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CBITS

COGNITIVE BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOLS

SECOND EDITION



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Since 2003, many CBITS trainers, consultants, and implementers have contributed in various ways to this second edition. We have learned tremendously from them about what works well in the schools that have been using CBITS and have modified language and examples to reflect those lessons learned. There is no way to name all the valued contributors to this update, but we especially thank Kristin Dean, Erum Nadeem, Catherine DeCarlo Santiago, and Joshua Kaufman for their contributions. We thank Lynsay Ayer for her careful review of this revision.

For a free online training course and detailed implementation materials, please register at www.cbitsprogram.org.

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Foreword

It is an honor to introduce and welcome you to *CBITS (Cognitive Behavioral Intervention for Trauma in Schools)* and to thank you for your commitment to providing evidence-based interventions to children who have been exposed to trauma.

In the wake of terrorist attacks, natural disasters, and mass violence in the United States and abroad, mental health professionals have become more aware than ever of the destructive effects of trauma on the lives of children. But even prior to September 11, 2001, and the tragedies in Littleton, Newtown, and Parkland, school-based mental health professionals (including school counselors, school psychologists, and school social workers) were faced with the challenge of helping students who have been traumatized by violence in their homes, their schools, and their communities.

Violence is one of the most significant public health issues facing America. Dr. Bradley Stein of the RAND Corporation writes, “for many children, personally experiencing or directly witnessing multiple incidents of community violence is the norm . . . Several studies have found that the majority of children exposed to violence, defined as personally witnessing or experiencing a violent event,

display symptoms of posttraumatic stress disorder (PTSD), and a substantial minority develop clinically significant PTSD” (Stein et al., 2003).

Despite what we know about the disruptive and distressing symptoms of PTSD, depression, and anxiety, we are not fully meeting the needs of children who suffer from the negative consequences of exposure to trauma. CBITS helps fill that vacuum. As reported in the *Journal of the American Medical Association*, this program for youth with symptoms resulting from violence exposure was shown to be effective in a randomized controlled study (Stein et al., 2003). Further, it achieved this distinction in a diverse environment; the program was developed with students ranging from kindergarten to 12th grade and was provided to U.S.-born children of color and to immigrant children from Mexico, Central America, Russia, Armenia, and Korea.

My enthusiasm for this work comes from many sources. As the former director of mental health services and crisis intervention teams for the Los Angeles Unified School District, I saw my staff build professional skills and deepen their understanding of the impact of trauma on the social, behavioral, and academic

lives of students. In my personal life, I've been a school board trustee, a member of the teachers' union, the daughter of an immigrant, a single parent, and a member of an ethnic minority whose first language was Cantonese.

From the time I was six years old, my grandmother told me stories about her early life in San Francisco. That beautiful city was part of the Wild West in the early 1900s, and for Chinese immigrants, it was a vibrant and dangerous place. The residents of Chinatown were vulnerable to violence from marauding gangs (including "benevolent associations," known as Tongs, which were waging a war for power in Chinatown) that victimized restaurants and businesses, as well as from white criminals. Often, innocent people were caught in the crossfire. The process of immigration from Macao to San Francisco was no less dangerous. Pirates and thieves preyed on children and adults escaping the political unrest in China by boarding ships headed to "Gold Mountain," the name that was given to California and the promises it held for a new life.

My grandmother was five when she took the long trip from Macao to San Francisco. Sold and trafficked as a child, she had no family in this new world and was terrified by the violence in the streets and businesses of Chinatown. Once, she saw a group of men refuse to pay their bill for dinner and many bottles of liquor. When the owner insisted, they drew guns and shot bullets into the walls

and the floors, smashing the furniture and laughing as they left. My grandmother hid in a corner, unharmed but traumatized. In the following weeks, she refused to leave her home. She feared that the violence would happen again and that she would be killed.

When my grandmother lived in San Francisco in 1905, there were no protective agencies or counselors available for the aftereffects of community violence or the trauma caused by the Great Earthquake, nor was there recognition of the paralyzing effects of such events on children. Since 1999, the year my grandmother passed away, I've had the privilege of working with Drs. Jaycox, Kataoka, and Stein, as well as many other professionals. I have witnessed firsthand the transformation of children's lives. CBITS has produced statistically significant reductions in the most-debilitating symptoms of PTSD, anxiety, and depression (Jaycox et al., 2010; Kataoka et al., 2003; Stein et al., 2003). We have also seen promising trends in improved academic performance and school attendance by the end of the school year after treatment with CBITS (Kataoka et al., 2011). The scars of trauma can last a lifetime, but with early identification and early intervention with CBITS, the distress, anxiety, and depression suffered by children can be lifted and healed. The CBITS manual will also guide your work with caregivers and teachers with very positive results.

