

Trauma-Informed Practice in Schools

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Introduction: Impact of Trauma. Adversity, stress, and trauma are very common childhood experiences in all communities. When a child experiences strong, frequent, or chronic adversity, the stress response becomes toxic and can disrupt healthy development. Chronic exposure to toxic stress can damage children’s developing brains. These changes in the brain’s structure and function can have detrimental effects on a child’s intellectual, social, and emotional functioning. Specifically, children who experience trauma are more likely to repeat a grade, have learning or school behavior problems, have poor school attendance, drop out of school, suffer from depression and anxiety, abuse substances, engage in unhealthy sexual activity, or experience obesity. Children whose parents also experience unaddressed stress and trauma are more likely to suffer the educational, health, and social effects described above.

Fostering Resilience. There is good news, however. Although stress and trauma can be devastating for students if they are left unaddressed, there are many factors that can shield students from the most negative of these effects. The fostering of safe and resilient schools and communities can mitigate the harmful effects to children’s health and development associated with toxic stress. Research shows that the single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. Protective factors that foster resiliency can be cultivated at the school and community level. They include positive relationships with peers and responsive adults, healthy emotional classroom and school climates, participation in extra-curricular activities, academic engagement, emotional regulation, social competence, and problem-solving skills.

Trauma-Informed Practice. One way to encourage resilience in middle and high school students involves *trauma-informed practice*. In a school context, trauma-informed practice includes a whole school approach promoting safety and relationships as well as various targeted school programs and interventions—delivered either by trained professionals or trained teachers—designed to help students recover from traumatic and stressful experiences. These programs are designed to help students feel safer (both physically and psychologically), help students cope with their past experiences, and help students develop a sense of resilience. Trauma-informed programs can engage the entire school (either in a small-group format or in other formats) so that students who do not need individual mental health counseling can also benefit from the intervention. Engaging the entire school in a trauma-informed approach also promotes collaboration between teachers, students, school administrators, and parents, so that students’ entire school environment is more sensitive to their experiences and recovery needs.

Instead of focusing on the symptoms of trauma (for example, poor attendance or grades, or disruptive classroom behavior), trauma-informed practice focuses on the causes and context of trauma and stress. This way, instead of feeling like they are labeled as “bad,” students are more likely to feel understood and supported. When students feel understood and supported, they are more likely to develop a sense of resilience to help them cope with their traumatic experiences. To this end, trauma-informed interventions:



- Respect students’ recovery processes and help them feel hopeful about their recovery;
- Acknowledge that trauma expresses itself in various symptoms, such as social and behavioral problems, poor school attendance, depression and anxiety, eating disorders, and substance abuse;
- Enable collaboration between teachers, students, parents, school staff, administrators, and other school leadership to empower students in their recovery processes;
- Are sensitive to the cultural and gender differences between different students, and how those differences impact students’ recovery processes;
- Recognize that parents, school staff, and others in a student’s social network might also suffer from similar traumatic or stressful symptoms;
- Avoid making a student’s trauma worse by punishing symptoms of trauma without understanding the source and context of the trauma;
- Help students use their strengths to assist in their own recovery.

Trauma-informed practice is important because the structure of the educational system can sometimes feed the trauma and stress that students bring with them from their home and community environments. For example, high-stakes testing and rigid disciplinary practices (like suspension and expulsion) can increase an already-traumatized student’s stress. Within this stressful school climate, traumatized students might express their trauma in ways that look like bad behavior to school administrators who don’t know their background. For example, students might act out in class, refuse to do their homework, or simply fail to show up for class. Therefore, this traditional educational structure can contribute to students’ trauma by over-focusing on what’s wrong with the students rather than recognizing their behavioral problems as expressions of trauma.

Purpose of this Document. The programs outlined in the attached document focus on helping students recover from traumatic experiences by encouraging positive relationships with their support networks, including their peers, teachers, parents, and school leaders. With the help of these supportive social bonds, students are more likely to achieve their educational goals, which could influence the future course of their lives.

