

Menu of Trauma-Informed Programs for Schools

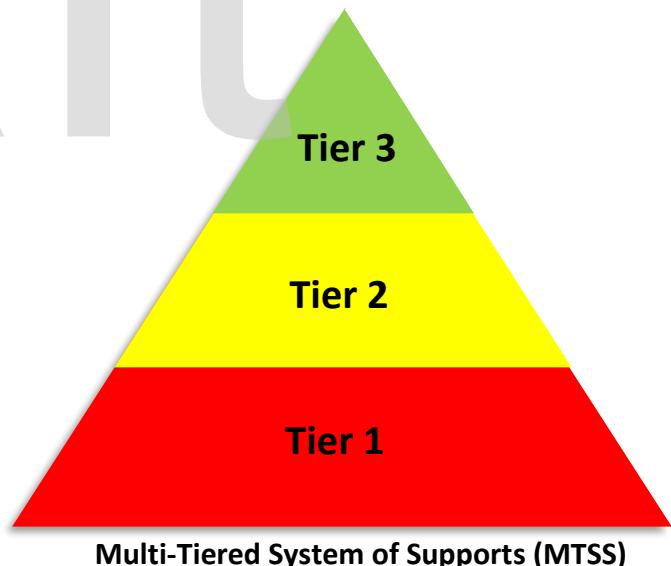
Many educators are seeking guidance to support students who have experienced trauma, particularly related to the opioid crisis. This resource provides a list of interventions that have been developed to address this specific need. To create this resource, REL AP researchers identified interventions using a search of the academic literature and other resources, such as policy papers and websites. This program list is not comprehensive and focuses on school-based programs. It does not include school-community collaborations, after-school or family-based programs, or therapies typically conducted in clinical settings.

This document includes two tables. The first table (blue header) provides descriptions of each program, including the intended audience (grades, students vs. teachers, specific sub-groups), program setting, and other important considerations (pages 2-4).

The second table (purple header) provides helpful implementation information for those looking to select and implement one or more interventions from this list. This table includes the intensity of the resources typically needed for implementation, implementation considerations (e.g., who implements, required professional development, materials), and information on the interventions' evaluation (pages 5-7).

Both tables organize all interventions using the Multi-Tiered System of Supports (MTSS) framework. Specifically, interventions are listed under one of these three categories:

- **Multi-Tiered:** Supports that include all 3 tiers
- **Tier 1:** Universal support for *all* students
- **Tier 2 and Tier 3:** Targeted support for *some* students (Tier 2) *and* intensive support for a *few* students (Tier 3)



Program Descriptions

Program Name (and developers)	Program Description	Grade	Participants			Program Setting	Considerations
			All Students	Educators	Specific Sub-Groups		
<u>Animating Learning by Integrating and Validating Experience (ALIVE)</u> (Foundation for the Arts and Trauma, Inc.)	A trauma-informed program that includes screening, stress reduction, child safety education, letter-writing for students to express emotions, and professional development.	K-12	✓		Students identified as struggling and in need of additional services.	Various locations within schools	More information available at this site .
<u>Healthy Environments and Response to Trauma in Schools (HEARTS)</u> (University of California San Francisco)	A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools.	K-12	✓	✓	At-risk students and students suffering from effects of trauma.	Various locations within schools	Includes teacher wellness groups for secondary trauma.
<u>Project Linking Action to Unmet Needs in Children's Health (LAUNCH)</u> (National Center for Healthy Safe Children)	A community-school partnership project that includes training teachers to deliver social-emotional curriculum and provides on-site mental health supports, including trauma-informed approaches.	ECE-2	✓	✓	Students with identified behavior problems in the classroom and students with mental health issues.	Various locations within schools	Implemented in Appalachia and other regions throughout the U.S. with trauma focus.
<u>Student Assistance Program (SAP)</u> (Prevention First ¹)	A school-based, evidence-informed framework for prevention, early intervention, referral and support for students with needs dealing with non-academic barriers to learning.	K-12	✓		Students unable to fully benefit from educational opportunities due to trauma generated at school or at home.	Various locations within schools	

¹ The Prevention First organization developed one example of a Student Assistance Program that addresses student mental health concerns.

