Role of School Psychologists in Creating Trauma-Sensitive Schools

Christina Campbell, Ivelisse Negron, & Jennifer Cooper, PhD, NCSP
School Psychology Program, National College of Education, National Louis University

Illinois School Psychologists Association
Caring for all kids for 40 years

Introduction & Problem Statement

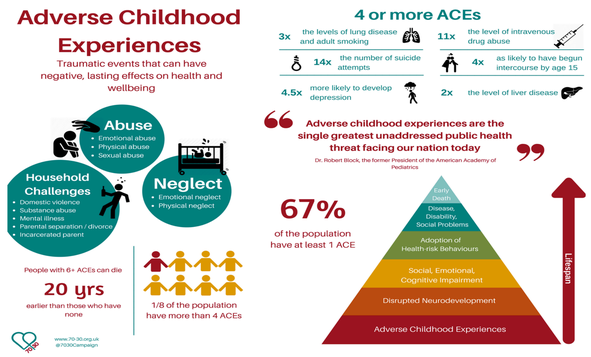
There is a current epidemic in the American school systems regarding childhood trauma and the lack of knowledge on supporting these students in our schools. Research shows that 68% of children experience at least one traumatic event in their lifetime (Cavanaugh, 2016). This alarming percentage means teachers now have a bigger responsibility and are faced with greater challenges in educating and supporting these students (Brunzell, 2016). This is especially true when considering the complexities of trauma and how it is experienced subjectively within our students.

- Some examples of trauma that students may experience are neglect, child abuse (sexual, physical, emotional), victimization of crime or violence, witnessing crime or abuse, or surviving natural disasters (Black, 2012).
- When events like these are perceived as traumatic to the child, neurological and psychological distress begins. These events trigger the child's external threat and stress responses which can cause lifelong cognitive damage, especially in reoccurring traumas.
- Some students have the resilience to cope with adversities that stem from traumatic experiences while others may not. However, if the student is genuinely traumatized by the experience, there is a possibility of psychopathology and other negative effects - leading to the increased need of trauma-sensitive schools (Black, 2012).
- These students are also more likely to develop other symptoms and behaviors such as Attention Deficit Hyperactivity Disorder, poorer school performance, feelings of depression and anxiety, lack of emotional regulation and conduct disorders (Brunzell, 2016).

Knowing the effects of trauma in students helps school-based mental health professionals (SBMH) understand and support students' needs. There is evidence that schools are acceptable and beneficial sites for trauma treatment as they reduce the barrier students face toward assessing trauma care (Reinberg, 2015). The Cognitive Behavioral Intervention of Trauma in Schools (CBITS) is one such example of a highly effective school-based intervention designed to support students while working toward creating trauma-sensitive schools.

Adverse Childhood Experiences (ACEs) & Trauma

Adverse childhood experiences (ACEs) are defined as prolonged exposure to potentially traumatic events that may have immediate and lifelong impact. These events can include physical, sexual and or emotional abuse, physical and emotional neglect, household mental illness, parental separation or an incarcerated household member. An ACE score is a summation of the different types of abuse, the greater the abuse, the higher the ACE score. Higher ACE scores have shown to affect the developing brain and bodies of children leading to worse health outcomes. Higher ACE scores increase the risk of trauma among youth.



Research-based Interventions for School Settings

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

The CBITS program is intended to be delivered to youth (ages 8 – 15) who have or are currently experiencing significant distress as a result of a traumatic event in their lifetime. CBITS was designed to be delivered in a school setting by social workers and or licensed psychologists. The program consists of 10 weekly group sessions for ideally 50 – 60 minutes and 1 – 3 individual sessions. CBITS also includes two parent sessions and one teacher session.

CBITS offers both online and in-person training. To learn more about the online training or to take the online course, visit https://cbitsprogram.org

Goals:
- Improve coping and decision making skills
- Build resilience
- Build communication and social skills
- Build self-care and self regulation
- Build peer, school staff and parent support
- Strengthen emotionally supportive relationships
- Reduce post-traumatic stress/anxiety/depression
- Reduce low self-esteem
- Reduce aggression and impulsivity

Techniques:
- Education about reactions to trauma
- Relaxation training
- Cognitive therapy
- Real life exposure
- Stress or trauma exposure
- Social problem-solving

Bounce Back

Bounce Back is an intervention to teach elementary school children (ages 5 – 11) exposed to stressful and traumatic events skills to help them cope with and recover from their traumatic experiences. Administered by clinicians in schools, Bounce Back builds resilience to help children exposed to trauma bounce back to a quality level of functioning and well-being in their school and community. Children learn coping skills, how to identify their feelings, relaxation techniques, and problem solving strategies. The Bounce Back program consists of 10 group sessions, 1-3 parent sessions, and 1-2 individual sessions.

Training to implement the Bounce Back program is available online or through in-person trainings. Visit http://bouncebackprogram.org for more information.

