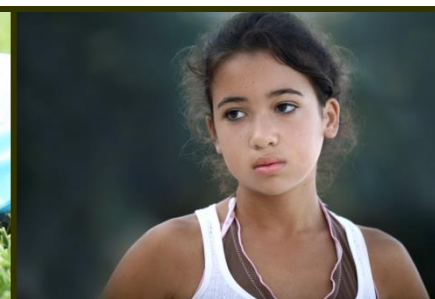
<http://www.raisingofamerica.org/watch>

DISCUSSION

- What types of trauma do you see in your schools?
- How do you think it impacts learning?

Outline of Today's Workshop

- **What is trauma and who is affected?**
- ➔ • **What are the effects of trauma on youth?**
- **School Strategies and Programs to Address Student Trauma**
 - **In Depth – Cognitive Behavioral Intervention for Trauma in Schools**



The emotional impact of violence and other trauma can be profound



Problems can include post-traumatic stress, depression, problems

Distress from violence has negative effects on students in the classroom

- **Classroom performance declines due to...**
 - Inability to concentrate
 - Flashbacks and preoccupation with the trauma
 - Avoidance of school and other places
- **Other behavioral and emotional problems develop that can impede learning and interpersonal relations**
 - Substance abuse
 - Aggression
 - Depression



These effects take a measurable toll

Decreased IQ and reading ability
(Delaney-Black et al., 2003)

Decreased rates of high school graduation
(Grogger, 1997)



More suspensions and expulsions
(LAUSD survey, 2006)

Lower grade point average
(Hurt et al., 2001)

More days absent from school
(Hurt et al., 2001)

The Impact of Trauma on Students

Video

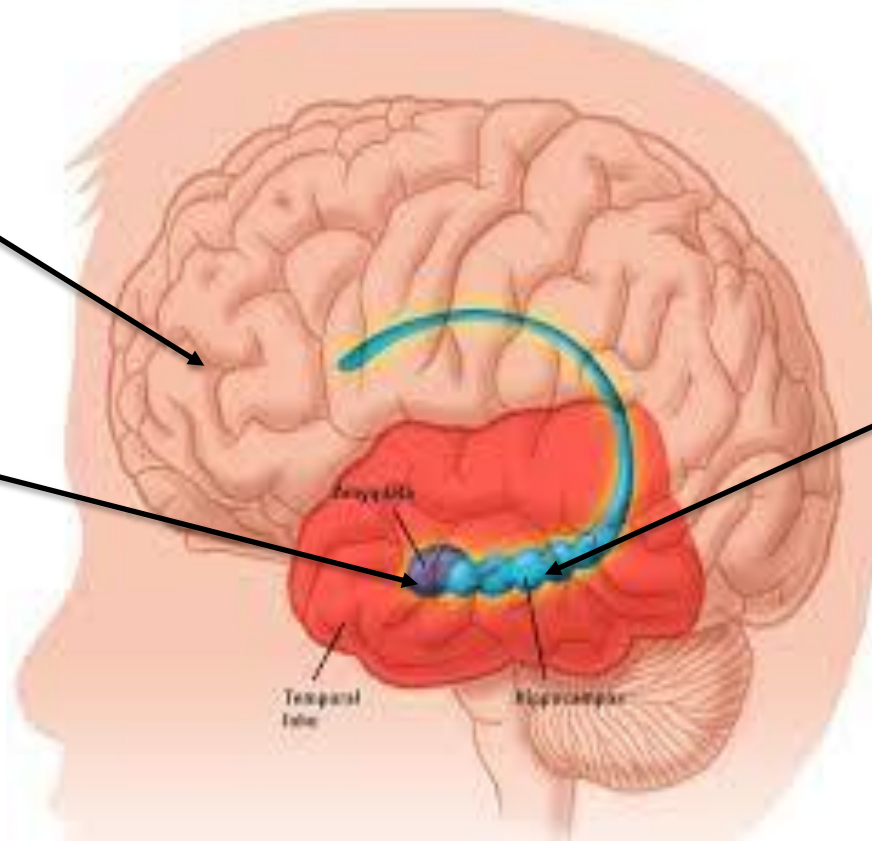


Impact of Trauma on the Brain

Prefrontal Cortex
(Planning, organization)

Amygdala
(Regulates chemical reactions to fear)

Hippocampus
(memory)



Typically Functioning Brain



**Scary Event
Occurs**



**Amygdala
produces
“alarm”
signals and
overrides
frontal lobe**



**Response to
Crisis: Fight-
Flight-Freeze**



**Hippocampus:
Creates Potent
Memory of
Event**

The changes brought about in the brain as a stress reaction are helpful in the immediate face of danger.

Brain Impacted by Complex Trauma



Trauma
Reminder



Amygdala
produces
“alarm”
signals and
overrides
frontal lobe:
False Alarm



Response to
Crisis: Fight-
Flight-Freeze



Hippocampus:
Reduction in
size and
decreased
ability to
inhibit
reactions to
stimuli

Same reactions on prolonged basis cause brain damage including impaired use of the prefrontal cortex and indiscriminate fear.

Neurological Effects of Trauma on the Brain

- Overly stimulated and damaged brain
 - Hippocampal damage (spatial awareness, memory, and recall)
 - Decreased prefrontal cortex access (higher order thinking; planning, organization, working memory)
 - Altered epinephrine (adrenaline)
 - Decreased serotonin (hormone that elevates mood)
 - Increased norepinephrine (action chemical: fight, flight, freeze)

In General..

- Smaller brain size and structures
- Fewer neural connections
- Heightened baseline level of arousal
- Difficulties with learning, memory, and emotional regulation



Kathleen Guarino, LMHC, NCSSLE, AIR

VIDEO

- The stressors can be relentless on the brain



Impact of trauma on genetics

- Differences in DNA result from exposure to traumatic stress
- Preconception stress leads to epigenetic changes in both exposed parents and their children



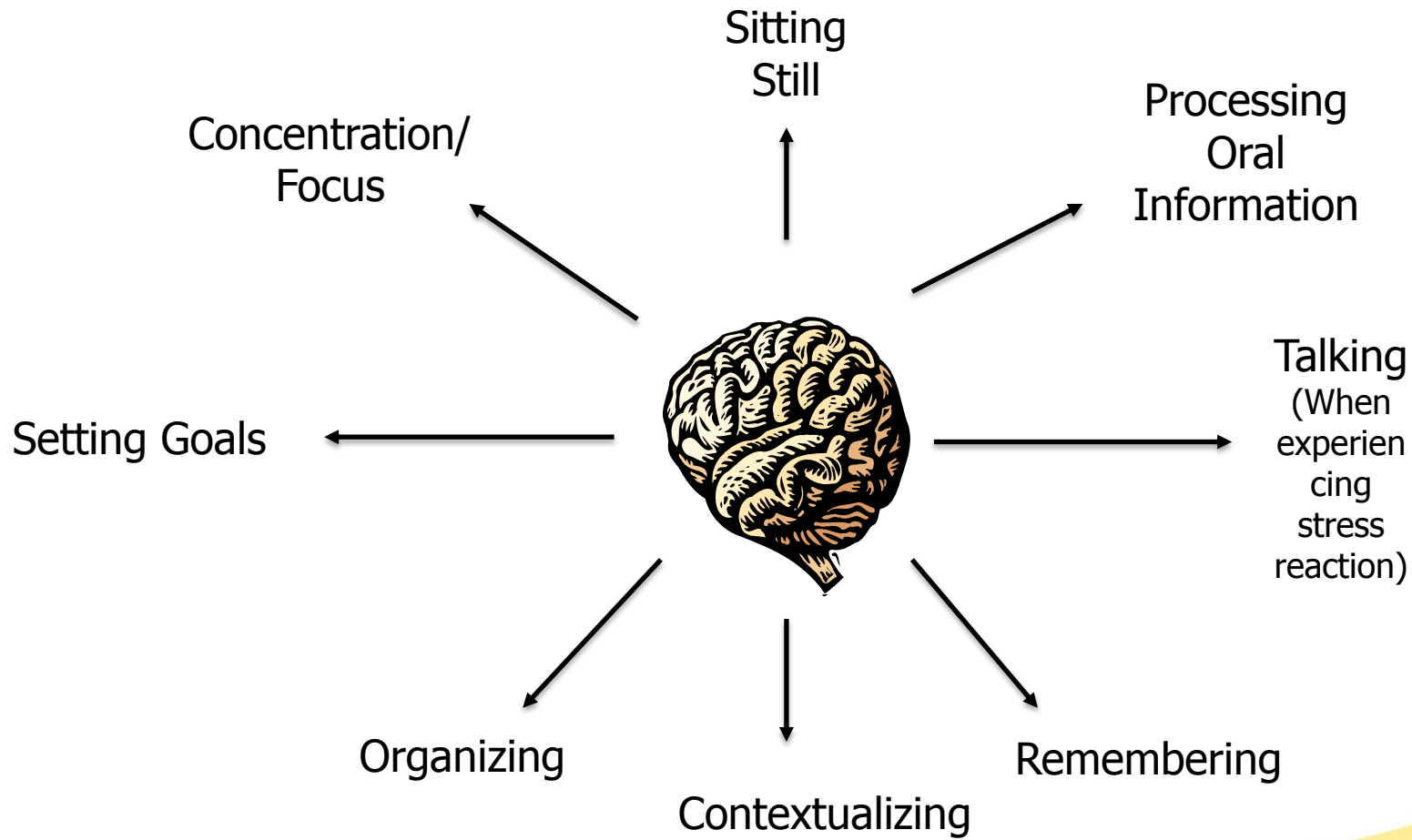
VIDEO

- Our experiences go deeper than we thought



<http://www.raisingofamerica.org/watch>

Impact on Student Functioning



Manifestation in the Classroom

- Attention/Concentration
 - Difficulty with sustained attention
 - Increased distractibility
 - Day dreaming
 - Difficulty completing classwork/homework
- Externalizing Behavior
 - Impulsive acting out (e.g., physically, verbally)
 - Increased emotional reactivity
 - Emotional numbing

Manifestation Cont'd

- Memory
 - Fragmentation of long-term memory
 - Dissociative amnesia (gaps/black-outs)
 - Decreased recall of facts, lists
 - Difficulty recalling learned information
- Organizational Skills
 - Problems with planning
 - Difficulty with time management/task organization
 - General disorganization

Academic Consequences

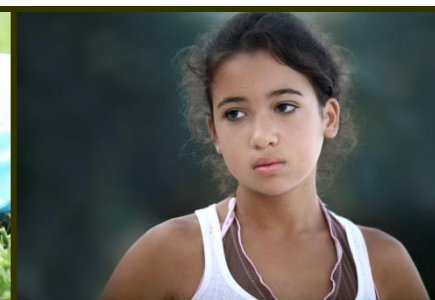
- Experience more tardy and absent days
- Increased risk of failing, poor test scores
 - Tend to score significantly lower on tests of reading and math
- More likely to be suspended or expelled
- Higher rates of referral to special education
- 2.5 times more likely to repeat a grade

Impact on Mental Health

- Post-Traumatic Stress Disorder (PTSD)
 - Arousal and reactivity alterations
 - Intrusive thoughts
 - Avoidance
 - Alterations in cognitions and mood
- Anxiety
 - Excessive worry/doubt
- Depression
 - Feelings of hopelessness/helplessness
 - Decreased enjoyment

Outline of Today's Workshop

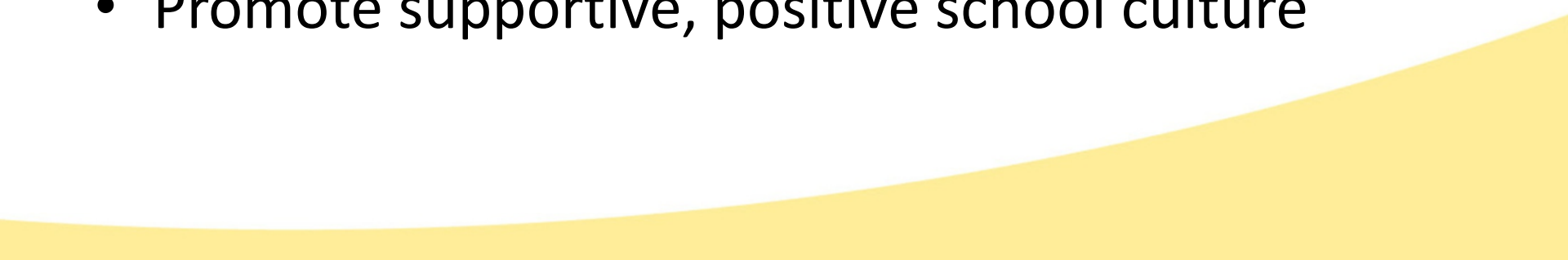
- **What is trauma and who is affected?**
- **What are the effects of trauma on youth?**
- ➔ • **School Strategies and Programs to Address Student Trauma**
 - **In Depth – Cognitive Behavioral Intervention for Trauma in Schools**



SCHOOL AND CLASSROOM STRATEGIES BY TIER



Tier I: Schools

- In-service trainings about trauma
 - Train staff on emergency protocols
 - Psychological First Aid
 - Identify and minimize trauma-related triggers
 - Promote supportive, positive school culture
- 