One middle school teacher from Los Angeles said, "We thought we

knew these kids pretty well but were surprised to find out the types of things (anxieties, uncertainties, and fears) they were carrying around with them. . . . Students benefited by having the time and opportunity to talk to a trained professional and identify problems we would normally not detect.”

The effectiveness of CBITS can be discussed at length in the context of rigorous research design and evaluation. But, for me, the voices of children, caregivers, and teachers are the most-compelling evidence for the effectiveness of this intervention. The stories of the following three children (in their own words and in the words of their caregivers) show how they were positively impacted by completing the ten sessions of CBITS.

Jaime’s Story

“Jaime,” a seventh-grade student in middle school, encountered gang violence. “I was walking home with a friend of mine and some other boys started following us. They started threatening us and telling us they were going to hit us. They hit my friend. . . . I thought they were going to hit me too.”

After the problem-solving sessions of the CBITS intervention, Jamie felt safer and more at ease. “I liked having the group here at school because it was easier for me to come. I wouldn’t change anything because the group was fine how it was. . . . Before the group, I hardly talked in class, but now I participate more.”

Jaime’s mother also saw positive changes. “I notice that he’s different after the group. . . . He has more confidence in himself and he talks to us more. As a family, we are more united, like a family should be. We talk more; we feel more comfortable with each other.” Before CBITS, Jaime was missing school frequently and was considering dropping out of school.

Will’s Story

There are also benefits from the caregiver education sessions built into CBITS. “Will,” a ninth-grade student, had an encounter in a store with a man who was mentally ill. “He told me he wanted to kill me. . . . I ran to look for my mom. He was following me. I found a security guard. Then I found my mother and told her. I was really scared. I didn’t want to leave the house for a long time. I felt that crazy man knew where I lived.” Will’s father believes their relationship improved after CBITS from a relationship focused on physical discipline to a relationship of understanding. “I feel Will has improved. I used to be more aggressive with him. But now I can now talk with my son, and he can begin to feel that I, as his father, worry about him a lot.”

George’s Story

Witnessing a violent criminal act terrorized “George,” an elementary school student. “I was walking home from school with my cousin when I heard somebody screaming. I saw a

man being hit by four men. The men were wearing ski masks. We started to run. I heard gunshots. I was very afraid. When I was running I thought the men were following us. I thought they could look for us at school and hurt us. After that I was afraid to go to school. Every day I tried a different way to go to and from school. I had nightmares."

CBITS changed George's outlook. "The group helped me because I don't have nightmares about that anymore. I liked the exercises. I like that I learned how to relax. I also liked being listened to . . . I was able to do better at school because I had better concentration in class. I think this group is helpful for kids. . . . Kids can improve their grades, like I did, and get along with their teachers."

Through the experiences of children like George, Will, and Jaime, educators and schools recognize that school-based mental health services for traumatized children are more important than ever. It is my hope that you will use CBITS to teach children new coping skills and ways of seeking safety, help them experience success in the classroom, and ultimately, allow them to develop renewed belief in themselves and optimism for the future.

In July 2003, the President's New Freedom Commission on Mental Health published its final report, *Achieving the Promise: Transforming Mental Health Care in America*. Reviewing this report many years later, I found several recommenda-

tions that still hold meaning: How to bring science to mental health services, how to build the knowledge base needed for early intervention in the treatment of trauma, and how to expand and enhance school-based mental health programs. CBITS brings these ideas together by providing an intervention that builds on the resilience of children and caregivers to face life's challenges. In a very deliberate way, it facilitates recovery and depends upon your skills and experience to bring it to life. I recommend this book for all mental health professionals who work in the over 100,000 public and private K-12 schools across the United States. I know that you will find the CBITS manual helpful. This is a must-read for the school counselor, school psychologist, or school social worker whose work is to support the development of children and to remove psychosocial barriers to education.

Once again, I thank you for your commitment to providing quality services to children in schools. You have my admiration for your work and my appreciation for all you do to heal the invisible wounds of child trauma.

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Introduction and Background

Exposure to traumatic events among youth is relatively common—more than one-third of U.S. children report being victims of physical violence in the past year (Finkelhor et al., 2015), and many more experience natural disasters, witness violence, have a severe accident or injury, or experience a sudden traumatic loss. Almost all youth experience initial distress as a reaction to such events, but for most, their natural resilience causes the distress to gradually subside. However, a substantial minority continue to experience distress in the months after trauma exposure. Trauma exposure can lead to a variety of problems, including alterations in mood and behavior and loss of social and academic functioning (Margolin et al., 2010).