The attached program list is non-exhaustive. Each of the programs has been determined to be an evidence based or promising practice by one of several reliable sources, including The California Evidence-Based Clearinghouse for Child Welfare (CEBC), SAMHSA’s National Registry of Evidence Based Programs and Practices (NREPP), and the National Child Traumatic Stress Network (NCTSN). Some programs have an Evidence Rating available and some do not, but all have passed the threshold set by the websites mentioned above to qualify as either evidence based or promising practice. The program options include universal approaches meant to serve a whole organization by creating a trauma-informed system to support everyone involved, such as the Sanctuary model. They also include more targeted approaches, such

as Cognitive Behavioral intervention for Trauma in Schools (CBITS), which are designed to support specific groups of students who have experienced trauma.

Culturally Specific Interventions. It is important to note that the programs in the attached document have not all been evaluated for all communities, and some interventions may be less effective for specific populations. Cultural, linguistic, and geographic considerations are provided in the attached document when information was available. The attached document focuses on programs that are included in evidence-based or promising practice registries. There are other trauma-informed interventions that have evidence of effectiveness for diverse focus populations, but were excluded from this document because they are not currently listed on evidence-based practice registries. For example, [PLAAY](#) (Preventing Long-term Anger and Aggression in Youth) is a culturally relevant intervention that combines basketball and group therapy to promote coping.



To learn more about trauma interventions that are effective with youth populations of various cultural backgrounds, see the factsheets in [Trauma-Informed Interventions: Clinical and Research Evidence and Cultural-Specific Information Project](#) from NCTSN and the Medical University of South Carolina. Many of the programs listed in the attached document also appear in the *Trauma-Informed Interventions* guide. Wherever possible, we have included a link to the program entry in the *Trauma-Informed Interventions* guide, where more detail can be found about cultural appropriateness.

Now Is The Time Technical Assistance (NITT-TA) Center

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Trauma-Informed Evidence-Based Practices to Promote Resiliency (Targeted)

PROGRAM NAME:

Support for Students Exposed to Trauma (SSET)

TIER:

Targeted

APPROPRIATE FOR:

Middle school (ages 10-14)

PROGRAM DESCRIPTION:

Teachers and school counselors teach students a variety of skill-building techniques to reduce problems with anxiety or nervousness, withdrawal or isolation, depressed mood, acting out in school, and impulsive or risky behavior. This program also helps students deal with real-life problems and stressors and increase levels of peer and parent support.

PRACTICE DESCRIPTIONS:

This program includes 10 structured group lessons, each of which can be completed within a class period (45 minutes to one hour). Each lesson typically includes a review from the previous lesson, a lesson plan that includes the presentation of new skills, engagement activities to encourage mastery of the skill, and a plan for independent practice prior to the next lesson. The group leader acts as a "coach" to help students develop new skills and find ways to practice them effectively; the objective is to enable students to continue practicing on their own after the group ends. Group leaders work with a clinician who can provide consultation on clinical issues.

EVIDENCE RATING:

Promising for 3/3 outcome indicators

OUTCOME INDICATORS:

Trauma and stress-related disorders and symptoms
Depression and depressive symptoms
Non-specific mental health disorders and symptoms

<http://nrepp.samhsa.gov/ProgramProfile.aspx?id=170#hide1>

PROGRAM NAME:

Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

TIER:

Targeted

APPROPRIATE FOR:

Adults, adolescents, and families

CULTURAL CONSIDERATIONS:

Used with low socioeconomic status groups; single parents or families whose children have limited contact with biological parents; urban and rural communities; in multiple languages

PROGRAM DESCRIPTION:

This program helps participants recognize, understand, and gain control of stress reactions by enhancing their capacities for emotion regulation, mental focusing, mindfulness, and interpersonal engagement and interaction.

PRACTICE DESCRIPTIONS:

This program follows a seven-step sequence of skills that are grouped to allow participants to 1) learn and practice skills with the therapist; and 2) rehearse and apply the skills to anticipate, prevent, and manage symptoms that can arise in real-life situations.