Tier I: Classrooms

Classroom Strategies

- Establish clear, predictable routines
- Plan for transitions
- Set clear rules/expectations enforce consistently
- Use respectful language and tone
- Present material in multiple ways
- Provide opportunities for student choice and sense of control
- Provide options and spaces for calming down
- Be prepared to offer additional support
- Check your assumptions

Recognize Common Triggers

- Loud, chaotic environments
- Physical touch
- Authority figures
- Limit setting
- Uncertainty about expectations or transitions
- Emergency responders and police
- Situations that generate feelings of helplessness, vulnerability, or lack of control

Tier II: Schools

- Make appropriate accommodations on 504 plans
- Bounce Back
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Support for Students Exposed to Trauma (SSET)

Tier II: Classrooms

Classroom Strategies

- Provide a safe place for the child to talk about what happened
- Shorten assignments
- Give permission to leave class if feelings become overwhelming
- Allow additional time to complete assignments
- Provide additional organizational support (e.g., check to ensure homework is written down)
- Behavioral and academic skill development groups

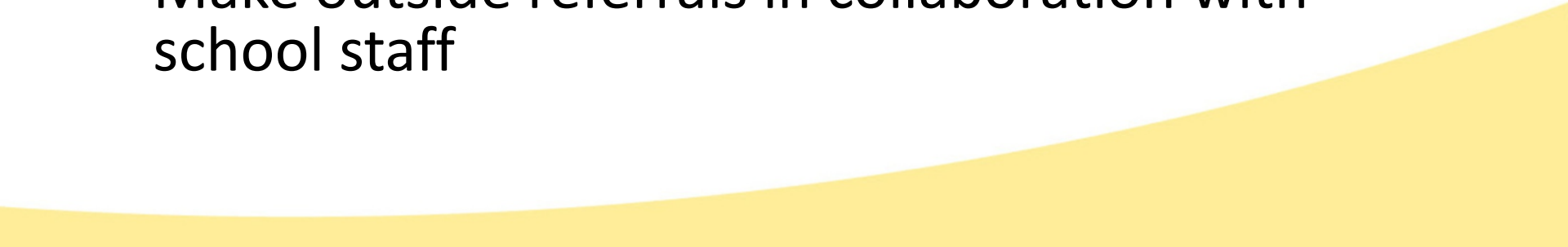
Additional Strategies

- SSET
- Observe students for prolonged academic/functional impairment
- Consider referring the student for additional support from the counselor, school psychologist, social worker, mental health clinician, etc.

Tier III: School

- TF-CBT (Trauma Focused Cognitive Behavioral Therapy)
- SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress)
- Modify student IEP to reflect trauma related needs
- Connect student/family with a school provider (e.g., social worker, mental health clinician) *or*
- Identify outpatient mental health services for students and their families and refer
- Ensure teachers are aware/have access to information

Tier III: Classrooms

- Document ongoing emotional/behavioral concerns
 - Advocate for student needs
 - Refer for evaluation
 - Make outside referrals in collaboration with school staff
- 

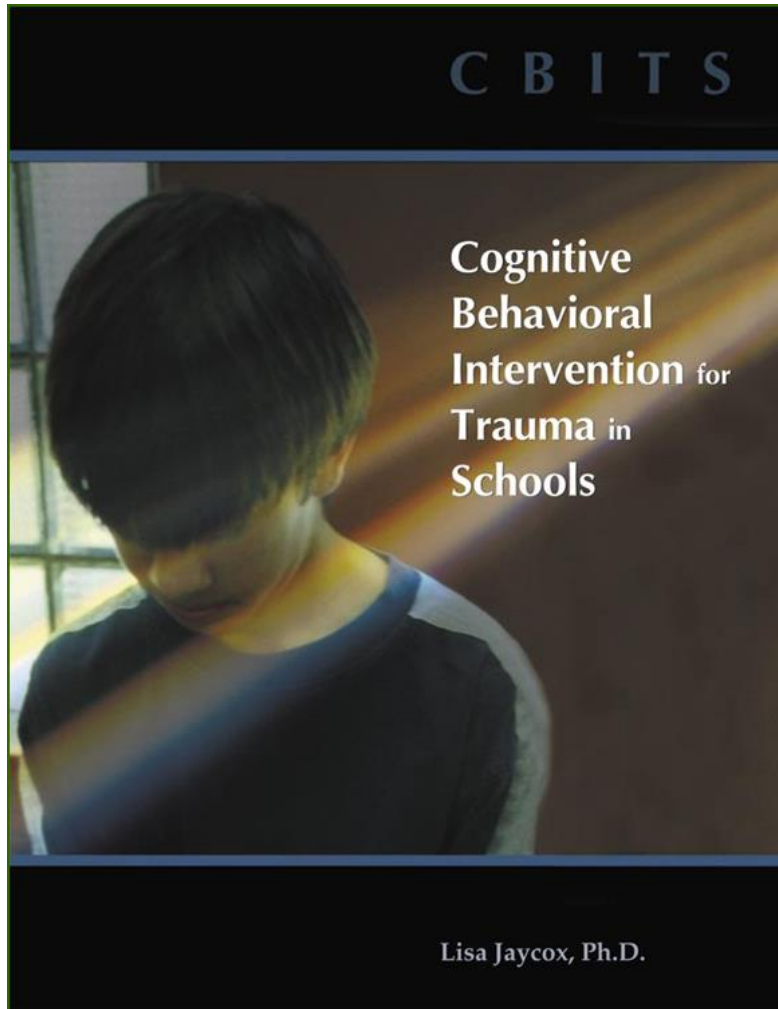
EVIDENCE-BASED INTERVENTIONS

Outline of Today's Workshop

- **What is trauma and who is affected?**
- **What are the effects of trauma on youth?**
- **School Strategies and Programs to Address Student Trauma**
- ➔ • **In Depth – Cognitive Behavioral Intervention for Trauma in Schools**



We created CBITS to help children cope with trauma



- Begun in 1998
- Collaboration with Los Angeles Unified School District, University of California, Los Angeles

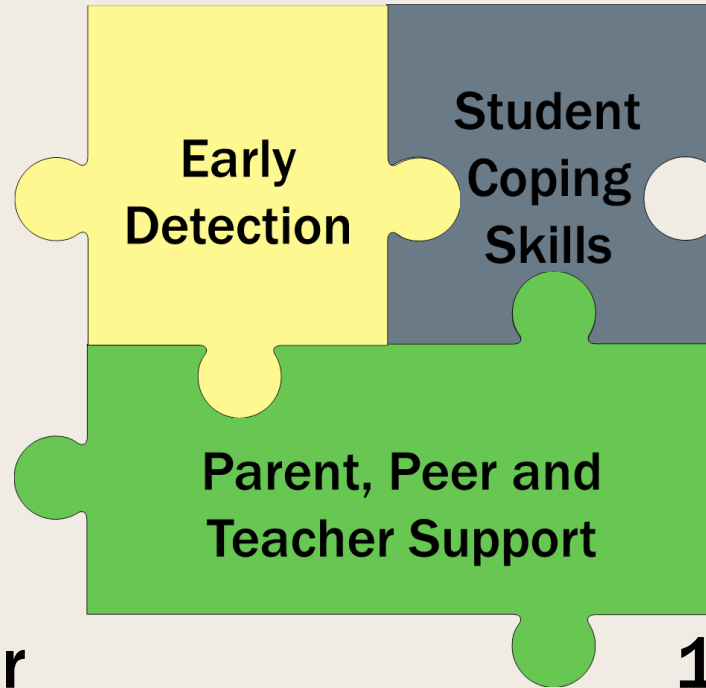
Key aspects of CBITS



**Early
Detection**

**Student
Coping
Skills**

**Parent, Peer and
Teacher Support**



Universal or targeted screening

10 group sessions

1-3 individual sessions

Parent and teacher education sessions

Goals of CBITS

Symptom Reduction

- PTSD symptoms
- General anxiety
- Depressive symptoms
- Low self-esteem
- Behavioral problems
- Aggressive and impulsive

- Build Resilience

- Peer and Parent Support



CBITS Structure and Content

- **Screening**
- **Session 1 – Intro, Why are we here**
- **Session 2 – Relaxation, Psychoeducation**
- **Sessions 3, 4 – HOT Seat (cognitive)**
- **Session 5 – Fear Hierarchy**
- **Sessions 6, 7 – Exposure (drawing, writing, imagining, telling)**
- **Sessions 8, 9 – Problem Solving**
- **Session 10 – Graduation, Relapse Prevention**
- **Parent Sessions**
- **Teacher Session**

How do we screen students for CBITS?

Step 1. Administer screening surveys

- The screener includes:
 - **Trauma Exposure Checklist:** 17 items asking about traumatic and violent events
 - **Foa's Child PTSD Symptom Scale:** 17 items
- Screening should be conducted as close to first CBITS session as possible (within 1-2 months)

How do we screen students for CBITS?

Step 2. Score screener to identify eligible students for CBITS

- Any lifetime trauma exposure
- PTSD cut-off score: 14 or more points

How do we screen students for CBITS?

Step 3. Interview eligible students individually

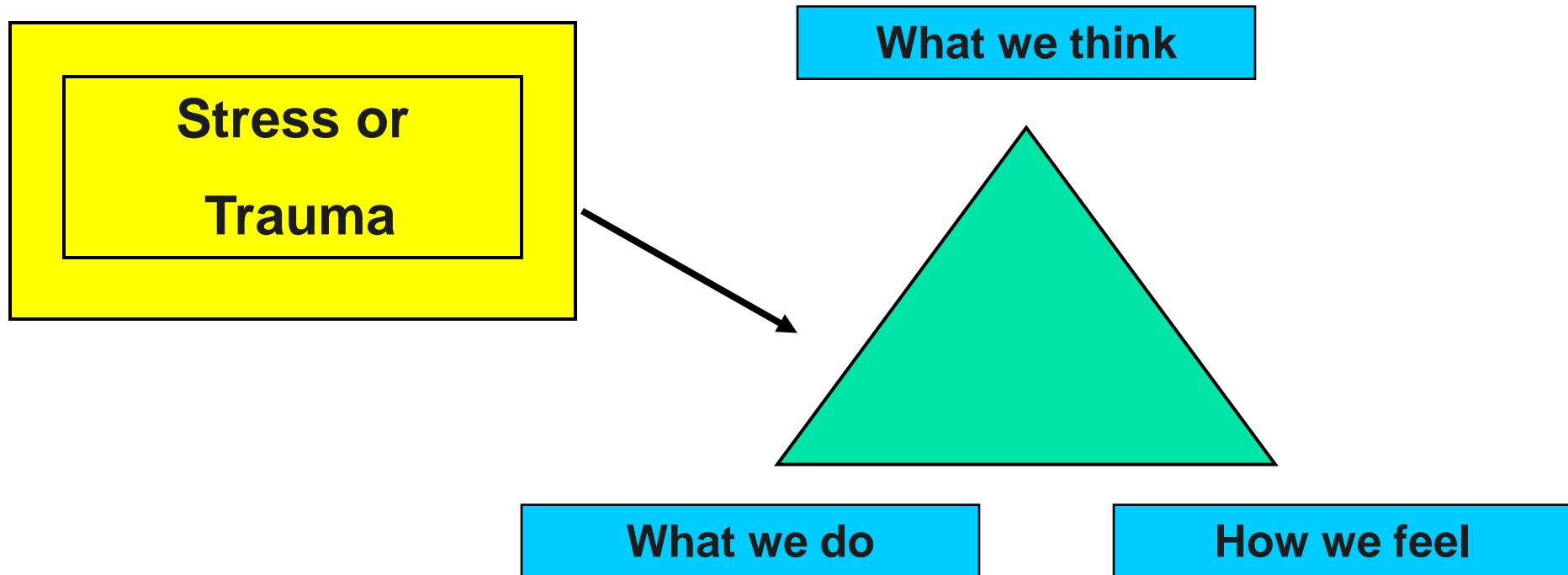
- **Verify survey results and identify main traumatic event**
- **Assess appropriateness for group**

Introduction to the Group (Session 1)

Includes:

- M&M game for warm-up (demonstrate)
- Introduction to the group rationale
- Discussion of confidentiality
- Beginning of any group management techniques such as
 - Reward chart for good behavior
 - Group rules
- Goals Worksheet

Conceptual model for participants (Session 1)



Psychoeducation about trauma and symptoms (Session 2)



- Why?
 - To reduce stigma about trauma symptoms
 - To build peer and parent support
 - To increase parent-child communication about problems

- How?
 - Structured group discussion about symptoms
 - Handouts sent home about symptoms
 - Homework assignment to discuss with parents



Psychoeducation about trauma and symptoms (Session 2)

- Keep the tone educational and stress commonalities across students
- Emphasize 2 things when responding to each symptom:
 - Normalize
 - Provide Hope for how the group can help
- Demonstration



Relaxation training (Session 2)

- Why?
 - To enable child to reduce anxiety
 - First tool to help students “calm their bodies down”
- How?
 - Exercise combining positive imagery, slow breathing, and muscle relaxation
 - May incorporate wordless music, aromatherapy
 - Feel free to use scripts that have worked in the past. What’s worked for you?
 - Homework assignment to practice at home
 - Apps – e.g., Hopebox