Tier 1: Universal support for all students							
Program Name (and developers)	Program Description	Grade	Participants			Program Setting	Considerations
			All Students	Educators	Specific Sub-Groups		
Heart of Learning and Teaching (HLT) (Office of Superintendent of Public Instruction in Washington and Western Washington University)	A curriculum for teachers that includes modules on trauma, building compassionate schools, self-care, collaborative problem solving, and role plays, games, and case vignettes.	K-12	✓		Program designed for all students. Evaluation study conducted with female students involved in the foster care and juvenile justice systems.	Classroom	
Monarch Room (MR) (Baroni, Day, Crosby, Somers, & Vanderwill)	A room managed by trained staff that provide various strategies (e.g., sensory-integration activities, problem-solving conversations) when students are referred due to escalated negative emotions or behavior.	K-12	✓			Separate room within school	Often implemented with Heart of Learning and Teaching (HLT).
Resilience Classroom Curriculum (aka FOCUS) (Ijadi-Maghsoodi, Marlotte, Garcia, Aralis, Escudero, Lester, & Kataoka)	A trauma-informed resilience-building preventive classroom intervention for students in high-risk environments (e.g., urban neighborhoods known for violence).	K-12	✓			Classroom	For more information on program implementation, see site for military families.
The Supportive Trauma Interventions for Educators (STRIVE) (Boston Medical Center, Boston Public Schools, and Vital Village Network)	A program that aims to improve classroom environments and develop trauma-sensitive school systems connected to community-based resources.	K-2	✓	✓		Classroom	

Tier 2: Targeted support for some students and Tier 3: Intensive support for a few students							
Program Name (and developers)	Program Description	Grade	Participants			Program Setting	Considerations
			All Students	Educators	Specific Sub-Groups		
<u>Bounce Back</u> (Langley & Jaycox)	A school-based group intervention for students exposed to stressful and traumatic events.	K-5			Children from diverse ethnic/social backgrounds exposed to traumatic events.	Small groups at school	An adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (see description below) that includes increased parental involvement that is appropriate for younger school children.
<u>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</u> (Escudero, Jaycox, Kataoka, Stein, & Wong)	A group intervention designed to reduce symptoms of mental health disorders using cognitive-behavioral techniques.	5-12			Children who have witnessed or experienced traumatic life events.	Small groups at school	
<u>Support for Students Exposed to Trauma (SSET)</u> (Jaycox, Langley, & Dean)	A non-clinical adaptation of CBITS for students exposed to traumatic events and suffering from symptoms of post-traumatic stress disorder (PTSD).	6-8 ²			Students experiencing moderate to severe levels of PTSD.	Small groups at school	Each SSET group leader should have a designated clinician from the school or district who can be on call during the SSET groups.
<u>Trauma-Grief Component Therapy for Adolescents (TGCT-A)</u> (Saltzman, Layne, Pynsoos, Olafson, Kaplow, & Boat)	Manualized intervention that addresses the complex needs of older children and adolescents contending with trauma, bereavement, or traumatic bereavement.	6-12			Students who have been exposed to trauma, loss, or a combination of the two	Individual or group treatment in school	
<u>Youth Mental Health First Aid (YMHFA)</u> (National Council for Behavioral Health)	An 8-hour course that teaches how to help someone who may be experiencing a mental health or substance use challenge or crisis.	N/A		✓	Any adult working with children (not necessarily mental health professional).	School or community	

² This program was evaluated in middle schools, but the program developers note that it will likely work well with students in late elementary through early high school.