Post traumatic stress disorder (PTSD) is defined as a set of symptoms that persists at least one month following trauma exposure and includes the following four kinds of symptoms, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V):

- reexperiencing the event (e.g., intrusive thoughts, nightmares)
- avoidance (e.g., avoiding thinking about the event or trauma reminders)
- negative cognitions and mood (e.g., self-blame, lack of interest)

- arousal (e.g., trouble sleeping, hypervigilance; American Psychiatric Association, 2013).

Fortunately, specific interventions have been developed to reduce these types of symptoms; the most-effective involve cognitive behavioral skill-building techniques (Foa et al., 2010). We drew on these techniques in developing Cognitive Behavioral Intervention for Trauma in Schools (CBITS), creating a series of group sessions designed to run “bell to bell” during one class period. CBITS was designed in close collaboration with Los Angeles Unified School District school-based social workers, ensuring that it is feasible and acceptable in the school environment.

CBITS has been evaluated and disseminated continuously since its initial development in 1997. This second edition to the original 2003 manual retains all of the core content of the program and updates it with lessons learned through training and implementation.

CBITS was developed at a time when recognition of the impact of trauma on children was just beginning to emerge. That recognition has continued to strengthen and evolve over the past two decades as we have experienced multiple

challenges—such as terrorism, large-scale natural disasters, and school shootings. Awareness and dialogue about child abuse and domestic violence is also increasing. At the same time, the study of adverse child experiences, or ACEs, has shown very specifically how early adversity can influence later adult mental and physical health (Felitti et al., 1998). Together, these experiences solidify the need for schools to address trauma and become trauma-informed; the CBITS program can be used to meet this need (Santiago, Raviv, and Jaycox, 2018).

What is CBITS?

CBITS is designed for use with groups of students who have experienced significant traumatic experiences and are suffering from related emotional or behavioral problems, particularly symptoms of PTSD. Examples of traumatic life events include experiencing or witnessing severe violence at home, in school, or in the community; undergoing a traumatic loss; being in a natural or man-made disaster; experiencing a severe car accident or house fire; or being physically injured.

The program uses a skills-building, early intervention approach and is most appropriate for students with moderate levels of symptoms (for more information on grading symptoms see the later section on selecting students for CBITS). The manual is especially focused on the reduction of symptoms of PTSD. Since depression and diffuse anxiety often accompany symptoms of PTSD, many of the

techniques in this manual also are targeted toward depressive and general anxiety symptoms. Though focused primarily on students with moderate distress, students with a diagnosed mental disorder, such as PTSD, would also be expected to benefit from this program. However, such students may require concurrent individual therapy, as well as a referral for continued treatment after the CBITS group ends.

- CBITS is composed of ten student group sessions, one to three individual student sessions, two caregiver meetings, and an optional school staff information session.
- Originally designed and tested with students ages 11–15, CBITS has been implemented nationwide in late elementary schools (4th–6th grade), middle schools, and high schools. A more recent adaptation of CBITS has been designed for elementary school students (K–5), called Bounce Back. More information can be found at www.bouncebackprogram.org.
- Each session has a similar structure. Students begin with an agenda; review their progress through assigned activities; work through a series of interactive discussions, games, or exercises; and receive activities to practice before the next meeting.
- CBITS is not intended for students in crisis or in immediate need of intensive treatment, students with severe behavioral problems that make it difficult to participate in group meetings, or students with

severe cognitive limitations that put them below the fourth-grade level in reading comprehension.

CBITS fits well into school models of student support, such as Multi-Tiered Systems of Support, which includes universal interventions, secondary interventions for at-risk students, and tertiary interventions for those in need of services (see Reinbergs and Fefer, 2018). CBITS can be seen as a secondary or tertiary intervention, depending on the level of need of the students included.

How is this manual structured?

This manual has three parts that are intended to be used concurrently:

- the student group and individual program (ten group sessions and one to three individual sessions)
- the caregiver education program (two sessions)
- the caregiver education program (one session).

Each part contains instructions for presenting material to the groups, as well as informational handouts and worksheets.

Who implements CBITS?