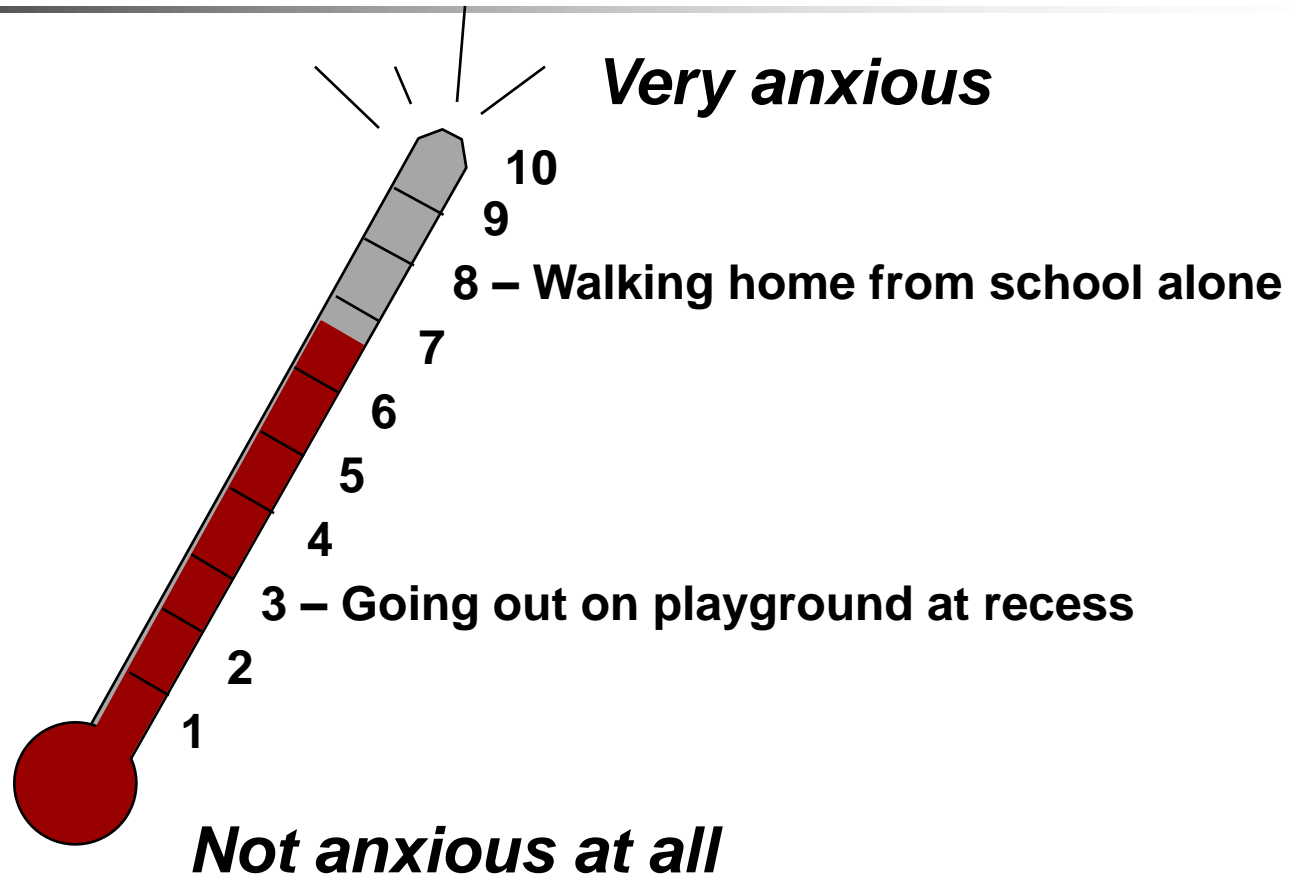


Feeling Thermometer (Session 3)

- Why?
 - To enable child to observe his or her own anxiety level
 - To introduce a common language in describing “fear” or “anxiety”
- How?
 - Fear thermometer used throughout the groups



The Feeling Thermometer





Cognitive therapy (Sessions 3 & 4)

- Why?
 - To increase children's ability to observe their own thoughts and interpretations, and to challenge ones that are getting in their way
 - Focus is on thoughts like,
 - "The world is dangerous, I can't trust anyone"
 - "I can't deal with things, what happened is my fault"



Cognitive therapy (Sessions 3 & 4)

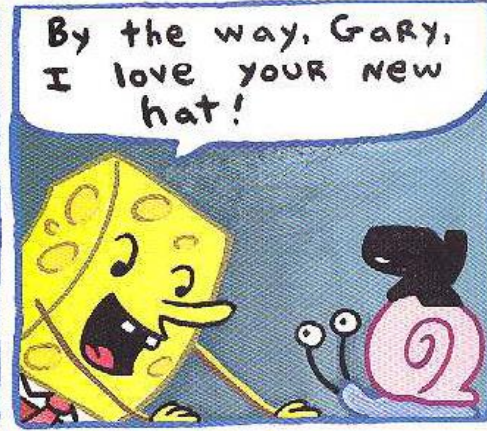
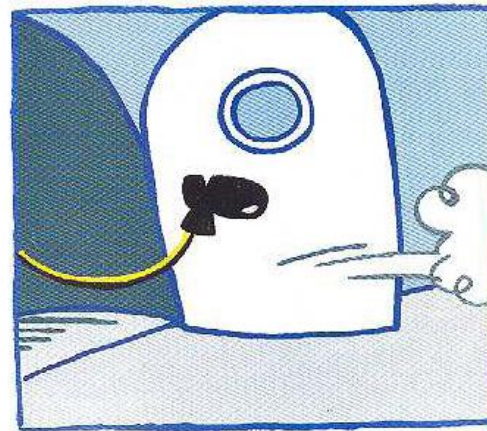
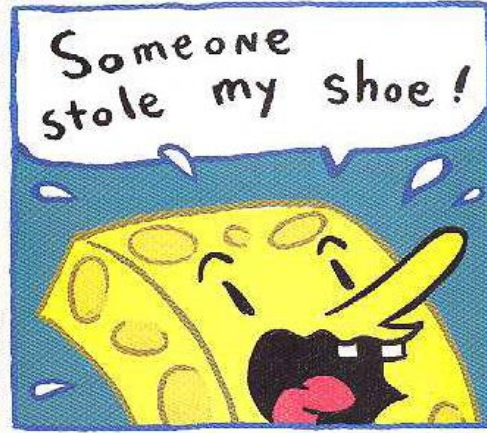
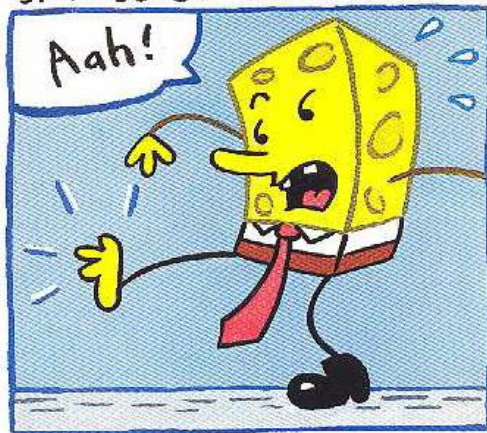
- How?
 - Didactic and exercises (the “Hot Seat”)
 - “Is there another way to look at this? Is there anything I can do about this? How do I know this is true? – catastrophic fears
 - If this is true, what’s the worst/best/most likely thing to happen? – common fears
 - Lots of practice in session and on worksheets at home



Cognitive therapy (Sessions 3 & 4)

- Cognitive Restructuring should target MALADAPTIVE thinking (inaccurate/unhelpful thoughts)
- Example: Child comes home and mom is drunk. Child thinks, "this is bad news/not safe."
 - The thought is very likely to be accurate and adaptive. Thus, we don't want to challenge or change this thought.
 - This is an example of a situation where we would want to be sure the child could use social problem solving to look at options for managing their thoughts and actions in the situation.
- Sessions 3 & 4 are to help get at some of the core unhelpful thoughts that are interfering with children's functioning.

SPONGEBOB'S PET SNAIL, GARY



Story and art: James Knevelle. SpongeBob, SquidPants created by Stephen Hillenburg.



Cognitive therapy (Sessions 3 & 4)

- Keep an eye out for the most common maladaptive thoughts related to trauma
- Continually normalize these kinds of thoughts, link them to traumatic event
- Do not shift to overly positive thoughts that may be equally unrealistic.

Unrealistically (-) **Realistic** Unrealistically (+)
<----->

- Demonstration



Exposure: Processing the trauma memory [Individual Session(s)]

■ Why?

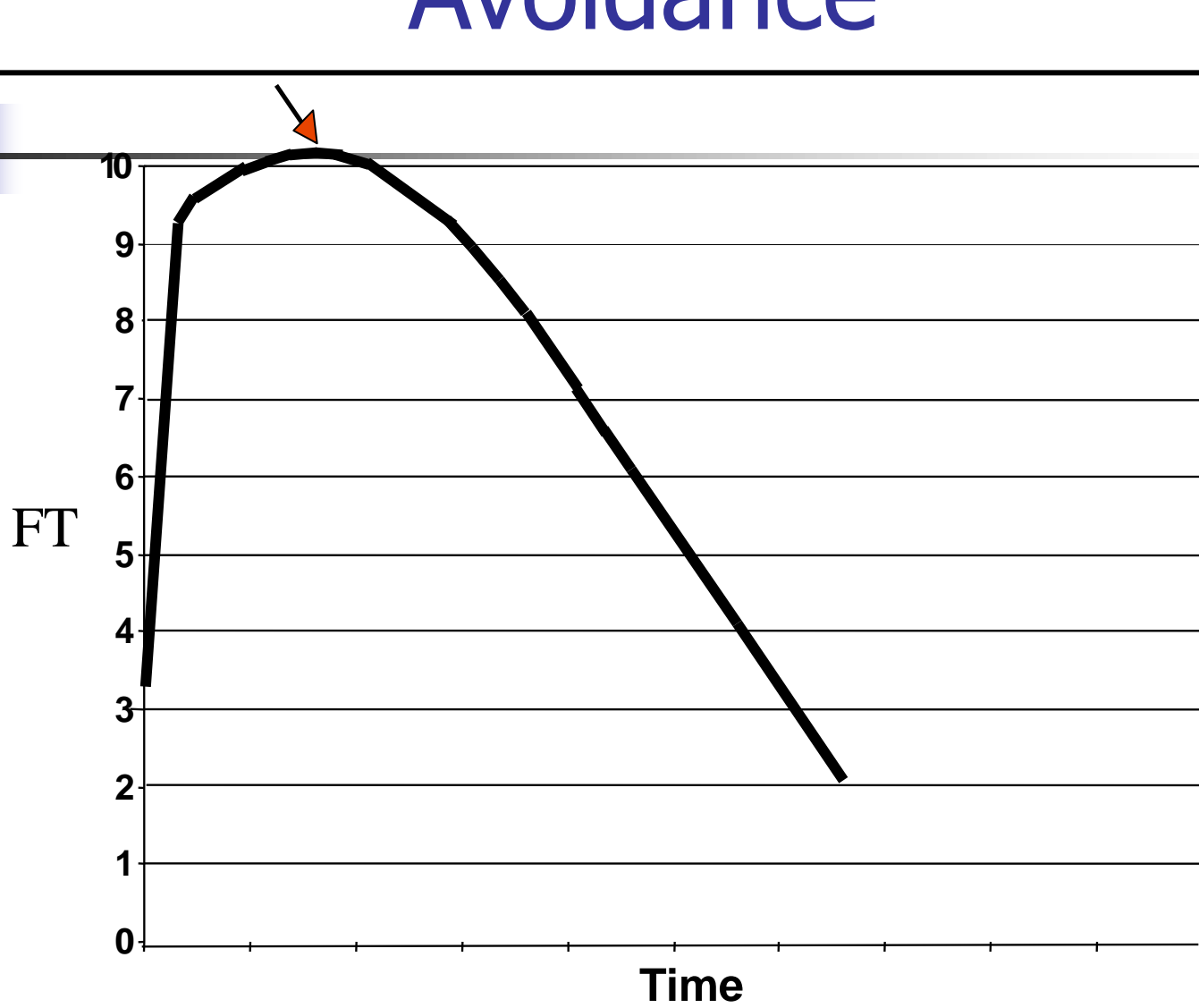
- To decrease anxiety when thinking about the trauma
- To help child “process” or “digest” what happened to them
- To build parent and peer support and reduce stigma

■ How?