EVIDENCE RATING:

Effective for 5/9 outcome indicators
Promising for 2/9 outcome indicators
Ineffective for Depression and Depressive Symptoms and Self-Concept

OUTCOME INDICATORS:

Anxiety disorders and symptoms
Coping
General functioning and well-being
Internalizing problems
Trauma and stress-related disorders and symptoms
Self-regulation
Social connectedness

<http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1222>

Trauma-Informed Evidence-Based Practices to Promote Resiliency (Targeted)

PROGRAM NAME:

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

TIER:

Targeted, but with an Intensive component

APPROPRIATE FOR:

Tested primarily with children in grades 3 through 8, but has also been implemented with high school students

CULTURAL CONSIDERATIONS:

Implemented with racially and ethnically diverse children and in multiple languages

PROGRAM DESCRIPTION:

This program takes place in schools and is designed for both groups and individuals. It reduces the symptoms of PTSD, depression, and behavioral problems; improves peer and parent support; and enhances coping skills among students exposed to traumatic life events, including community violence and natural disasters.

PRACTICE DESCRIPTIONS:

This program includes 10 group sessions and one to three individual sessions for students, along with two parent sessions, and a teacher educational session. It can be delivered in schools by mental health professionals working in close collaboration with school personnel.

EVIDENCE RATING:

In a randomized controlled study children in the CBITS intervention group had significantly greater improvement in PTSD and depressive symptoms compared to those on the wait list at a three-month follow-up.

OUTCOME INDICATORS:

PTSD symptoms
Depression symptoms
Psychosocial symptoms

<http://legacy.nreppadmin.net/ViewIntervention.aspx?id=153>
http://www.nctsn.org/nctsn_assets/pdfs/CBITSfactsheet.pdf
http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=80

PROGRAM NAME:

Wellness Recovery Action Plan (WRAP)

TIER:

Targeted

APPROPRIATE FOR:

Primarily people with mental illnesses, but also those coping with health issues; other disabilities; substance use disorders; and current or former military service status

PROGRAM DESCRIPTION:

This program is a group intervention for people with mental health disorders, designed to help them manage their symptoms and their illness. The program guides participants through the process of identifying and understanding their personal wellness resources and helps them develop an individualized plan to use these resources daily.

PRACTICE DESCRIPTIONS:

Group size ranges from 8-12 participants, led by two trained co-facilitators. Facilitators use lectures, discussions, and individual and group exercises. The program is typically delivered over eight weekly, 2.5-hour sessions, but can be adapted for shorter or longer periods (as long as the program includes at least 16 hours of instruction and interaction).

EVIDENCE RATING:

Promising for 7/8 outcome indicators
Ineffective for Self-Concept

OUTCOME INDICATORS:

Trauma and stress-related disorders and symptoms
Anxiety disorders and symptoms
Social competence
Non-specific mental health disorders and symptoms
Depression and depressive symptoms
Educational achievement
Self-regulation

<http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1231>

Trauma-Informed Evidence-Based Practices to Promote Resiliency (Targeted)

PROGRAM NAME:

Cognitive–Behavioral Intervention for Trauma in Schools (CBITS)/Bounce Back

TIER:

Targeted, but with an Intensive component

APPROPRIATE FOR:

Elementary, middle, and high school students

PROGRAM DESCRIPTION:

This program improves the well-being of traumatized students by reducing symptoms of PTSD, anxiety, and depression, as well as problems related to behavior and improving behavior, social functioning, grades and attendance, peer and parent support, and coping skills. It is delivered in schools.

PRACTICE DESCRIPTIONS:

This program is delivered over 10 group sessions of approximately one hour in length, held weekly with groups of four to six students. There are also one to three individual sessions in which students complete a trauma narrative to process their traumatic memory and grief, during which they have the opportunity to share their narrative with a parent or caregiver.