CBITS was developed in close partnership with school-based mental health professionals and is designed for social workers, psychologists, psychiatrists, or counselors with clinical mental health intervention experience. Specialized training

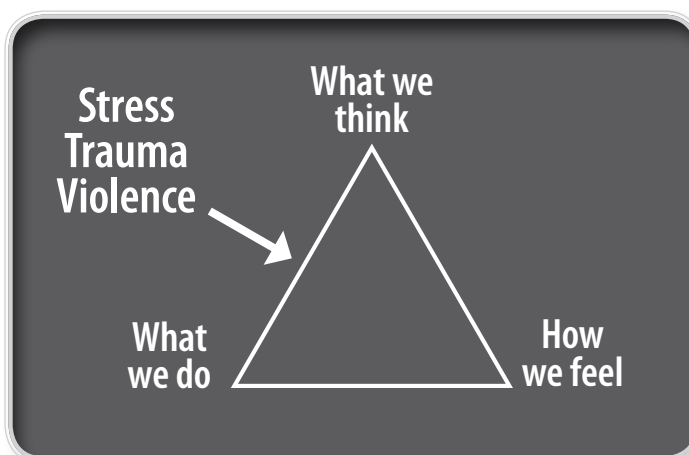
in cognitive behavioral therapy and with trauma survivors is recommended. Because the program addresses sensitive issues and uses specific techniques, we do not recommend that teachers or school staff who lack clinical training implement CBITS. Training in the use of this manual is strongly encouraged. For more information, including detailed implementation materials, see www.cbitsprogram.org. Following training, implementation support is also very important, including coaching and collaborative learning opportunities (Hoover et al., 2018).

What are the goals of CBITS and how are they accomplished?

CBITS focuses primarily on three goals: decreasing current symptoms related to trauma exposure, building skills for handling stress and anxiety, and building peer and caregiver support. Taking into account cultural context, it uses a variety of proven cognitive behavioral techniques to meet these goals, including psychoeducation about trauma and its consequences, relaxation training, learning to monitor stress or anxiety levels, recognizing maladaptive thinking, challenging unhelpful thoughts, social problem-solving, creating a trauma narrative and processing the traumatic event, and facing trauma-related anxieties rather than avoiding them.

What is the theory behind CBITS?

CBITS is based on cognitive behavioral theories of post trauma adaptation, suggesting that thoughts and behaviors can influence how quickly you recover from a traumatic event or whether you experience lasting symptoms and limitations. Thoughts, feelings, and behavior are seen as interrelated and influencing each other. For example, the thought that something is dangerous will heighten feelings of fear or anxiety, and these feelings might lead a person to behave in a way to reduce the perceived risk and fear. Following a traumatic event, it is very common to experience high anxiety, to have trauma-related thoughts, and to engage in avoidant behaviors, and some of these experiences get in the way of normal functioning. Within CBITS, we display this relationship in the form of a triangle as shown in the figure.



CBITS uses specific skills to address each part of the triangle:

THOUGHTS

- Teach students to notice negative, maladaptive (“unhelpful”) thinking, particularly trauma-related maladaptive thoughts.
- Teach students to challenge their unhelpful negative thinking to develop more-balanced and helpful thoughts.
- Teach students to stop negative or problematic thoughts that are getting in their way.

FEELINGS

- Teach students a common metric for noticing their level of distress.
- Teach students to relax their bodies.
- Reduce trauma-related anxiety by processing the trauma and decreasing avoidance of trauma reminders.

BEHAVIORS

- Teach students to approach trauma reminders safely rather than avoid them.
- Teach students to consider alternatives for what to do when there is a problem.
- Teach students to decide on a plan of action and carry out their desired plan.

Why do we address thoughts in trauma survivors?

Research shows that thinking is disturbed after an extreme trauma or experience with violence. Two general themes can begin to dominate thinking:

- The world is dangerous, I am not safe, people cannot be trusted.
- I can't deal with this, I'll never be the same, I am falling apart.

These two ideas or “themes” in thinking can begin to interfere with daily life. In CBITS, we teach students to recognize these types of thoughts and then challenge them to ensure that their thinking is as accurate and flexible as possible. Through training, students can usually find a more adaptive, less distressing way of looking at the problems they are facing.

Sometimes students also have other thoughts that get in their way of recovery. A common example is blaming themselves for what happened and therefore feeling guilty or ashamed. Through the CBITS training on recognizing and challenging maladaptive thinking, they are able to consider these ideas more fully and often come to a new understanding of the traumatic event.

How do we reduce anxiety related to the trauma and reminders of the trauma?