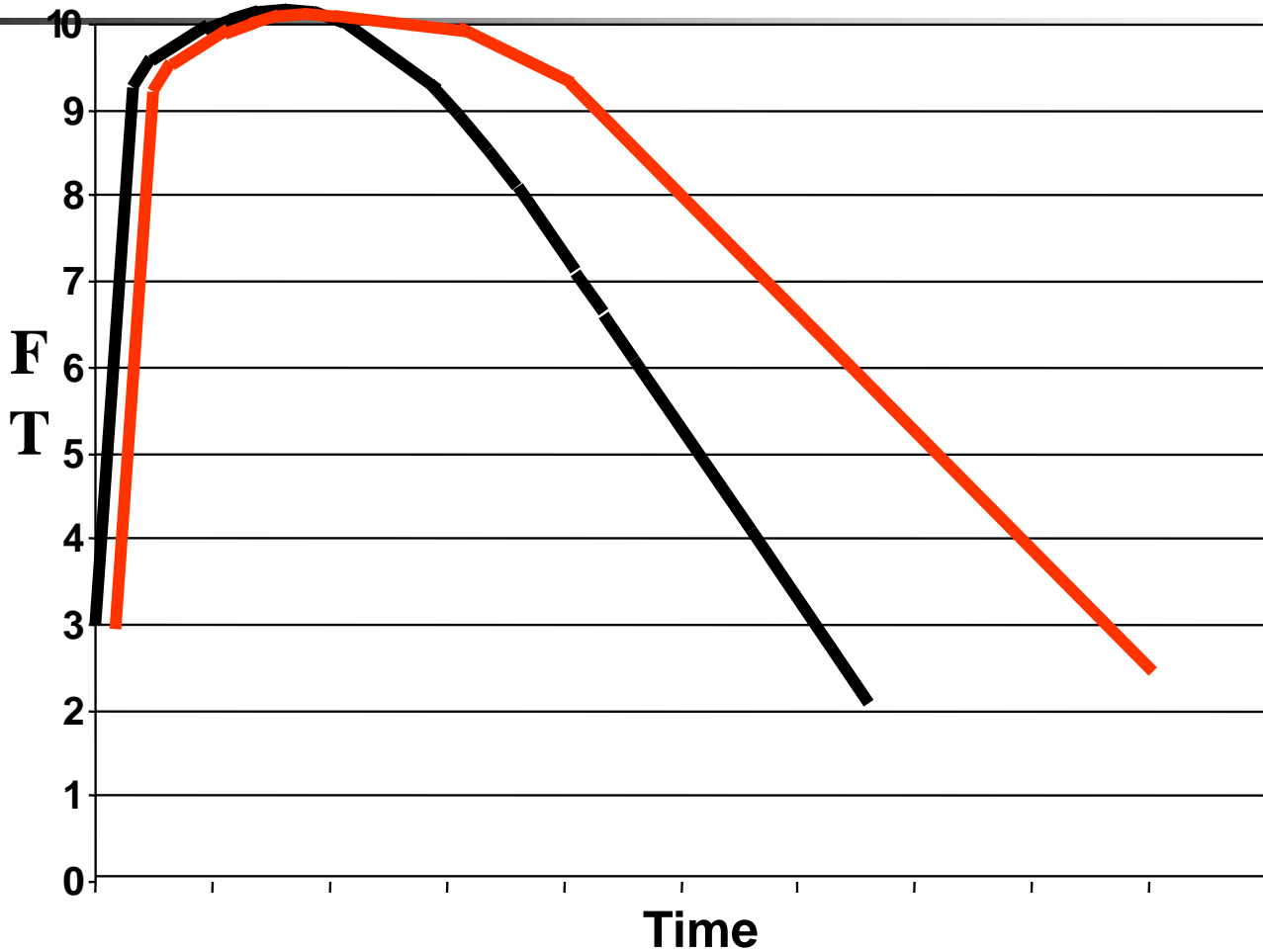
- Individual sessions in which child recounts their trauma story
- Encouragement to talk about the trauma at home while the groups are running

VIDEO

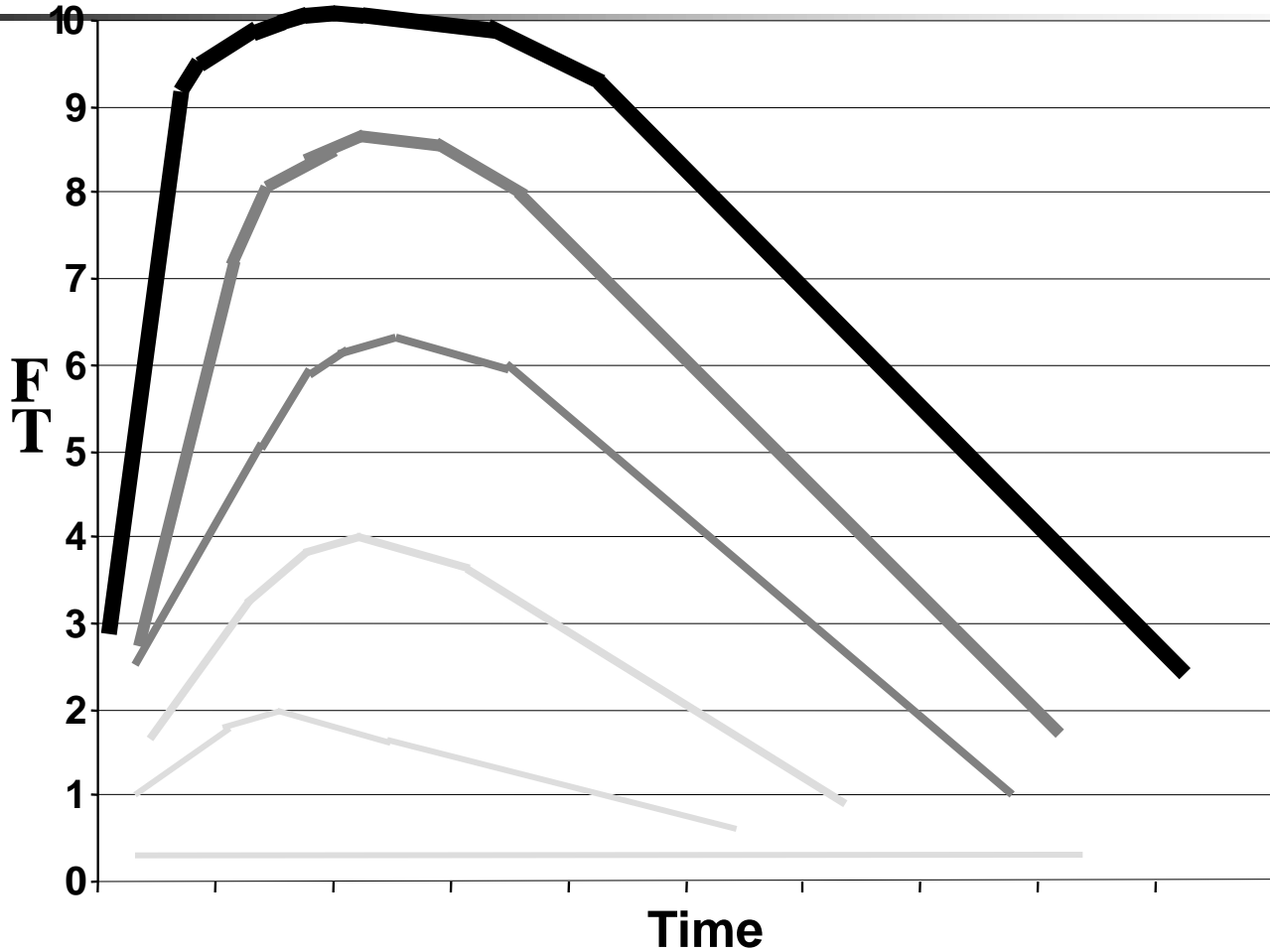
Avoidance



Exposure-Avoidance vs. Habituation



Exposure-Habituation contd.



How to help students process the memory



1. **Provide an example and rationale (i.e. digestion) of why to do this**
2. **Tell the student to tell the story of the trauma in movie-like details and take notes**
3. **Break down story into parts and ask student what he/she feels (NOW) at each part**
4. **Ask student to re-tell story, and get fear ratings for the 2-3 most bothersome parts.**
5. **Repeat until distress is reduced if possible, or schedule another meeting**
6. **Plan for disclosure and support in the group meetings (Sessions 6 and 7)**

Therapist Stance During Exposure



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



Taking Care of Yourself is Important

- Self-care is important
- Seek support/consultation if:
 - You are dreaming about students' traumas, or can't stop thinking about them
 - You are having trouble concentrating, sleeping, or are feeling more irritable
 - You feel numb or detached



Approaching anxiety-provoking situations (Session 5)

- Why?

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

- How?

- Identify things children are avoiding related to the trauma, that are safe to do
- Make a plan for decreasing that avoidance in gradual steps
 - Kids often unable to break this down into steps alone.
 - This is a longer session; leader helps each child create steps.
- Practice approaching those situations and staying long enough for anxiety to decrease or go away
- Have you done this before? What about school avoidant kids?



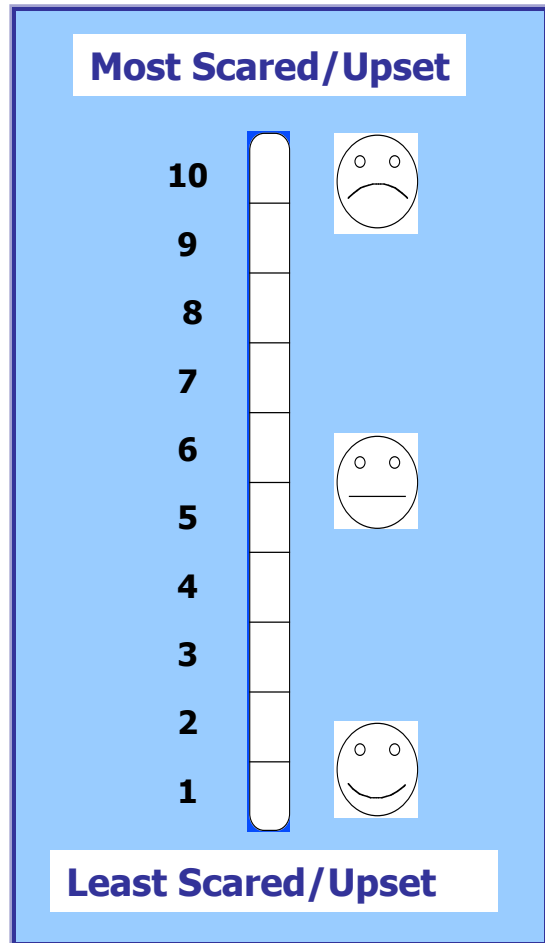
Approaching anxiety-provoking situations (Session 5)

- Dangerous situations should not be attempted.
 - Instead, find ways to make them safe (vary time of day, alone or with others, location)
 - Ask question in group to help assess objective safety
- Parent call useful at this point
 - May need transportation, safety assessment, emotional support, etc.
 - Work with parents on their own anxiety and avoidance, find a motivator for them to get things back to normal at home
- Assess your own anxieties or thoughts about what is safe and not safe
- For non-avoidant students, put other useful things on their hierarchy (e.g., talking in front of class)
- Read through Practice Sheet and Instructions
- These Practice Sheets appear in each subsequent lesson

Sample hierarchy:

10 year old boy who was with his friend at a park when they witnessed a shooting death.

Fear Thermometer



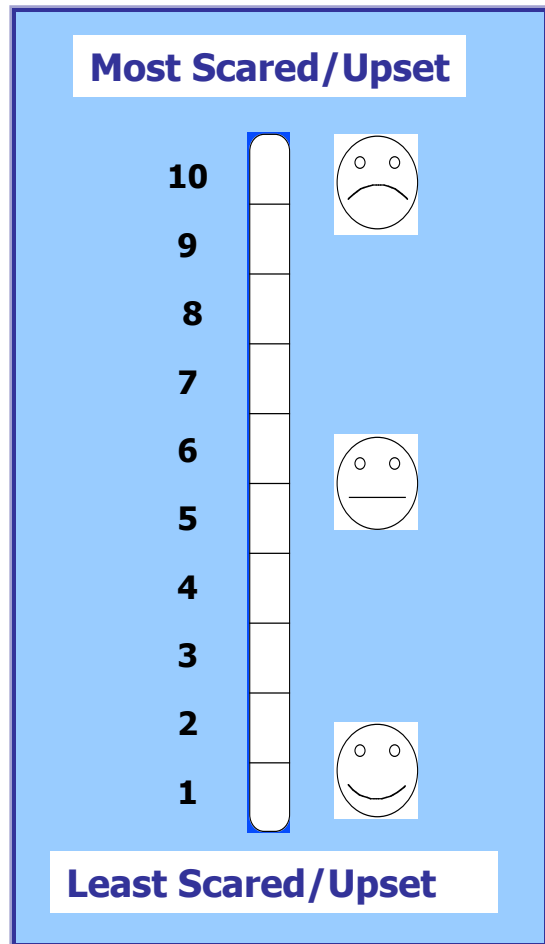
Fear Hierarchy

<u>Situation</u>	<u>Rating</u>
Going to the park alone	10
Going to the park with friends	8
Going to the park with parents	6
Going to different park	4
Driving past park	2

*By the time students get to the 8-10's, they are no longer 8-10's because of the mastery they have gained

Sample hierarchy

Fear Thermometer

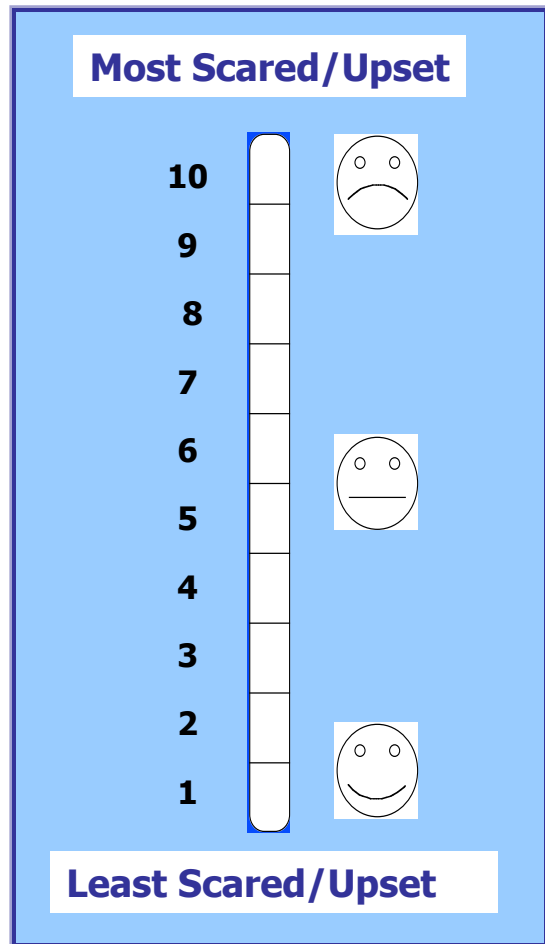


Fear Hierarchy

<u>Situation</u>	<u>Rating</u>
Playing outside alone	6
Playing outside w/ brother weekday	5
Playing outside on weekend daytime	3