EVIDENCE RATING:

Effective for 4/8 outcome indicators
Promising for 4/8 outcome indicators

OUTCOME INDICATORS:

Trauma and stress-related disorders and symptoms
Anxiety disorders and symptoms
Social competence
Non-specific mental health disorders and symptoms
Self-concept
Depression and depressive symptoms
Educational achievement
Self-regulation

<http://nrepp.samhsa.gov/ProgramProfile.aspx?id=205>

PROGRAM NAME:

Integrative Treatment of Complex Trauma (ITCT-C, ITCT-A)

TIER:

Targeted, but could also be Intensive

APPROPRIATE FOR:

Ages 2-21; both males and females; for youth who may have complex trauma histories

CULTURAL CONSIDERATIONS:

Implemented in Hispanic-American, African-American, Caucasian, Asian-American communities; particularly adapted for economically disadvantaged and culturally diverse clients; adapted for Spanish speakers

PROGRAM DESCRIPTION:

This treatment can be given in multiple settings, including schools. It includes interventions for complex trauma that incorporate a variety of different types of protocols.

PRACTICE DESCRIPTIONS:

This program is administered at two- to three-month intervals to identify symptoms that might require special clinical attention. Specific collateral and family therapy approaches are also integrated into the treatment program.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Symptoms on all trauma-related areas as measured by the Trauma Symptom Checklist for Children: anxiety, depression, anger, post-traumatic stress, dissociation, and sexual concerns

http://nctsn.org/sites/default/files/assets/pdfs/ITCT_general.pdf
http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=118

Trauma-Informed Evidence-Based Practices to Promote Resiliency (Targeted)

PROGRAM NAME:

Let's Connect (LC)

TIER:

Targeted

APPROPRIATE FOR:

Ages 3-15; both males and females; for children who have experienced a wide range of traumas

CULTURAL CONSIDERATIONS:

Has been implemented in community setting serving diverse, low-income, foster and kinship care, and military families; in urban and rural areas

PROGRAM DESCRIPTION:

This program addresses difficult or stressful life transitions that often accompany traumatic events (e.g., moves, placement changes, divorce, medical rehabilitation, changes in family functioning). It promotes health and resiliency for caregivers and children who have experienced stressful life events, including natural disasters. It can also be integrated into schools to enhance learning, student-staff relationships, and classroom management.

PRACTICE DESCRIPTIONS:

This program involves training, modeling, live-coaching, and ongoing consultation with eight to ten (90-minute) sessions delivered on a weekly basis. Up to four sessions of trauma-focused treatment may be added. Schools can implement the program over a semester or a year.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Emotional competence/sense of safety
Self-awareness
Emotion regulation
Emotion communication skills (ECS)

http://nctsn.org/sites/default/files/assets/pdfs/lc_general_081016_final.pdf

PROGRAM NAME:

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

TIER:

Targeted

APPROPRIATE FOR:

Ages 12-21; both males and females; at-risk youth in various settings (e.g., juvenile justice, child welfare, school)

CULTURAL CONSIDERATIONS:

Has been conducted with African-American, Latino, Native American, and immigrant and refugee populations

PROGRAM DESCRIPTION:

This program is a group treatment that improves the emotional, social, academic, and behavioral functioning of adolescents exposed to trauma, such as community violence. The program addresses the needs of adolescents who may still be living with ongoing stress, and can be used in schools.

PRACTICE DESCRIPTIONS:

This program consists of 16 sessions, one hour in length, although it may be adapted to five to six sessions. Therapists engage group members in discussions about how trauma has impacted their lives and what it means in the context of their culture.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Mindfulness practice, problem solving, and meaning making
Relationship-building/communication skills
Distress Tolerance
Psychoeducation regarding stress, trauma, and triggers

http://nctsn.org/sites/default/files/assets/pdfs/sparcs_general.pdf
http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=167

Trauma-Informed Evidence-Based Practices to Promote Resiliency (Targeted)

PROGRAM NAME:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TIER:

Targeted

APPROPRIATE FOR:

Ages 3-21; both males and females; for children with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers

CULTURAL CONSIDERATIONS:

Tested in U.S. Caucasian, African-American, and Latino populations; translated into multiple languages; used in urban, suburban, and rural regions

PROGRAM DESCRIPTION:

This program addresses multiple types of trauma, including PTSD, depression, anxiety, school problems, and cognitive problems. It includes skills for regulating behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills, and family communication.