Implementation Information

(Key for table on page 8)

Multi-Tiered: Supports that include all 3 tiers						
Program Name	Resource Intensity	Implementation Considerations			Evaluation Information ³	
		Who Implements	Professional Development	Materials	Level of Evidence ⁴	Findings ⁶
Animating Learning by Integrating and Validating Experience (ALIVE)	High	School Staff; Mental health professionals	N/A	Program materials	Demonstrates a Rationale (ESSA)	No statistically significant findings. ⁵
Healthy Environments and Response to Trauma in Schools (HEARTS)	High	School staff; Mental health professionals	Training on topics such as trauma and secondary stress.		Demonstrates a Rationale (ESSA)	Potential for... Students: Improved school engagement; decreased disciplinary behavioral issues (less office referrals, less suspensions); improved trauma symptoms (students in tier 3 therapy). Staff: Increased knowledge, skills and use of trauma-sensitive practices.
Project Linking Action to Unmet Needs in Children's Health (LAUNCH)	High	School staff; Mental health professionals	Training on topics such as trauma and delivering a social-emotional curriculum.	At-risk student behavior plans developed by teachers; social-emotional curriculum	Demonstrates a Rationale (ESSA)	Potential for... Students: Increased resilience. Staff: Increased confidence and competence; improved ability to handle challenging student behaviors.
Student Assistance Program (SAP)	Low	School staff	Training on topics such as the impact of stress and trauma on brain development and how to recognize and appropriately respond to student requests for help.	Guidebook, intervention materials	TBD	Students: Improved social and psychological functioning; stable level of alcohol/drug use (vs increase for comparison group).

³ Citations for program evaluations are available on page 9.

⁴ See Glossary for Evidence Levels on page 8. The level of evidence in support of programs is derived from federal clearinghouses which utilize rigorous procedures to examine the evidence and determine the confidence that practitioners can have about its generalizability to their settings. Where such ratings were not available, the REL AP staff provided tentative ESSA evidence ratings based on intervention, study methodology, outcomes, and target population. TBD (to be determined) indicates that an evidence rating has not yet been assigned and a review is currently under way.

⁵ Descriptive/qualitative outcomes only, including learning opportunities, school environment, behavior, secure students, and confident teachers.

Tier 1: Universal support for all students						
Program Name	Resource Intensity	Implementation Considerations			Evaluation Information ³	
		Who Implements	Professional Development	Materials	Evidence ⁴	Findings ⁶
Heart of Learning and Teaching (HLT)	Low	School staff	Workshop optional for teachers.	Free downloadable manual; screening materials	Demonstrates a Rationale (ESSA)	Potential for... Students: Decreased PTSD symptoms ⁷ .
Monarch Room (MR)	High	School staff with specialized training	Training to effectively work with traumatized youth.	On-line publications and presentations	None	No evaluation with outcomes of interest.
Resilience Classroom Curriculum (aka FOCUS)	High	Mental health professionals	Program training (1 day).		Demonstrates a Rationale (ESSA)	Potential for... Students: Improved empathy and problem solving.
The Supportive Trauma Interventions for Educators (STRIVE)	High	Educators, parents, and caregivers	Program training, (1 day or 2 day), ongoing consultation/coaching for staff.	Screening material; program materials	Demonstrates a Rationale (ESSA)	Potential for... Students: Improved coping skills and classroom behaviors. Staff: Improved classroom behavior management/organization, knowledge of trauma, confidence in implementing strategies, and self-efficacy.

⁶ This column displays statistically significant findings associated with programs at all evidence levels. Programs with rigorous evaluation designs are indicated with “Some evidence for...,” meaning that findings are expected to replicate in other settings in which these programs are implemented but additional research is needed to establish stronger evidence. Programs with lower levels of evidence (for example, ESSA “Demonstrates a Rationale”) use research designs that provide less confidence in their ability to replicate in other settings, which are designated as “Potential for...” findings. Thus, although this column shows statistically significant findings associated with the program, one cannot make an inference that the program caused the outcomes.