CBITS also aims to reduce anxiety related to the traumatic experience by using a process called *habituation*. Humans and animals cannot stay highly aroused for long periods of time—the natural process is for anxiety to gradually decline. For example, imagine coming to the edge of a steep cliff overlooking jagged rocks. Most people would feel some degree of anxiety or fear at the edge of the

cliff. But if they remain there, gradually the fear will subside. The longer they stay, the more calm and comfortable they will feel. This example shows how our bodies naturally adjust to new situations, as long as nothing bad happens to arouse the fear again.

In CBITS, we teach students how to get used to writing, thinking, or talking about their trauma in the safety of the group, gradually decreasing their anxiety. In addition, the writing and sharing can enable students to create a trauma narrative to process or digest their experience. That is, the more they are able to process it, the easier it will be to do so, and the less these thoughts and anxiety will interfere with their functioning. The goal is for students to feel that although a terrible thing happened to them, it cannot hurt them now.

In the same way, in CBITS we teach students to approach people, places, or things that cause anxiety or upset because they are reminders of what happened. Students first identify things they are avoiding and set about deliberately approaching them. As students are gradually able to approach and endure these situations without anything bad happening, they gain a sense of mastery over the situation and their associated anxiety decreases.

How do you prepare a school and teachers for CBITS?

Sometimes school personnel are acutely aware of trauma and its impact through the experience of a communitywide disaster or a school-wide crisis. At other times, particular students are exposed to personal traumatic events. Whatever the source of trauma, some preparation is needed prior to implementing a trauma-focused program. These might include professional development with teachers at staff meetings, attending caregiver meetings, and preparing communication materials. It is important to address common concerns at this stage, such as how privacy, suspicions about child abuse, and missed class time will be handled.

Teacher buy-in is extremely important for successful implementation. Teachers should know what to expect in terms of missed class time, confidentiality about the details of program participation, and how to support students during their participation. CBITS includes one teacher informational session that covers these topics and give tips for working with traumatized students, and additional materials are available at www.cbitsprogram.org.

How do you obtain permission for CBITS?

In most systems, active caregiver consent is required for CBITS, although there are some exceptions (such as when CBITS falls within school-employed clinicians' scope of practice). Permission is sometimes needed for screening students or for participation in groups.

How do you select students for CBITS?

CBITS is intended for students who have experienced a significant trauma and who have significant symptoms of PTSD or depression. We recommend using a screening instrument in the general school population to identify students in need of this program. There are several standard scales that could be used to identify students (see <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews>). First, you will need to screen for exposure to a significant traumatic event. There are several checklists available that screen for accidents, injuries and illnesses, sudden death, natural disaster, exposure to violence, and other events. Typically, we do not include explicit questions about child abuse or exposure to domestic violence in screeners, as positive responses can trigger mandatory reporting in schools and this is difficult to manage on a large scale. Second, you will need a measure of PTSD symptoms that provides

a validated cut-off for scores that indicate a significant or clinical level of severity. Since children's responses on self-report measures are not always valid, we suggest that you follow the screening process with a personal interview with the student, during which a clinician can review and confirm the student's responses, describe the CBITS groups, and determine if the student is interested in participating. If the student does not appear to be symptomatic during this interview, it is important to follow up with caregivers or teachers to validate the interview and make a joint decision about inclusion or exclusion from the CBITS group.

In school communities highly impacted by trauma, it is expected that many students (upward of 50 percent) would benefit from this kind of intervention. In other areas, the proportion of students who would benefit may be far less. If the entire school is affected by a disaster or violence, it is possible that many more would benefit from this kind of intervention. In general, screening should occur three to six months after the trauma because many students will appear symptomatic immediately following a trauma but will resume baseline functioning without intervention. One common strategy for screening is to begin with one grade level or certain classrooms within a grade level, gradually obtaining permissions and screening until enough students are identified to form a group. This way, you do not

identify more students than you have the capacity to serve.

An alternative to screening students in the general population is to request referrals from school counselors, teachers, or caregivers who are aware of a traumatic exposure. In this case, an assessment of PTSD symptoms is still required, since many students recover from traumatic exposures on their own and inclusion in CBITS may not be appropriate. Although this method can be relatively easy to implement, it risks missing those students who are symptomatic but not on the radar of school personnel and may bring forth only the students with known behavioral problems rather than those suffering in silence.

How do you form and schedule groups?

Once students are identified for participation, form groups of six to eight students who are near in age to one another. Below are some suggestions for creating groups.