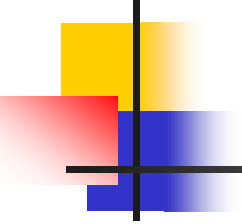
Sample hierarchy

Fear Thermometer



Fear Hierarchy

<u>Situation</u>	<u>Rating</u>
Being with best friend	6
Hanging out with best friend at friend's house	5
Hanging out with friend at his own house	4
Hanging out with friend at school	4
Talking to best friend on the phone	3
E-mailing best friend	2

- 
-
- Common responses:
 - Being alone/sleeping alone
 - School
 - Dogs
 - Cars/buses
 - Questions to help identify successive steps
 - Time of day
 - Who they are with/support people
 - Imagination
 - Reading about/watching video of/internet
 - Different but similar place/object
 - Example
 - Practice



Exposure: Processing the trauma memory (Sessions 6 & 7)

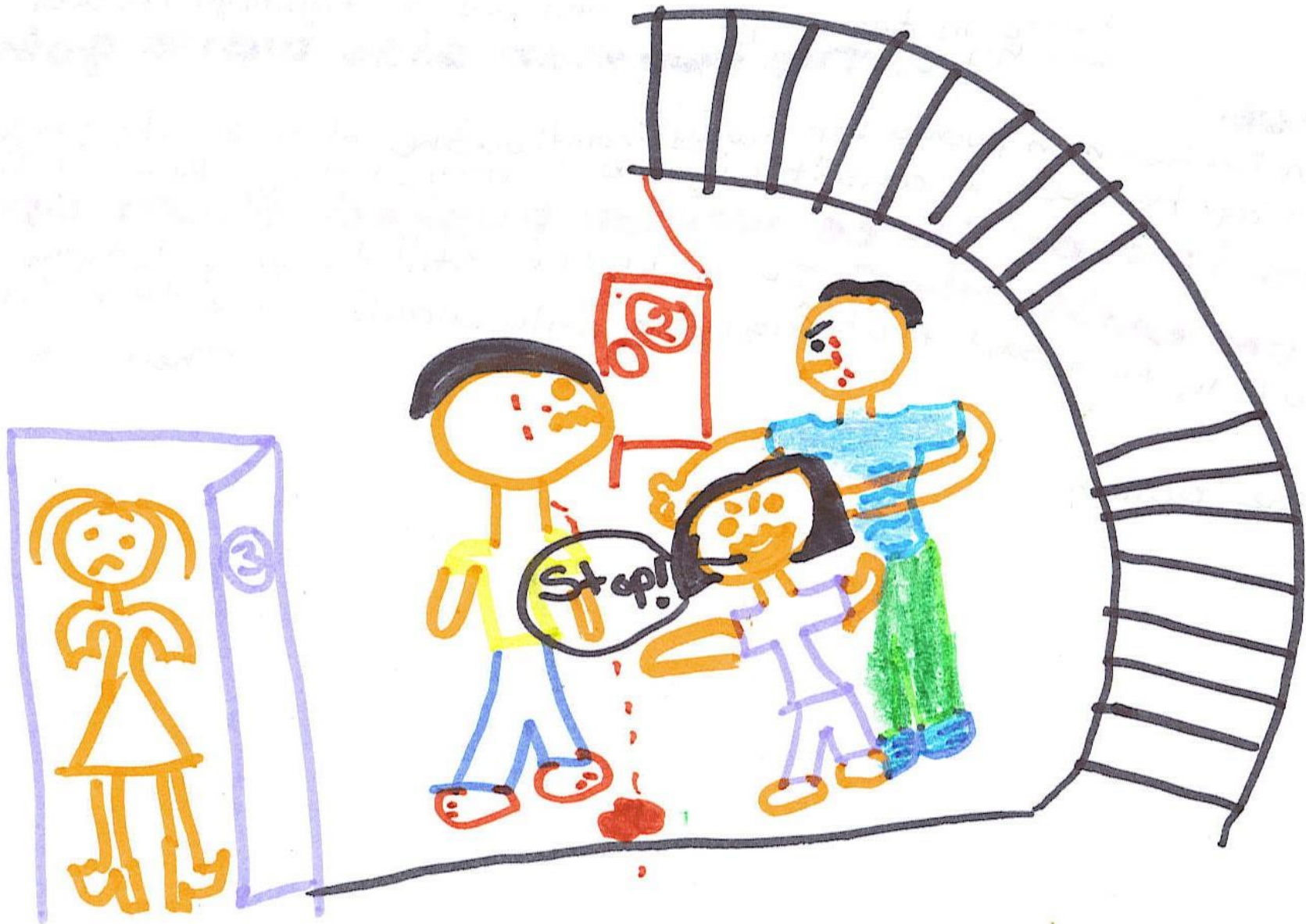
- Why?

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

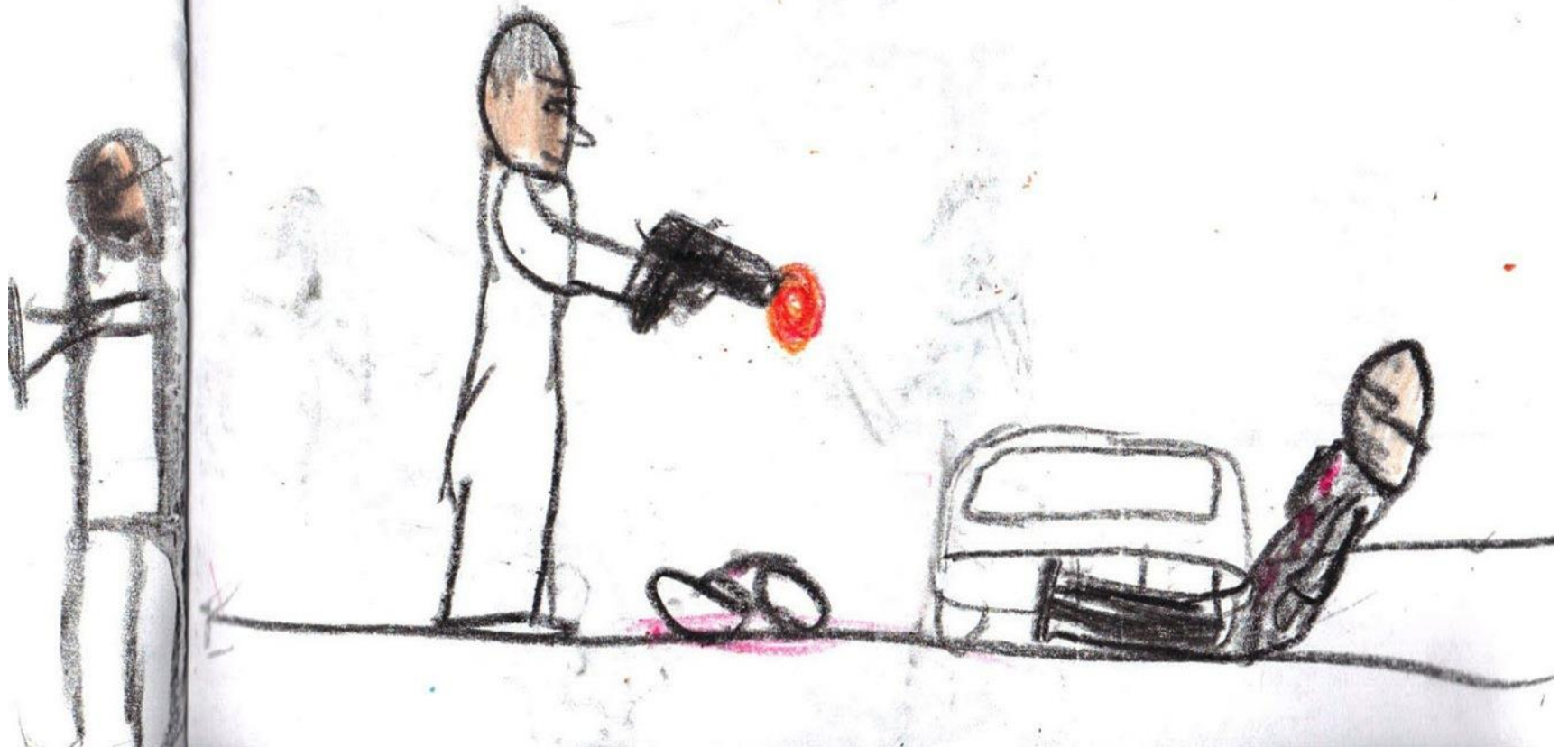
- How?

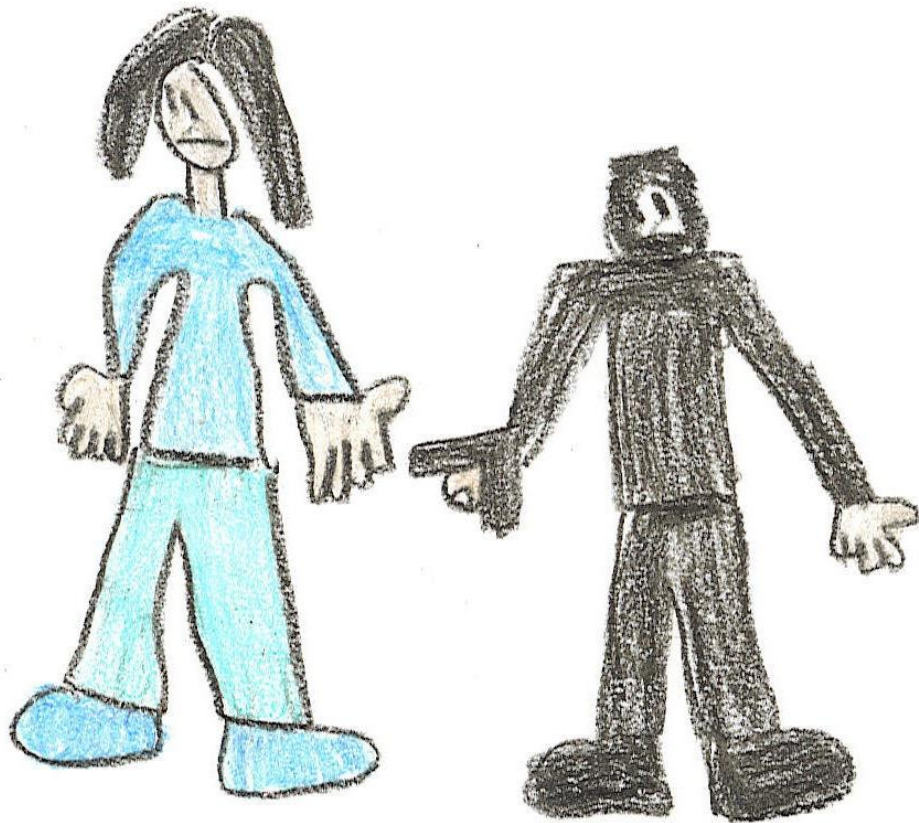
- Group sessions in which the child draws pictures or tells others about the trauma
- Builds upon Individual Session Work
- Encouragement to talk about the trauma at home while the groups are running

Imaginal, Pictorial, & Verbal exposures



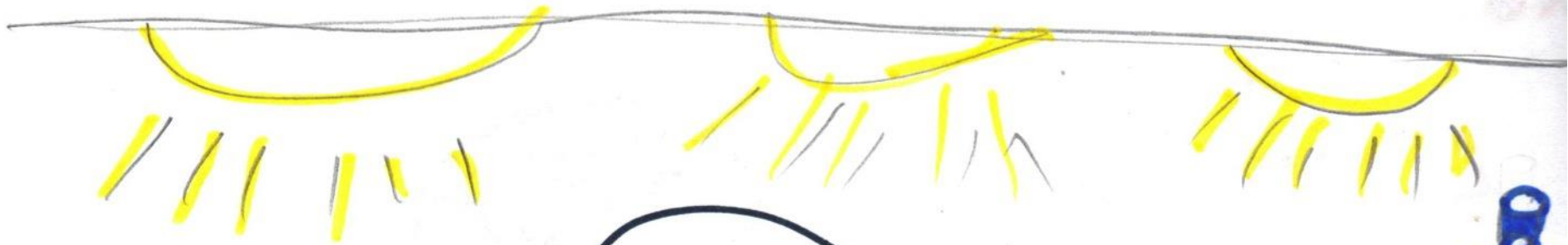
My Dad tried to save his friend. My Dad
got shot three times. My Dad and
his friend died.