Table 1. Summary of Empirical Evidence for CBITS

Study	Title	Authors	Sample	Measure	Results/ Major Findings
Study 1 (2016)	Implementing Cognitive Behavioral Intervention for Trauma in Schools (CBITS) with Latino Youth	Allison, Annette C.	Twenty three children and adolescents ages 10 to 14, in fifth, sixth and seventh grades	Child Posttraumatic Symptom Scale (CPSS) The Short Mood and Feeling Questionnaire (SMFQ)	Children who participated in CPITS reported - significantly fewer symptoms of trauma and depression - no differences were noted between genders
Study 2 (2018)	Statewide Implementation of an Evidence-Based Trauma Intervention in Schools"	Hoover, Sharon A.	350 children 66.9 Hispanic 26.2& Black 43.7% White 30/1% Other 61% Majority female	CBITS Clinician Self-Report Fidelity Measure Trauma Exposure Checklist (TEC) Child PTSD Symptom Scale (CPSS) Ohio Scales Youth Services Survey for Families	42% reduction in child Post-Traumatic Stress Disorder 25% reduction in problem severity increase in child functioning
Study 3 (2010)	Title: Children's Mental Health Care following Hurricane Katrina: A Field Trial of Trauma-Focused Psychotherapies	Jaycox, Lisa., Cohen, Judith., Mannarino, Anthony., Douglas W. Walker, Audra K. Langley, Gegenheimer, Kate., Scott, Molly.	118 4th-8th grade students from diverse backgrounds screening positive for elevated levels of PTSD. 58 students received CBITS - 60 received TF-CBT	Disaster Experiences Questionnaire UCLA PTSD Reaction Index Child PTSD Symptom Scale Strengths and Difficulties Questionnaire.	Results indicate that both treatments led to significant improvement in PTSD symptoms, but CBITS was far more accessible. PTSD scores at 10 months significantly improved as compared to baseline scores.
Study 4 (2003)	A Mental Health Intervention for Schoolchildren Exposed to Violence	Stein, Bradley., Jaycox, Lisa., Kataoka, Sheryl.	113 middle school students in Los Angeles from a primarily low socioeconomic, Latino location.	34 Item Life-Events Scale Child PTSD Symptom Scale (CPSS)	10 Session CBITS significantly lowered PTSD rating scores compared to non-intervention groups.

Implications for School Psychologists

School Psychologists and other SBMH professionals are well-positioned to provide research-based trauma services and supports to their students. Many students face barriers to accessing mental health care and the majority of those that do receive services, receive them in schools. School Psychologists are uniquely suited to reduce barriers to quality treatment by providing research-based support and care to their students, especially students with traumatic backgrounds (Reinbergs, 2018). Evidence shows the consequences of early childhood trauma; therefore, it is up to SBMH professionals to provide well-organized, prevention-focused, data-based interventions such as CBITS for their students.

The goal of creating safe, trauma-sensitive schools is to help students build social support, resilience, and hope in order to cope with the mental and behavioral challenges that accompany trauma (Hines, 2015; NASP 2015). To do this, School Psychologists and other SBMH professionals must take a direct role in trauma screening and intervention. This is especially important when considering the lack of teacher preparation in building the skills needed to support and manage complexities of trauma in their classrooms and within their students (NASP, 2015). School Psychologists have the ability to decrease access gaps while serving as leaders in creating nurturing and safe environments for all students, including those with a history of trauma.

Although the evidence summarized primarily focused on CBITS, there are many other intervention options at different tiers (see resources guide). No intervention fits all, therefore, School Psychologists must stay informed on various evidence-based resources available to them to best serve their students and schools.

References

Black, P., Woodworth, M. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychological Association*, 53(3), 192-203. doi:10.1037/a0028441
Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly,* 33(1), 137–146.
Brunzell, T., Stokes, H., Waters, L. (2016). Trauma-informed positive education: Using positive psychology to strengthen vulnerable students. *Contemporary School Psychology*, 20,63-83. DOI 10.1007/s40688-015-0070-x
Ferreira, R., & Allison, A. (2017). Implementing cognitive behavioral intervention for trauma in schools (CBITS) with Latino youth. *Child & Adolescent Social Work Journal*, 34(2), 1.
Hoover, S. A., Sapere, H., Lang, J. M., Nadeem, E., Dean, K. L., & Vona, P. (2018). Statewide implementation of an evidence-based trauma intervention in schools. *School Psychology Quarterly*, 33(1), 44–53.
Jaycox, L., Cohen, J., Mannarino, A., Walker, D., Langley, A., Gegenheimer, K., Scott., M., Schonlau, M. (2010). Children's mental health care following hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Trauma and Stress*. 23(2), 223-231. doi: 10.1002/jts.20518
Moresette, A., Swaney, G., Stolle, D., Schuldberg, D., Van den Pol, R., Young, M. (2009). Cognitive behavioral intervention for trauma in schools (CBITS):School-based treatment on a rural American Indian reservation. *Journal of Behavior Therapy and Experimental Psychiatry,* (40) 169-178. doi:10.1016/j.jbtep.2008.07.006
National Association of School Psychologists. (2015). Creating trauma-sensitive schools: Supportive policies and practices for learning [Research summary]. Bethesda, MD: Author.
Reinbergs,E., Fefer, S. Addressing trauma in schools: Multi tiered service delivery options for practitioners. *Psychol Schs*, 55, 250–263. Doi: 10.1002/pits.22105
Stein, B., Jaycox, L., Kataoka, S. (2003). A mental health intervention for school children exposed to violence. *JAMA*, 290(5), 603-611.

Questions/Comments:

Christina Campbell, NLU Ed.S. Student: ccampbell31@my.nl.edu

Ivelisse Negron, NLU Ed.S. Student: inegron1@my.nl.edu

Dr. Jennifer Cooper, Assistant Professor & Co-Program Director: jcooper20@nl.edu

NATIONAL LOUIS UNIVERSITY
1886