- Strive for a balance of genders, ages, and cultural backgrounds in each group so that students see others like themselves in the group. Be wary of any possible bully-victim relationships or relationship tensions that may create a difficult group environment. (Sometimes special groups make sense for implementation, such as all girls who experienced sexual violence).
- Sessions last about 45 minutes and are designed to be delivered

weekly. Use the school calendar to find a block of ten to 12 weeks that avoids vacations and school testing, if possible. (Sometimes alterations to this schedule, such as running two groups per week or spanning a session across two meetings, are necessary.)

- Pick a time of day that works for the school. CBITS groups usually are held during the school day, either during nonacademic time or through a schedule that varies the meeting so that students don't miss the same class each week. After-school groups can also work if transportation and safety issues are worked out.
- Find a private place to meet where there will be minimal disruptions. Ensure that you will have protected time during the groups and will not be called away except for emergencies.
- Consider ways of reminding students to come to the group, such as sending call slips or passes ahead of time, sending runners to gather students, or setting up a buddy system.

How do you promote good behavior in groups?

CBITS does not build in a specific behavior management plan, but it can be a good idea to use one, particularly for younger groups or in groups that include students with challenging behaviors. We suggest you use your favorite strategy for behavioral reinforcement to incentiv-

ize group engagement, good behavior, and homework completion.

What materials are needed?

We suggest providing a folder or notebook to each student to collect handouts and worksheets. Before each session, make enough copies for the group from the workbook pages of the manual. In addition, materials are listed at the beginning of each session. Consider providing some type of snack during the group sessions. In addition, if you plan to use some kind of behavioral incentive plan, then you will need rewards (or a point chart).

How do parents/guardians/caregivers get involved?

CBITS includes two caregiver information sessions. In both sessions, caregivers are taught about the material the students will learn and also directly learn the core elements of the material. We suggest planning evening meetings (with food if possible) and providing alternative dates for each meeting. If there is more than one clinician or group in the school at one time, you can combine caregivers from several groups to provide more alternatives. However, even with the best scheduling, it can be difficult to draw caregivers in for these meetings. When they are unable to join, you can do outreach by phone to convey some of the key information.

What if students have experienced multiple traumas?

CBITS was designed for working with students with multiple stressors and traumas, as is common in many schools. However, it can be difficult to decide which trauma to focus on during the CBITS groups.

- In general, focus on the trauma that is bothering the student the most. This might change during the course of the CBITS groups—the student might be bothered most by a car accident at the screening stage, but then be bothered more by domestic violence later in the program. It is okay to switch the focus to whichever trauma is the most difficult, but be careful to consider whether the student might be avoiding one trauma to work on an “easier” one.
- We have generally found that a focus on sexual violence or child sexual abuse can be uncomfortable for victims in mixed-gender, school-based groups. In such cases, we suggest a discussion with the student about the possibility of working on sexual traumas in individual sessions and sharing a different trauma during the group meetings. There are times, however, when it might work well to focus on these in group sessions, for instance in the case of an alternative school serving pregnant and parenting teen girls, or in an all-female group.

- CBITS is designed for helping students with trauma-related symptoms after a trauma is over. Therefore, if the trauma is ongoing and chronic, such as witnessing domestic violence, it might be better first to establish safety for the student, then see if their symptoms settle down naturally before bringing them into the program. Of course, many students will experience another trauma or severe stressor during or after the CBITS programs. These can be handled on a case-by-case basis to decide if it is the right time to continue the program or if the student should wait a bit until the crisis period is over.

How do I take care of myself?

Working with traumatized students can be difficult. Some CBITS implementers notice signs of “secondary stress” or “vicarious traumatization” in their work. This can manifest itself similarly to post traumatic stress symptoms, such as concentration problems, intrusive thoughts about the students’ traumas, heightened anxiety, sleep disturbance, and irritability. Other implementers experience a sense of exhaustion and burnout.

To counteract these problems, we suggest a deliberate plan for self-care when you are running CBITS groups, including a plan for obtaining adequate sleep and exercise, and time to engage in activities (physical, emotional, spiritual, social) that contribute

to your well-being. It can be very helpful to have regular meetings planned with colleagues or supervisors during implementation to have a time to discuss the groups and obtain support.

What is the effectiveness of CBITS?

CBITS was developed in collaboration with the Los Angeles Unified School District. We pilot-tested the program in one of its clinics for clinic-referred students and then conducted three research studies. We updated the manual several times during this period, based on feedback from social workers, students, and caregivers. Several publications describe the nature of our partnership and the development of the intervention model, as well as the results of our screening of students who had recently immigrated (Jaycox et al., 2002; Stein et al., 2002). The program is currently being implemented broadly within the United States (e.g., New Orleans, Chicago, Los Angeles, San Francisco, several cities in Connecticut).