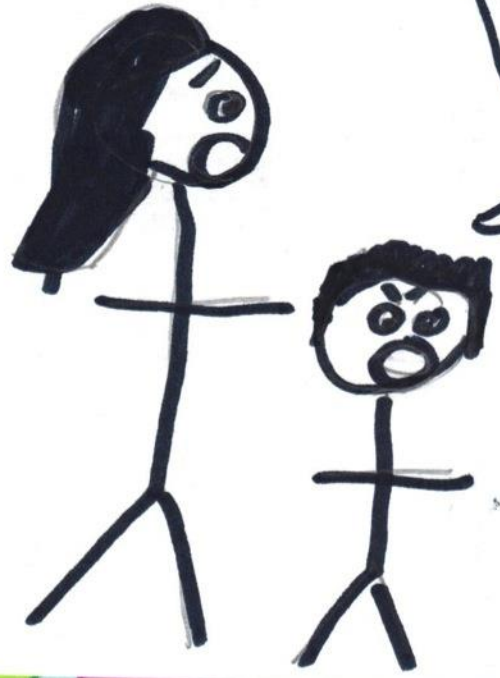


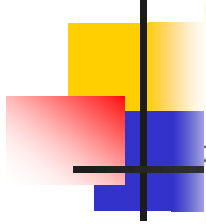
This picture shows when the robber is pointing a gun to my mom.

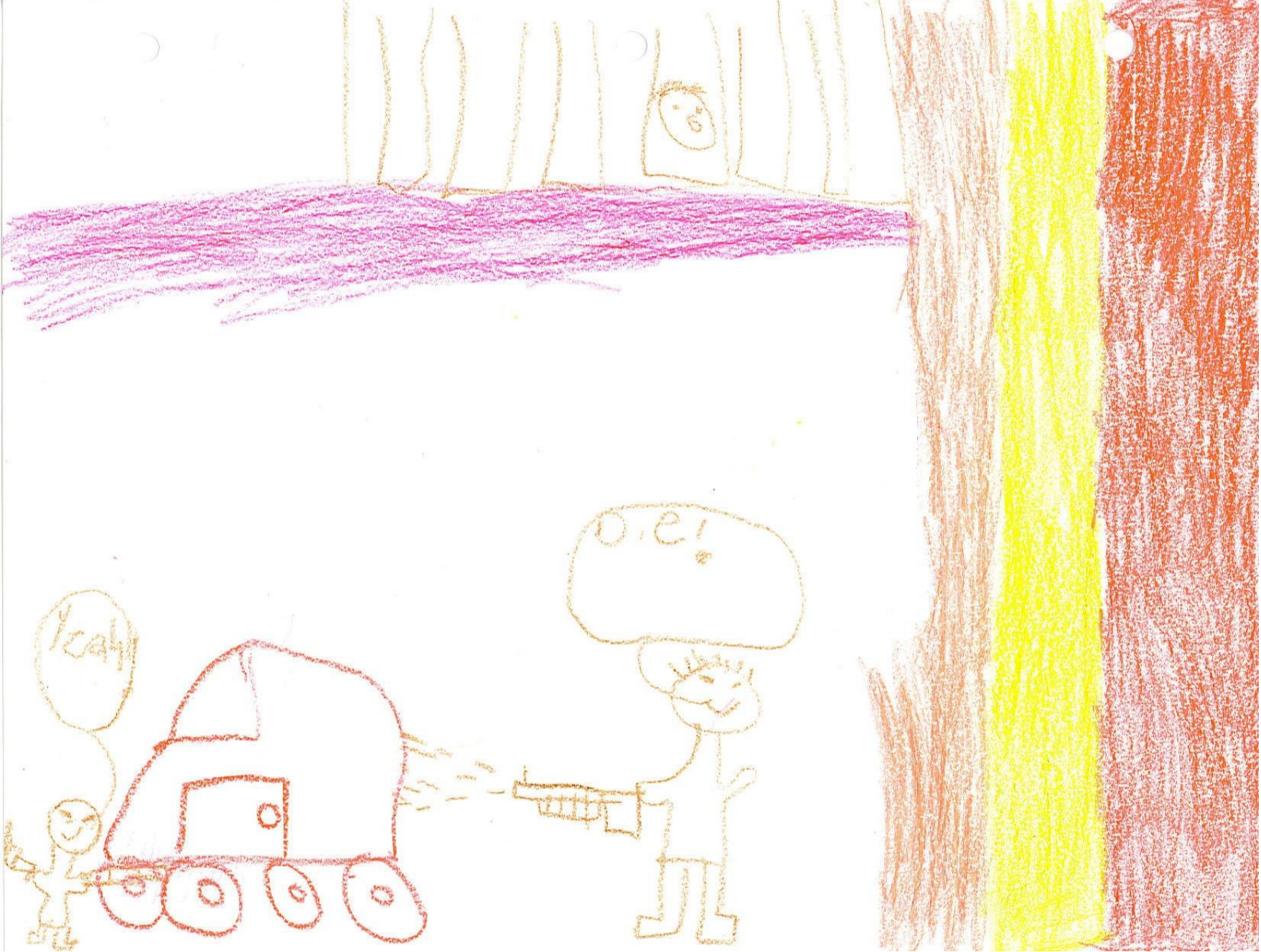
Fear Rating=10

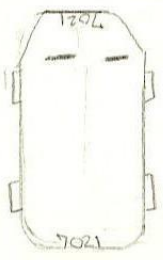
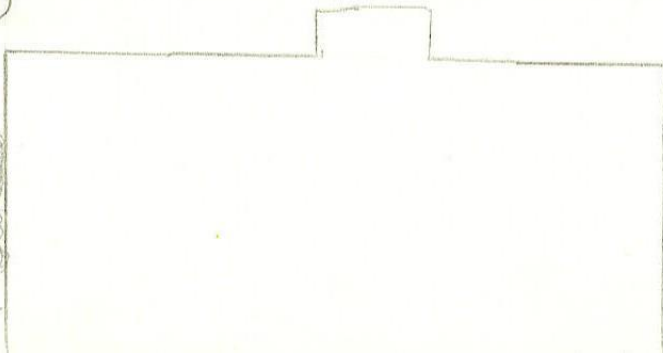
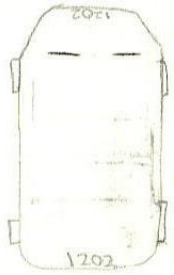
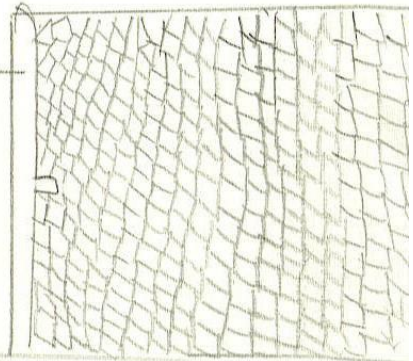
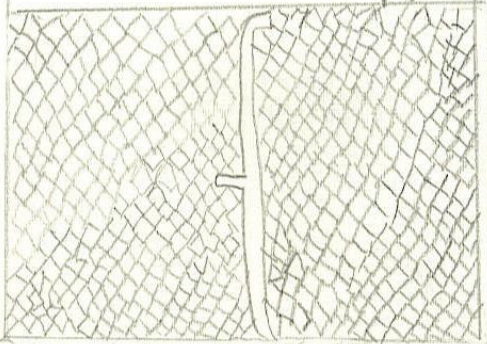
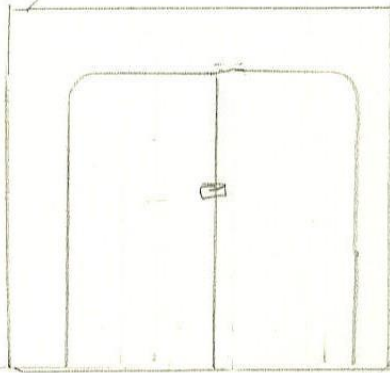
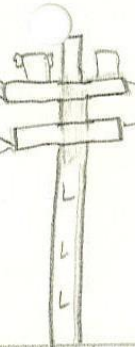
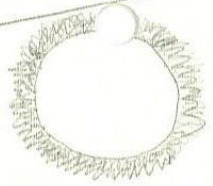
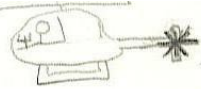
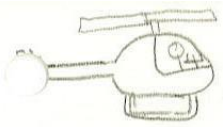


Daddy
why did
you cut
my
Mom??
????










Social problem-solving (Sessions 8 & 9)



■ Why?

- To decrease impulsive reactions and decisions
- To improve real-life problems
- To build skills in handling future problems

■ How?

- Teach children the link between thoughts and actions
- Teach children to “brainstorm” solutions to a problem
- Teach children to weigh the “pluses and minuses” or “pros and cons” for possible actions
- Practice in group with real problems and worksheets at home



Social Problem Solving (Sessions 8 & 9)

- Thoughts underly actions
 - Creating flexibility in the way one thinks about a situation increase the number of potential solutions to then select from
 - Demonstration: Tom and Yolanda: Tom wants to ask Yolanda to the dance. He sees Yolanda talking to Jose. What would he likely think? What would he do? What else could he think? How would each thought link to an action?



Social Problem Solving (Sessions 8 & 9)

- What social problems come up for your kids?
- Group Example
 - Brainstorm Possible Actions
 - Pluses and minuses
 - Choose course of action to start with
- Trauma Example (DV)
- Role Play

Graduation/Relapse Prevention (Session 10)

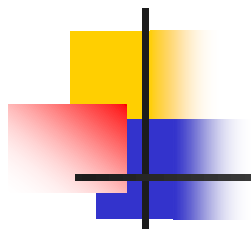
- Certificates
- Celebration of Progress
- Special activity/food/party
- Troubleshooting and applying CBITS skills to upcoming stressors





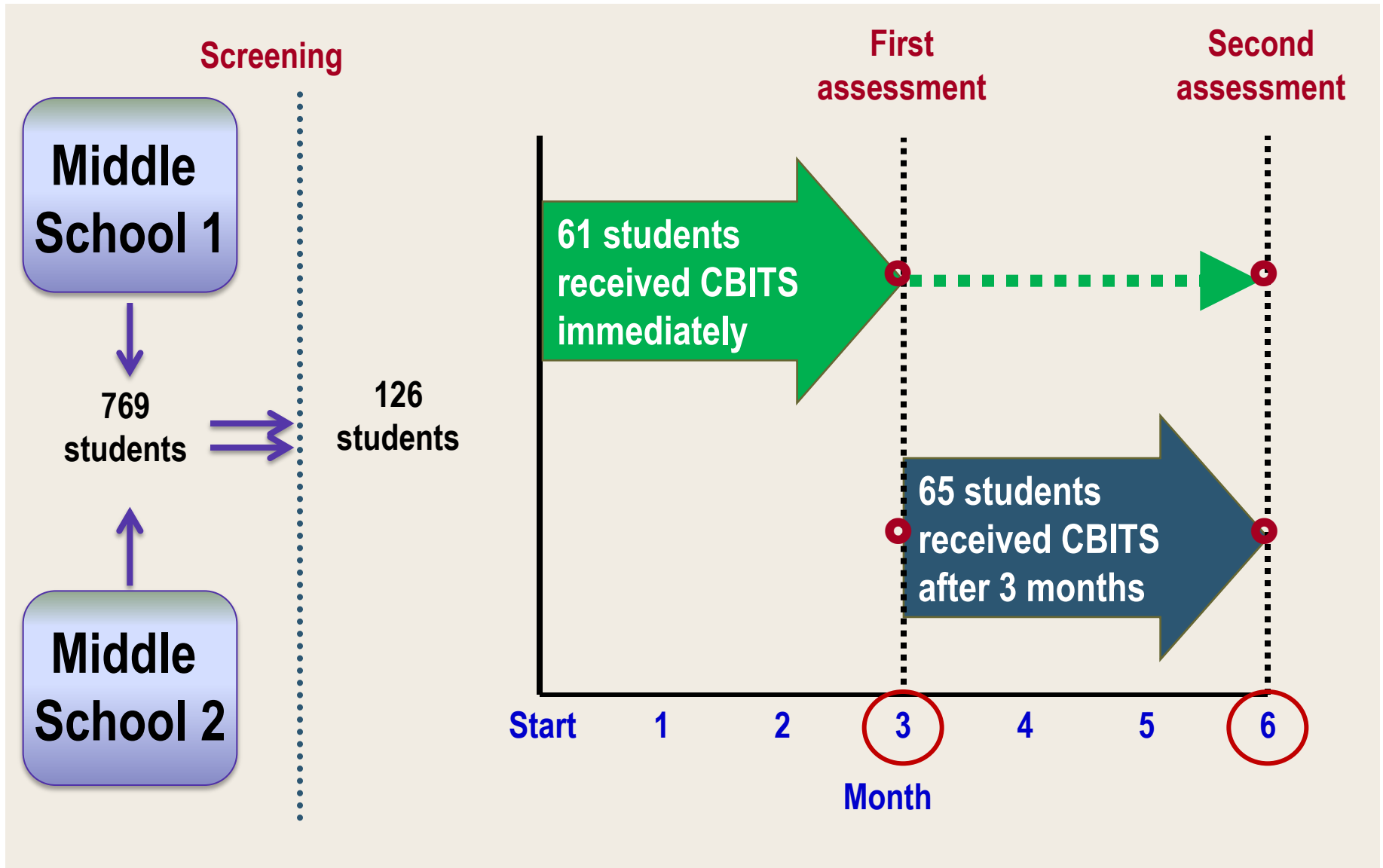
Parent and Teacher education sessions

- Parent Education Sessions
 - 2 sessions related to CBITS
 - Cover the 6 main techniques
 - 2 sessions relevant to other parent concerns
- Teacher Education Sessions
 - Overview of CBITS program
 - Tips for working with traumatized youth