⁷ One evaluation study also found that students indicated that their need for school safety and security *increased* (rather than decreased) after the program.

Tier 2: Targeted support for some students and Tier 3: Intensive support for a few students						
Program Name	Resource Intensity	Implementation Considerations			Evaluation Information ³	
		Who Implements	Professional Development	Materials and Supports	Evidence ⁴	Findings ⁶
Bounce Back	High	Mental health professionals	One-day in person training or free online training/materials, potential ongoing implementation support by developer.	Free sample materials and forms, robust online community of practice	Promising (OJJDP)	Some evidence for... Students: Improved PTSD/trauma and anxiety symptoms, social adjustment, behaviors, emotional expression, and coping skills; decreased depression symptoms.
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	High	Mental health professionals	Two-day in person training or free online training/materials, potential ongoing implementation support by developer.	Free downloadable materials, list of resources, online community, "Ask an Expert"	Promising (Blueprints); Effective (OJJDP)	Some evidence for... Students: Decreased PTSD symptoms and severe psychological problems; improved psychological and behavioral functioning.
Support for Students Exposed to Trauma (SSET)	Low	School staff	In person training or free online training/materials.	Free downloadable materials, robust online community, video clips of advice from intervention developers	Promising (Blueprints); Effective (OJJDP)	Some evidence for... Students: Decreased PTSD and depression symptoms.
Trauma-Grief Component Therapy for Adolescents (TGCT-A)	High	Mental health professionals	Three-day training offered regionally through the National Child Traumatic Stress Network followed by ongoing phone supervision.	Treatment manual	Demonstrates a Rationale (ESSA)	Potential for... Students: Decreased PTSD-related symptoms and maladaptive grief.
Youth Mental Health First Aid (YMHFA)	High	School staff	Eight-hour training.	Screening materials	TBD	

Key

Resource Intensity: High	Program requires professional development training, delivery by specialized professional, significant cost, or accommodations.
Resource Intensity: Low	Program can be implemented with relatively low resources—low cost and relatively few hours of professional development.
School staff	Teachers, administrators, or counselors in the school
Mental health Professionals	Trained and licensed mental health professionals in the schools, such as school psychologist or social worker

Glossary for Evidence Levels

OJJDP For more information, visit: https://www.ojjdp.gov/MPG/Home/About/	
No Effects	Programs have strong evidence indicating that they did not achieve their intended outcomes when implemented with fidelity.
Promising	Programs have some evidence indicating they achieve their intended outcomes. Additional research is recommended.
Effective	Programs have strong evidence indicating they achieve their intended outcomes when implemented with fidelity.
Blueprints For more information, visit: https://www.blueprintsprograms.org/blueprints-certification/	
Promising	Interventions meet the minimum standard of effectiveness.
Model	Interventions meet a higher standard and provide greater confidence in the program's capacity to change behavior and targeted outcomes.
Model Plus	Interventions meet an additional standard of independent replication.
ESSA For more information, visit: https://www2.ed.gov/policy/elsec/leg/essa/guidanceuseseinvestment.pdf	
Demonstrates a Rationale	Well-specified logic model or theory of action. Includes ongoing efforts to collect evidence.
Promising Evidence	At least one well-designed and implemented correlational study demonstrating a statistically significant effect on relevant outcomes, which includes controls for statistical bias.
Moderate Evidence	At least one well-designed and implemented quasi-experimental study demonstrating a statistically significant effect on relevant outcomes.
Strong Evidence	At least one well-designed and implemented experimental study demonstrating a statistically significant effect on relevant outcomes.

Evaluation Citations

Multi-Tiered Programs

Animating Learning by Integrating and Validating Experience (ALIVE)

Frydman, J. S., & Mayor, C. (2017). Trauma and early adolescent development: Case examples from a trauma-informed public health middle school program. *Children & Schools, 39*(4), 238–247.