In the first quasi-experimental study, we screened 879 Spanish-speaking, recent immigrant students between the ages of eight and 15. We found that 31 percent had trauma experiences and current symptoms, making them eligible to be in the program. Eighty-three percent of these eligible students consented to participate in the program and research study and received caregiver permission to

do so. Seventy-two percent of those with consent completed the program and an assessment following it, for a total of 198 participants. Students in the intervention group ($n = 152$) had significantly greater improvement in PTSD and depressive symptoms compared with those on the waitlist ($n = 46$) at a three-month follow-up, adjusting for relevant covariates (Kataoka et al., 2003).

In the second study, we screened 769 students in the general school population from ages ten to 12. Using slightly more-stringent criteria for inclusion than in the first study, we determined that 159 (21 percent) were appropriate for inclusion in the program. Of these, 126 (79 percent) agreed to participate and were randomized into the study. Results show that those in the intervention group had reduced self-reported symptoms of PTSD and depression at post-test, as well as reduced caregiver-reported behavioral and emotional problems (Stein et al., 2003); no difference was observed in teacher-reported behavior problems. An analysis of changes in grades showed that students who received CBITS earlier in the school year improved their grades in some subjects compared with students who received it later in the year (Kataoka et al., 2011).

A field trial in New Orleans following Hurricane Katrina showed comparable results in terms of reductions in PTSD and depression scores among those randomized to CBITS as well as those who received Trauma-Focused Cognitive Behavioral Ther-

apy (TF-CBT; Jaycox et al., 2010). In this study, 195 students were screened; 61 percent had elevated symptoms of PTSD. These 118 students were randomized to receive either CBITS at school or receive TF-CBT at a nearby community clinic, with support for transportation and childcare in the included in the trauma-focused cognitive behavioral therapy care arm. Although students who received the intervention improved in both arms of the study, uptake of the mental health care was uneven across intervention groups, with 98 percent beginning the school intervention compared with only 37 percent beginning at the clinic, and even fewer completing treatment at the clinic.

Three adaptations of CBITS are also promising. Bounce Back is a program that has been developed for younger elementary students (see www.bouncebackprogram.org). This intervention is adapted from CBITS to address the same core components in a more developmentally appropriate manner, and it involves caregivers to a larger degree than CBITS. It has demonstrated improved student outcomes (PTSD and anxiety symptoms) in a randomized controlled trial as compared with a wait-list group (Langley et al., 2015). A second adaptation of CBITS, Support for Students Exposed to Trauma (SSET), was developed for nonclinical school personnel, such as teachers or school counselors (see www.ssetprogram.org). It demonstrated improved outcomes (reductions in PTSD symptoms

and depression), but no changes in caregiver- or teacher-reported behavior problems, in one pilot study; it is considered a promising approach (Jaycox et al., 2009). Finally, the addition of a family component to CBITS showed that caregiver functioning can be improved alongside student improvements (Santiago et al., 2015).

We recommend evaluating the impact of CBITS in your school, since every student population and community is unique and it is important to understand whether the intervention is effective with your students. One way to evaluate impact is to repeat the symptom and functioning measure you conducted during the screening process to see if there is a decrease in symptoms and improvement in functioning. Assessments administered during and at the end of CBITS not only help evaluate outcomes but also give the CBITS group leader information on how each student is doing. Doing a post-assessment can also be helpful in determining if some students may benefit from ongoing supports.

Special Issues in Working with Stress or Trauma Survivors

Working with stress or trauma survivors requires sensitivity and patience. There are several points that are important to keep in mind:

- Students who have been exposed to violence and who are symptomatic may be guarded and slow to

trust. Careful explanation of group procedures and rationales for all the program components can help build trust and gain compliance. Make sure that all group members understand the concept of confidentiality, and try to build a cohesive group that feels safe to all group members.

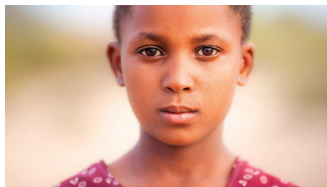
- Such students may overreact to real or perceived injustices, so group leaders need to be consistent and predictable.
- There are a wide variety of symptoms that can be expressed, and some of them can be hard to deal with as a group leader. Try to view all the symptoms as adaptive, creative ways that the students

have learned in order to cope with devastating events.