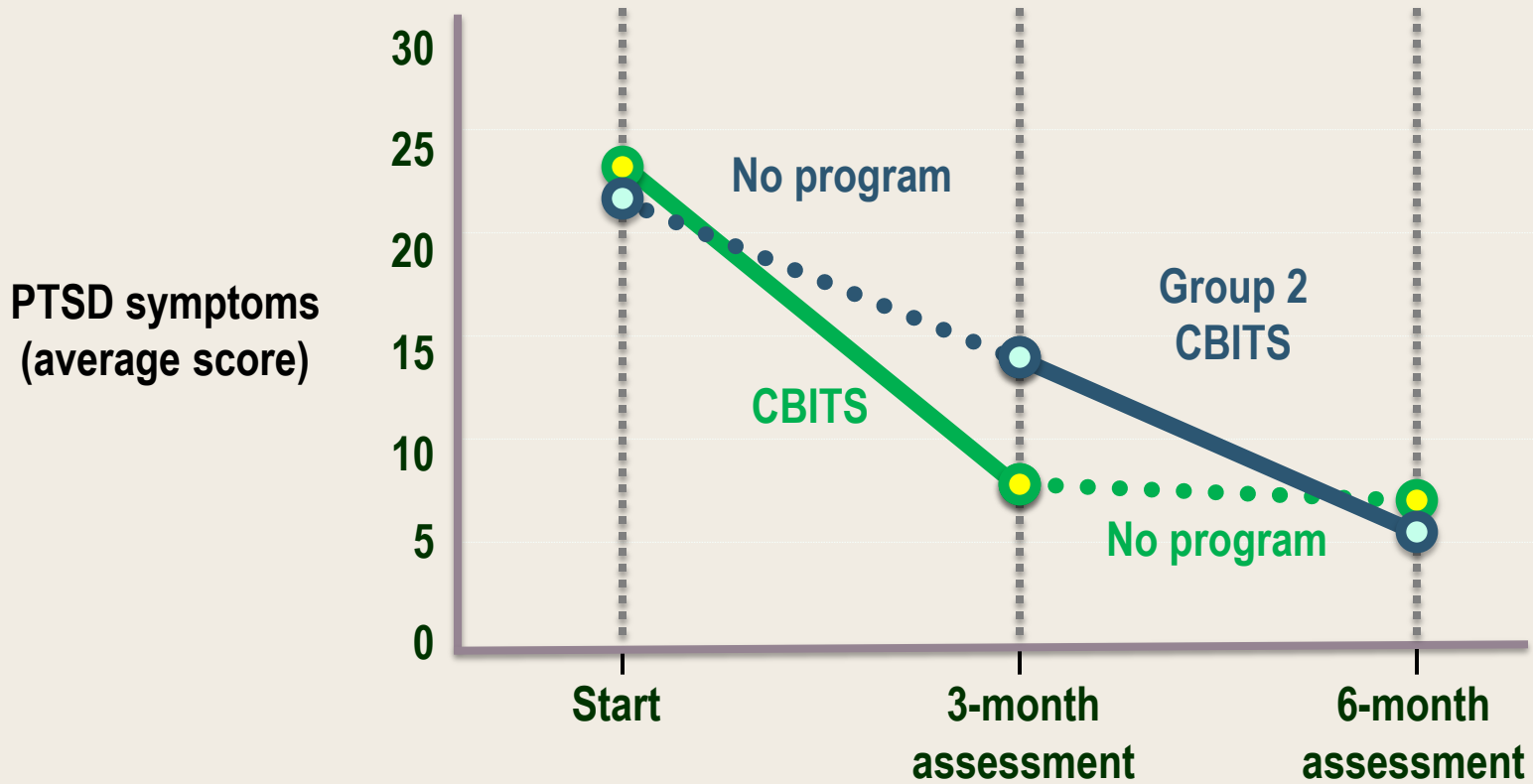


CBITS DVD

We tested CBITS in schools



The improvement lasted



Source: Stein et al., *JAMA* 2003

Children who received CBITS early also performed better in math and reading



Source: Stein et al., *JAMA* 2003

Similar results found in schools in:

- **Madison, WI**
- **Baltimore, MD**
- **Chicago Public Schools**
- **Native American Reservation Schools in Montana and South Dakota**
- **New Orleans, LA**
- **Jersey City, NJ**
- **Minneapolis, MN**

Other Outcomes

- **increased awareness for teachers/parents of pervasiveness of trauma/PTSD**
- **increased school staff knowledge of trauma, its effects and helpful interventions**
- **classroom teachers reframe some children's behaviors as traumatic stress responses**

What did students say?

Things I learned from my CBITS group:

- Do things that scare you and you won't be scared anymore
- How to deal with stress
- How to keep control of myself when it's a stressful situation
- How to control anger, how to deal with fear, how to stay calm in bad situations

Access: Doing this work in schools is critical!

- **CBITS (N=58)**
- **Group and individual sessions at the child's school**
 - 53 completed group treatment
- **TF-CBT (N=60)**
- **Individual appointments at Community MH Clinic**
 - 7 completed treatment
 - 6 ineligible
 - 16 did not come to appointment, 7 no interest, 16 never reached



Cognitive Behavioral Intervention for Trauma in Schools

DISSEMINATION

INNOVATION

RESEARCH

- Included in evidence-based program repositories
- Train-the-trainer and certification procedures
- Training and support website

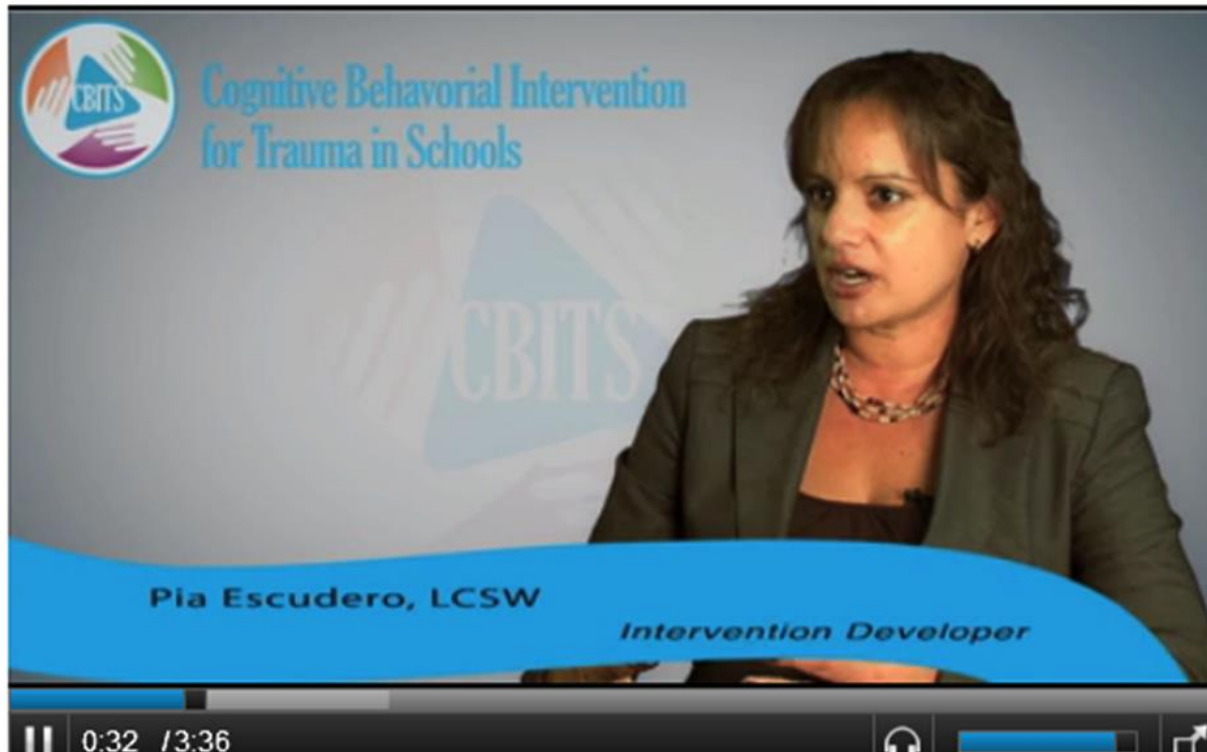
Making training more accessible

Home / Topics / School, Parent, and Community Buy-In / Addressing Trauma in the Classroom

Addressing Trauma in the Classroom

Posted on December 7, 2010

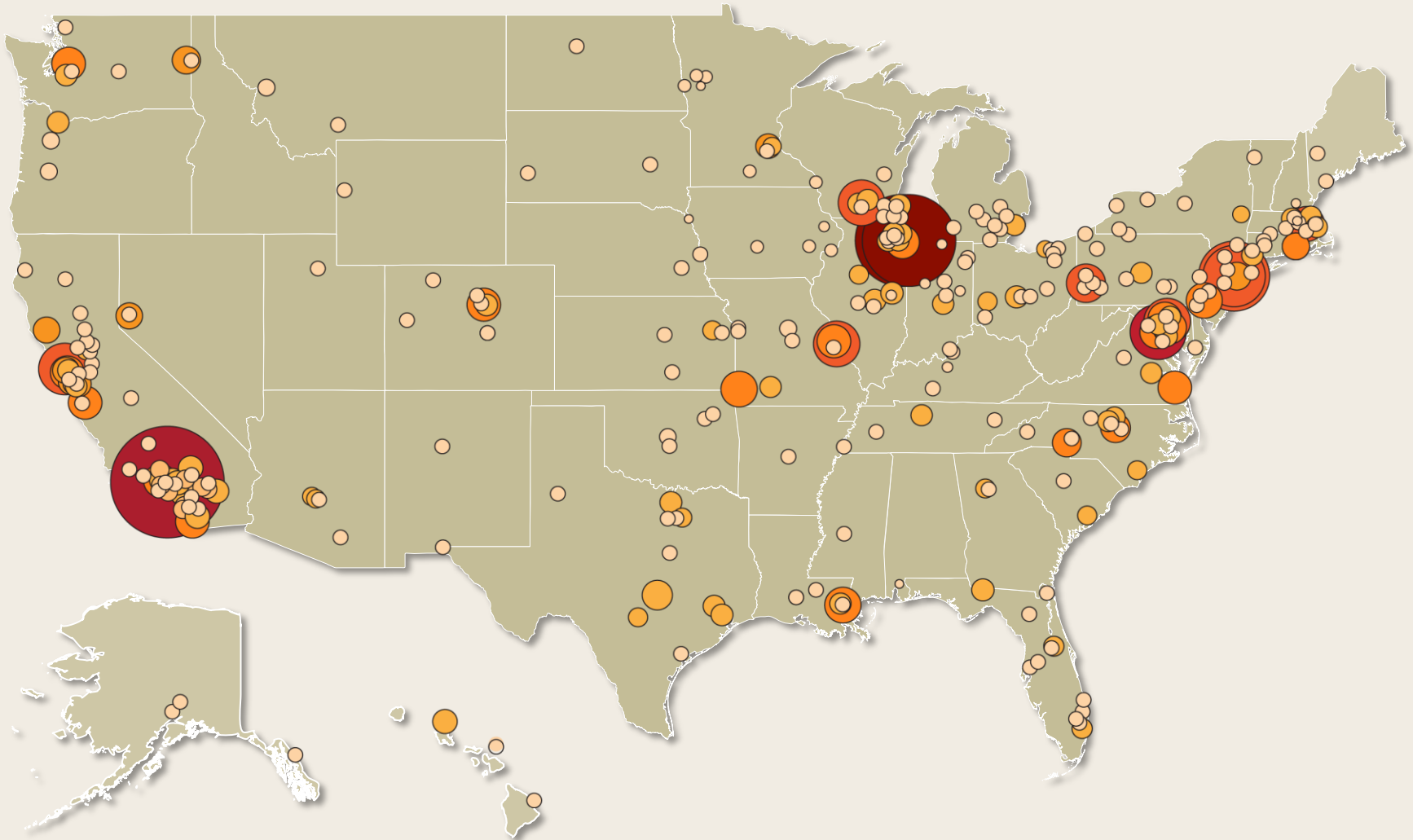
Pia Escudero ([bio](#)) offers suggestions for helping teachers address mental health issues in the classroom.



Pia Escudero, LCSW

Intervention Developer

CBITSpogram.org is expanding reach





Cognitive Behavioral Intervention for Trauma in Schools

DISSEMINATION

INNOVATION

RESEARCH

- **Foster care**
- **Special education**
- **Younger children (Bounce Back)**
- **School personnel (SSET)**

An Intervention for Elementary School Children Exposed to Traumatic Events: The Bounce Back Program

www.bouncebackprogram.org

- 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

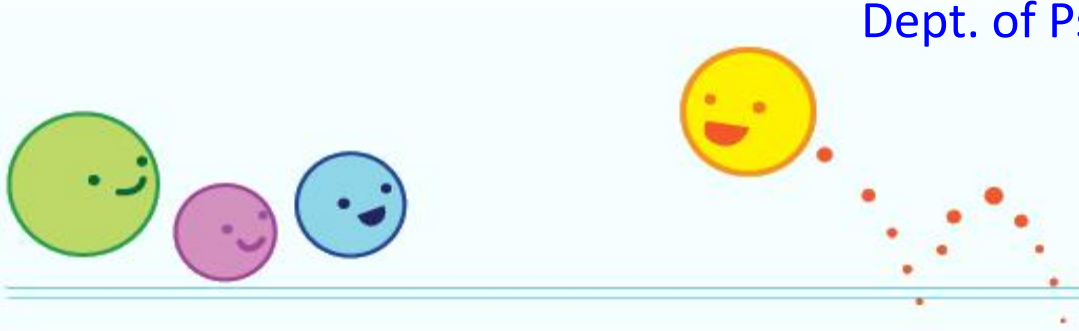
Audra Langley, Ph.D.

