Evidence-based Practices to Support Trauma-exposed Students

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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

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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

Kathleen Guarino, LMHC, NCSSLE, AIR
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

"Trauma arises from an inescapable stressful event that overwhelms an individual’s coping mechanisms" (van der Kolk & Fisler, 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

61% Any violence
46% Direct assault
25% Witness any violence
10% Witness family violence

In many urban areas, nearly all children are exposed

National Survey of Children’s Exposure to Violence, 2008
Prior Year Violence Exposure Among Los Angeles 6th Grade Students

- Some violence exposure: 94%
- Violence not involving a weapon: 54%
- Gun or knife violence: 40%
- No violence: 6%
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

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

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

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

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

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.
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 days absent from school (Hurt et al., 2001)
- Lower grade point average (Hurt et al., 2001)
- More suspensions and expulsions (LAUSD survey, 2006)
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)

Carter et al., 2009
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

http://www.raisingofamerica.org/watch
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

- Concentration/Focus
- Setting Goals
- Organizing
- Contextualizing
- Remembering
- Sitting Still
- Processing Oral Information
- Talking (When experiencing stress reaction)
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

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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

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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
Parent and teacher education sessions

Universal or targeted screening

10 group sessions

1-3 individual sessions

Parent, Peer and Teacher Support

Early Detection

Student Coping Skills
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)

Stress or Trauma → What we think

What we think

What we do

How we feel

What we think

How we feel
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

Very anxious

8 – Walking home from school alone

7

6

5

4

3 – Going out on playground at recess

2

1

Not anxious at all
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.
Aah!

Someone stole my shoe!

Gary!

Hide in the closet! There's a thief in the house!

By the way, Gary, I love your new hat!
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
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

Least Scared/Upset

Most Scared/Upset

Situation Rating

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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playing outside alone</td>
<td>6</td>
</tr>
<tr>
<td>Playing outside w/ brother weekday</td>
<td>5</td>
</tr>
<tr>
<td>Playing outside on weekend daytime</td>
<td>3</td>
</tr>
</tbody>
</table>

### Fear Thermometer

- **Most Scared/Upset**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1

- **Least Scared/Upset**
Sample hierarchy

Fear Thermometer

<table>
<thead>
<tr>
<th>Rating</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Being with best friend</td>
</tr>
<tr>
<td>9</td>
<td>Hanging out with best friend at friend’s house</td>
</tr>
<tr>
<td>8</td>
<td>Hanging out with friend at his own house</td>
</tr>
<tr>
<td>7</td>
<td>Hanging out with friend at school</td>
</tr>
<tr>
<td>6</td>
<td>Talking to best friend on the phone</td>
</tr>
<tr>
<td>5</td>
<td>E-mailing best friend</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Least Scared/Upset  Most Scared/Upset
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

Middle School 1
- 769 students screened
- 126 students received CBITS immediately

Middle School 2
- 61 students received CBITS immediately
- 65 students received CBITS after 3 months

Month: Start, 1, 2, 3, 4, 5, 6
First assessment
Second assessment

Screening
The improvement lasted

Source: Stein et al., *JAMA* 2003
Children who received CBITS early also performed better in math and reading.

Parents reported children doing better in CBITS compared to the group that received CBITS later. 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
- Included in evidence-based program repositories
- Train-the-trainer and certification procedures
- Training and support website
Making training more accessible

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.
CBITSprogram.org is expanding reach
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

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Dept. of Psychiatry and Biobehavioral Sciences

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RAND Corporation
A version of CBITS can be given by non-clinical school staff.
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!
Interactive online curriculum-
Life Improvement for Teens
Talking about me

They don't like me
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.
Online game

Assessment

Skill Building

Personalized Feedback
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)

**Child’s Treatment**
- Coping Skills Training: Emotional Expression
- Cognitive Coping
- Relaxation
- Gradual Exposure & Processing
- Education:
  - Child Sexual Abuse
  - Healthy Sexuality
  - Personal Safety

**Caregiver’s Treatment**
- Coping Skills Training: Emotional Expression
- Cognitive Coping
- Relaxation
- Gradual Exposure & Processing
- Education (like child sessions)
  - Behavior Management

**Joint Sessions**
- Coping Skills Exercises
- Gradual Exposure & Processing
- Education Regarding Sexuality and Sexual Abuse
- Personal Safety Skills
- Family Sessions

From Deblinger & Heflin (1996)

https://tfcbt.musc.edu/
Putting the pieces together
Multi-tiered Supports for Trauma-Exposed Youth

Intensive, Individually Designed Interventions
- Strategies to address needs of individual students with intensive needs

Targeted, Group Interventions
- Small, needs-based groups for at-risk students who do not respond to universal strategies

Universal Interventions
- All settings, all students
- Preventive, proactive

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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

Support for Students Exposed to Trauma (SSET)

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

School-side Ecological Strategies – Positive, Safe School Climate
Support for Students Exposed to Trauma (SSET)

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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.
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

Kathleen Guarino, LMHC, NCSSLE, AIR
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”
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