PRACTICE DESCRIPTIONS:

This program includes components for parents, children, and conjoined youth-parent sessions.

EVIDENCE RATING:

Effective for 5/8 outcome indicators
Promising for 3/8 outcome indicators

OUTCOME INDICATORS:

Depression and depressive symptoms
General functioning and well-being
Non-specific mental health disorders and symptoms
Social competence
Trauma- and stress-related disorders and symptoms
Anxiety disorders and symptoms
Cognitive functioning
Disruptive behavior disorders and symptoms

<http://nrepp.samhsa.gov/ProgramProfile.aspx?id=96>

http://nctsn.org/sites/default/files/assets/pdfs/tfcbt_general.pdf

PROGRAM NAME:

Trauma-Focused Coping in Schools (TFC) (AKA: Multimodality Trauma Treatment Trauma-Focused Coping-MMTT)

TIER:

Targeted

APPROPRIATE FOR:

Ages 6-18; both males and females

PROGRAM DESCRIPTION:

This program is for children and youth exposed to single-incident trauma and focuses on PTSD, depression, anxiety, and anger, among other things. It was designed as a group intervention to be used in schools.

PRACTICE DESCRIPTIONS:

This program includes 14 group sessions with six to eight members per group, delivered during one class period per week. An individual pullout session is done midway through the program, along with an individual assessment session prior to group work. A therapist delivers this program.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

PTSD
Depression
Anxiety
Anger

http://nctsn.org/sites/default/files/assets/pdfs/mmtt_general.pdf

http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=128

Trauma-Informed Evidence-Based Practices to Promote Resiliency (Universal)

PROGRAM NAME:

Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)

TIER:

Universal

APPROPRIATE FOR:

Ages 8-21; both males and females; youth experiencing a wide range of traumas. Designed for persons with developmental disabilities and other groups that experience difficulty processing complex verbal and visual information

CULTURAL CONSIDERATIONS:

Implemented in urban areas

PROGRAM DESCRIPTION:

This treatment addresses general symptoms of trauma. It addresses intellectual and processing barriers that may limit usefulness of the original materials (DBT) for this population.

PRACTICE DESCRIPTIONS:

This program is delivered over 18 sessions, and can be adapted to meet the needs of youth with impaired cognitive functioning.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Family measures
Cultural measures
Measures of caretaker functioning
Measures of specific posttraumatic stress symptoms

http://nctsn.org/sites/default/files/assets/pdfs/dbtsp_general.pdf
http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=35

PROGRAM NAME:

Culturally Modified Trauma-Focused Treatment (CM-TFT)

TIER:

Universal

APPROPRIATE FOR:

Ages 4-18; both males and females; youth who have experienced a wide range of traumas

CULTURAL CONSIDERATIONS:

Designed for Latino/Hispanic populations with a range of acculturation levels and generation status

PROGRAM DESCRIPTION:

This intervention was developed for use with Latino children and is based on Trauma-Focused Cognitive Behavioral Therapy, with the addition of modules integrating cultural concepts throughout treatment.

PRACTICE DESCRIPTIONS:

No overall description, but does specify that additional modules exist, which focus on cultural concepts.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Psycho-education
Emotional regulation skills
Coping skills training
Distinguishing thoughts, feelings, and behaviors, including trauma-related
Gradual exposure (trauma narrative)
Cognitive and affective processing of trauma experiences
Parallel parent treatment
Risk reduction skills

http://nctsn.org/sites/default/files/assets/pdfs/cmtft_general.pdf
http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=103

Trauma-Informed Evidence-Based Practices to Promote Resiliency (Universal)

PROGRAM NAME:

Psychological First Aid (PFA)

TIER:

Universal

APPROPRIATE FOR:

Ages 0-120; both males and females; for individuals immediately following disasters, terrorism, and other emergencies

PROGRAM DESCRIPTION:

This program is designed to be put into place immediately following disasters and other emergencies. It focuses on eight core helping actions: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social supports, information on coping support, and linkage with collaborative services.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Disaster response benefits
Confidence providing PFA

http://nctsn.org/sites/default/files/assets/pdfs/pfa_general.pdf

PROGRAM NAME:

Safe Harbor Program

TIER:

Addresses all tiers

APPROPRIATE FOR:

Ages 6-21; both males and females; provided in schools for children and adolescents exposed to trauma and violence who may present with a range of problems and symptoms

CULTURAL CONSIDERATIONS:

Implemented with students from multiple ethnic and racial groups, from multiple religious backgrounds, who are immigrants and refugees, and who identify as LGBT; usually implemented in urban areas

PROGRAM DESCRIPTION:

This program helps students, parents, and schools cope with violence and trauma in their communities. The program uses a "safe harbor" room in school as a low stigma, easy access point to attract distressed youth coping with violence. It offers victim assistance, counseling, and concrete alternatives to violence at both the individual and school level.

PRACTICE DESCRIPTIONS:

This program has five components: 1) 10 lessons in a curriculum that addresses issues related to violence and victimization; 2) Individual counseling to help youth explore the impact of violence on their lives and to work through specific conflicts; 3) Parent involvement and staff trainings; 4) Structured group activities to reinforce the lessons in #1 and strengthen peer relationships; 5) A school-wide antiviolenence campaign to build a culture of nonviolence at school.

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Conflict resolution strategies
Positive social control
Opposition to gang violence

http://nctsn.org/sites/default/files/assets/pdfs/SafeHarbor_fact_sheet_3-20-07.pdf

Trauma-Informed Evidence-Based Practices to Promote Resiliency (Universal)

PROGRAM NAME:

Sanctuary Model

TIER:

Universal

APPROPRIATE FOR:

Ages 4 and older; both males and females

CULTURAL CONSIDERATIONS:

Addresses marginalization of specific cultural groups through exposure to trauma. In English and Spanish, and available for translation

PROGRAM DESCRIPTION:

This program helps participants create and maintain a nonviolent, democratic, productive community to help them heal from trauma. This program is not a client-specific intervention, but a full-system approach that targets the entire organization. The focus is to create a trauma-informed and trauma sensitive environment in which specific trauma-focused interventions can be effectively implemented.

PRACTICE DESCRIPTIONS:

Evaluation: needs assessment and certification evaluations

Training: initial supervisory and staff introduction to the material, orientation for new hires, booster sessions for staff as well as psycho-education for clients and families

Planning: Core Team meetings, Steering Committee meetings, and execution of tasks that reinforce the seven Sanctuary Commitments will be ongoing

Practice: concepts and tools will be used in the community at all levels of the organization

EVIDENCE RATING:

This program is rated a "3 - Promising Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available.

OUTCOME INDICATORS:

PTSD and related symptoms

Parents' PTSD and related symptoms

Child traumatic grief

http://nctsn.org/sites/default/files/assets/pdfs/sanctuary_general.pdf

http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=157

PROGRAM NAME:

Trauma Systems Therapy (TST)

TIER:

Universal

APPROPRIATE FOR:

Ages 5-21; both males and females; for youth who have experienced a wide range of traumas

CULTURAL CONSIDERATIONS:

Has been used with refugees and recent immigrants, African-Americans, Latinos, youth in child welfare system, low socioeconomic status, and Muslims

PROGRAM DESCRIPTION:

This program can be adapted for use in schools, and helps engage both youth and caregivers in identifying treatment goals and collaborating to reach those goals. This program assembles multiple community figures, such as teachers, spiritual leaders, community advocates, and case managers in treatment planning.

PRACTICE DESCRIPTIONS:

Home and community based services with specific intervention protocols

Services advocacy to ensure basic needs are met

Emotional regulation skills training

Cognitive processing

Trauma narrative development and rescripting with modules for both single incident and chronic trauma

Psychopharmacology

EVIDENCE RATING:

Not available

OUTCOME INDICATORS:

Traumatic stress symptoms

Family- and school-related problems

http://nctsn.org/sites/default/files/assets/pdfs/tst_general.pdf

http://nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf#page=227