Bruckerhoff, T. (2015). *External Evaluation Report, ALIVE*. Chaplin, CT: Curriculum Research and Evaluation, Inc.

Healthy Environments and Response to Trauma in Schools (HEARTS)

Dorado, J., Martinez, M., McArthur, L., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health, 8*, 163–176.

Project Linking Action to Unmet Needs in Children's Health (LAUNCH)

Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The partnerships program for enhancing resiliency, confidence and workforce development in early childhood education. *School Mental Health, 8*(1), 189–200.

Student Assistance Program (SAP)

Pollard, J. A., & Houle, D. M. (1993). *Student assistance program demonstration project evaluation: Final report*. Sacramento, CA: California Department of Alcohol and Drug Programs.

Tier 1

Heart of Learning and Teaching (HLT)

Day, A. G., Baroni, B., Somers, C., Shier, J., Zammit, M., Crosby, S., . . . Hong, J. S. (2017). Trauma and triggers: Students' perspectives on enhancing the classroom experiences at an alternative residential treatment-based school. *Children & Schools, 39*, 227–237.

Day, A. G., Somers, C. L., Baroni, B. A., West, S. D., Sanders, L., & Peterson, C. D. (2015). Evaluation of a trauma-informed school intervention with girls in a residential facility school: Student perceptions of school environment. *Journal of Aggression, Maltreatment & Trauma, 24*(10), 1086–1105.

West, S. D., Day, A. G., Somers, C. L., & Baroni, B. A. (2014). Student perspectives on how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum. *Children and Youth Services Review, 38*, 58–65.

Monarch Room (MR)

No evaluation with outcomes of interest; however, HLT evaluations (above) included implementation of the MR.

Resilience Classroom Curriculum (aka FOCUS)

Garcia, E., De Pedro, K. T., Astor, R. A., Lester, P., & Benbenishty, R. (2015). FOCUS school-based skill-building groups: Training and implementation. *Journal of Social Work Education*, 51, 102–116.

Ijadi-Maghsoodi, R., Marlotte, L., Garcia, E., Aralis, H., Lester, P., Escudero, P., & Kataoka, S. (2017). Adapting and implementing a school-based resilience-building curriculum among low-income racial and ethnic minority students. *Contemporary School Psychology*, 21(3), 223–239.

The Supportive Trauma Interventions for Educators (STRIVE)

McConnico, N., Boynton-Jarrett, R., Bailey, C., & Nandi, M. (2016). A framework for trauma-sensitive schools. *Zero to Three*, 36(5), 36–44.

Tier 2 and Tier 3

Bounce Back

Santiago, C. D., Raviv, T., Ros, A. M., Brewer, S. K., Distel, L. M. L., Torres, S. A., . . . Langley, A. K. (2018). Implementing the Bounce Back trauma intervention in urban elementary schools: A real-world replication trial. *School Psychology Quarterly*, 33(1), 1–9.

Langley, A. K., Gonzalez, A., Sugar, C. A., Solis, D., & Jaycox, L. (2015). Bounce back: Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events. *Journal of Consulting and Clinical Psychology*, 83(5), 853–865.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

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.

Support for Students Exposed to Trauma (SSET)

Jaycox, L. H., Langley, A. K., Stein, B. D., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Supports for students exposed to trauma: A pilot study. *School Mental Health*, 1(2), 49–60.

Trauma-Grief Component Therapy for Adolescents (TGCT-A)

Grassetti, S. N., Herres, J., Williamson, A., Yarger, H. A., Layne, C. M., & Kobak, R. (2015). Narrative focus moderates symptom change trajectories in group treatment for traumatized and bereaved adolescents. *Journal of Clinical Child and Adolescent Psychology*, 44(6), 933–941.

Youth Mental Health First Aid (YMHFA)

Evaluations currently under review.