University of California Los Angeles

Dept. of Psychiatry and Biobehavioral Sciences

Lisa Jaycox, Ph.D.

RAND Corporation



A version of
CBITS can be
given by
non-clinical
school staff

PROGRAM MANUAL

Support for Students Exposed to Trauma: The SSET Program

**Group Leader Training Manual, Lesson Plans,
and Lesson Materials and Worksheets**

Lisa H. Jaycox • Audra K. Langley • Kristin L. Dean





Provider Center

Overview

Training

Ask an Expert

Discussion Board

Collaborative Workspace

Resource Center

Welcome to the Support for Students Exposed to Trauma Program!

You now have access to the free online training and resources.

The Support for Students Exposed to Trauma (SSET) team is here to help you at every stage of implementation, from preparation and training to ongoing support as you lead groups. That's why in addition to the online training, we've created several areas where you can interact with the developers of the SSET Program as well as other educators like you.

- [Ask an Expert](#) Submit questions directly to the developers of the SSET Program
- [Discussion Board](#) Connect with other educators running SSET groups
- [Collaborative Workspace](#) Share files with other group leaders

Be sure to visit our [Resource Center](#), a comprehensive library of implementation tools that allows you to:

- watch video Quick Tips with lesson-by-lesson instructions and advice for leading groups,
- access screening tools and suggested measures,
- download the program manual,
- read pre-training background information on trauma,
- check out helpful links, and more!

Whether you've led student support groups in the past or are planning to run a group for the first time, rest assured that we're here for you every step of the way!



Implementation Advice

EXPERT ADVICE



Adaptations for Educators

2:19



Components of the SSET Program

2:00

[View more](#)

HAVE A QUESTION

[Ask an Expert](#)

PROVIDER TIPS



In my group, I have a couple students who tend to dominate the conversation, so we started using a talking piece. Whoever is ho...

[More](#)

01/13/14

[Leave a tip for other providers](#)

Support for Students Exposed to Trauma (SSET) Program Website



**Interactive online curriculum-
Life Improvement for Teens**



00:33

01:13



Continue



00:14

01:13



Continue

Feelings, Thoughts, & Actions

Select the situations below to practice matching feelings, thoughts, and actions.

Jose insults or disrespects William.



Maria's boyfriend breaks up with her.



Rafael's parents are fighting loudly.



Stefanie wins third place in a contest.





Assessment



Skill Building



Personalized Feedback

Online game

Additional school programs

PSYCHOLOGICAL FIRST AID: Listen Protect Connect/Model and Teach

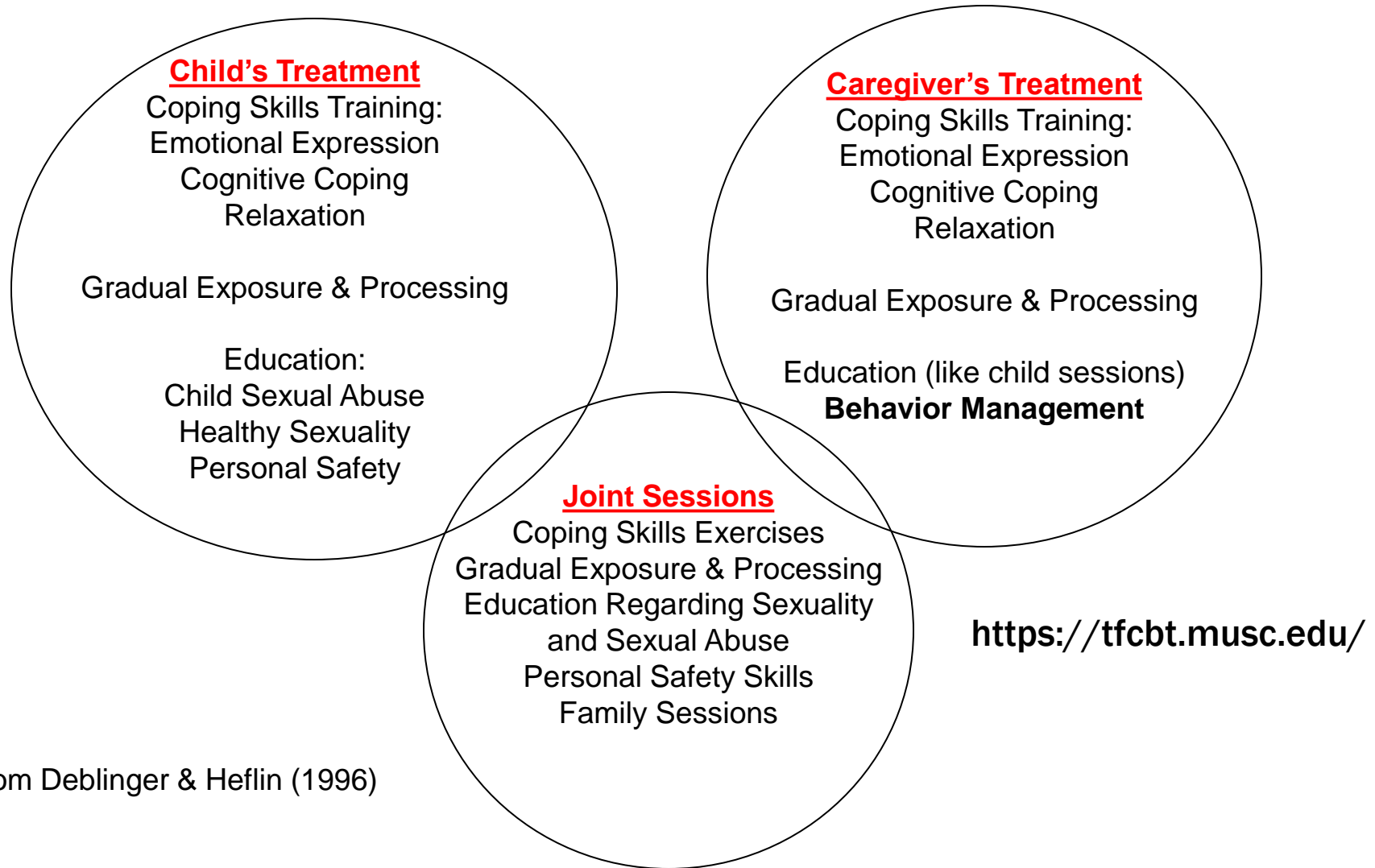


<https://traumaawareschools.org/pfa>

Copyright M. Schreiber, R.H. Gurwitch, & M. Wong, 2006

Adapted, M. Wong, 2012

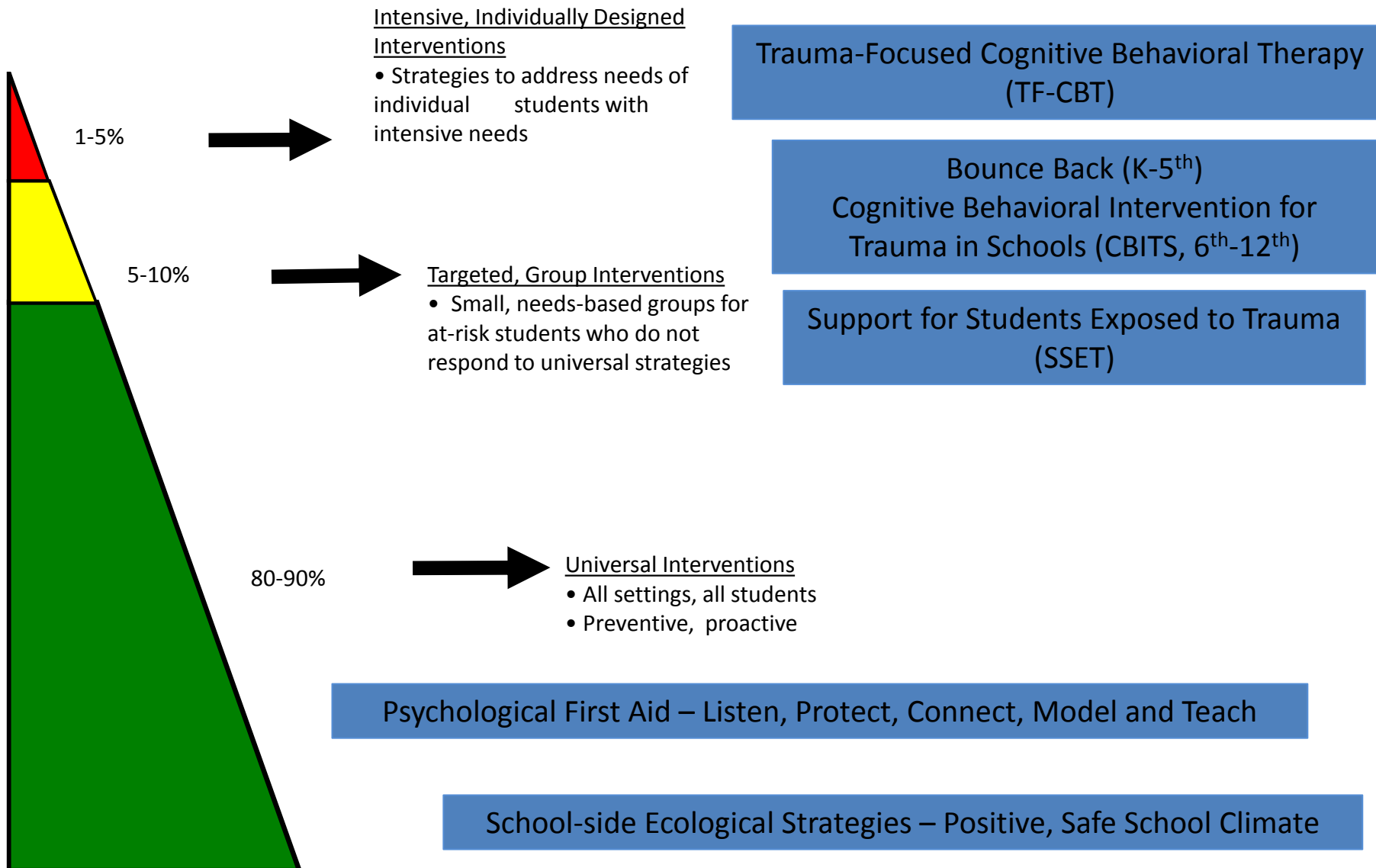
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



From Deblinger & Heflin (1996)

Putting the pieces together

Multi-tiered Supports for Trauma-Exposed Youth



Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Tier III: Few Students
Apparent behavioral health needs

When needs are apparent

DIAGNOSIS

Goal: Determine whether student meets criteria for DSM 5 diagnosis and/or disability code

**Bounce Back (K-5th)
Cognitive Behavioral Intervention for Trauma in Schools (6th-12th)**

Tier II: Some Students
At risk for behavioral health concerns

INITIAL ASSESSMENT OF PRESENTING CONCERNS

Goal: Identify nature and severity of presenting concerns. Triage student to Tier II or III, plan for appropriate treatment/intervention.

Support for Students Exposed to Trauma (SSET)

Upon referral/consent

SCREENING

Goal: Identify those who might benefit from services/supports

Tier I: All Students
Regardless of behavioral health risk

Psychological First Aid – Listen, Protect, Connect, Model and Teach

School-side Ecological Strategies – Positive, Safe School Climate

OUTCOME MONITORING AND PROGRAM EVALUATION

Goal: Determine whether students individually, by agency, or entire Network are achieving behavioral health outcomes.

One can aggregate data from all of the above assessment purposes depending on outcome monitoring goals.

PROGRESS MONITORING
Goal: Track student functioning over time to determine progress in services

Impact of Indirect Trauma



The Impact of Indirect Exposure to Trauma

- **Secondary Traumatic Stress/Compassion Fatigue**
 - Presence of PTSD symptoms caused by at least one indirect exposure to traumatic material
- **Vicarious Trauma**
 - Changes in a helper's inner experience over time as a result of responsibility for an empathic engagement with traumatized clients

Self-Care is Important

- Engage in consistent, daily self-care!
- Frequently assess emotions, behaviors, and needs
- Seek support/consultation if you begin to notice PTSD symptoms
- What is one thing you would like to do to improve your self-care?



Research Opportunities

- Comparative Effectiveness Studies
- Dismantling Research – i.e., which components, for whom, under what conditions
- Single event versus chronic exposure
- Trauma-informed schools or “Safe and Supportive schools”



Sharon Stephan, Ph.D.

sstephan@psych.umaryland.edu

410-706-0941

Center for School Mental Health

University of Maryland, Baltimore

School of Medicine

Division of Child and Adolescent Psychiatry

737 W. Lombard St. 4th floor

Baltimore, Maryland 21201

(<http://csmh.umaryland.edu>)

Email: csmh@psych.umaryland.edu

Phone: (410) 706-0980