- Students often tend to “reenact” the stress or trauma, and can sometimes try to provoke adults into being abusive. Don’t fall into this trap. Check your own anger and frustration often, and make sure that you do not feed into the cycle of abuse that the students are accustomed to in any way.
- Students who have been traumatized get scared easily. Be conservative in the use of physical contact, and always ask permission before unexpectedly touching a group member (unless it is a matter of safety).

STUDENT

GROUP *and*
INDIVIDUAL
PROGRAM



Introductions

AGENDA

- I. Introduction to the Group
 - A. Meeting Schedule
 - B. Confidentiality
 - C. Group Rules
 - D. Introduction Game
- II. Explanation of CBITS
- III. Why We Are Here: Our Stories
- IV. Activities Assignment

OBJECTIVES

- 1. Build group cohesion.
- 2. Reduce anxiety about participating in the group.

SPECIAL SUPPLIES

- 1. M&Ms candies
- 2. Confidentiality statement (optional)
- 3. Index cards
- 4. Copies of the Goals worksheet

I. Introduction to the Group

Meeting Schedule

Review the meeting schedule and pass out written schedules for the students to take home. Talk about the importance of being on time to show respect for other group members and to review their between-session practice. Make sure that group members understand that each session builds on the one before it and that it is important to make it to all of the sessions.

Confidentiality

Review the concept of confidentiality and elicit from group members reasons why they might want the group to be private. Request that group members keep everything that is talked about in the group private, but allow group members to talk

about their own participation with anyone that they want. Review a few examples to make sure that everyone understands:

Let's say that there is a boy named Joe in this group. If Joe were to tell everyone in the group that he has been fighting a lot with his brother, would it be okay to tell a classmate at school that he said that? Why not?

Would it be okay to tell a classmate at school who the others in the group are and why they are in the group? Why not?

If I feel upset after the group, would it be okay for me to tell my mother what it was that made me upset? Why?

It may be a good idea to have group members sign a statement saying that they will keep private what others say in the group, to ensure that they are taking this issue seriously.

Group Rules

Ask the group to help generate a brief list of rules that will help guide group behavior and expectations and ensure that students feel safe and supported while they are in the group meetings. Typically, students will be able to arrive at many of

Implementation Tip

Have a list of rules in mind before the group, such as:

- One person talks at a time.
- No electronics should be used during the meeting.
- Keep hands and feet to self.

Consider developing a behavioral reinforcement plan for the group to encourage and incentivize good behavior in the group and homework completion. For younger students, a point chart to earn small rewards can work well; older students can work cooperatively to earn an ice cream party in the last session.

these expectations on their own. It is important that group rules are concrete, so if someone says something like, “be respectful,” you may want to elicit specifically what that may look like, such as “one person talks at a time.” If there is a rule that you think it would be important to include and the group does not generate it, be sure to bring it up and get group buy-in to add it to the list. The group rules can be posted during each

session as a reminder of behavioral expectations.

Introduction Game: The M&Ms Game¹

Pass around a bag of M&Ms, and tell each student to take a small handful but not to eat them. Tell them that you are going to ask them some questions about themselves and that everyone who has a certain color M&M in their hand has to answer the question in front of the group before they can eat it. For example:

This is for anyone who has a blue M&M: What do you do for fun after school?

Implementation Tip

- Attempt to get all students to say something about themselves, keeping questions personal but comfortable.
- Don’t ask probing follow-up questions that might lead to longer turns or more disclosure.
- Try to keep the exercise moving along so that everyone gets a few turns.
- Note commonalities and differences in responses within the group.

¹ This game was modified from one originally used in Gillham et al. (1991).

Model an appropriate answer yourself first, and play along so that they can get to know you as well. If the students have more than one blue M&M, they must tell you one thing for each one. Other possible questions include:

What kind of job would you like to have after you finish school?

What sports or physical activities do you like to play or watch?

What is your favorite thing to do for fun outside of school?

When do you have fun during the school day?

Tell us one thing about your family.

Write questions on index cards before the session for easy use during the game. You can then give one of the students an index card and ask them to read the question aloud to increase group participation.

The goal of this game is to build group rapport and to get the group members used to sharing personal information. Try to use questions that will be relevant and interesting to the

group (depending on age, gender, maturity), but avoid questions that will lead to too much self-disclosure at this early stage in the group.

II. Explanation of CBITS

Give an overview of the idea that thoughts and behaviors influence the way we feel. Draw a triangle on the board. Write the phrase "Stress or Trauma" to one side, with an arrow pointing at the triangle (see **Figure 1**). Then say:

What do I mean by stress or trauma? Can you give some examples of things that might happen that would be stressful?

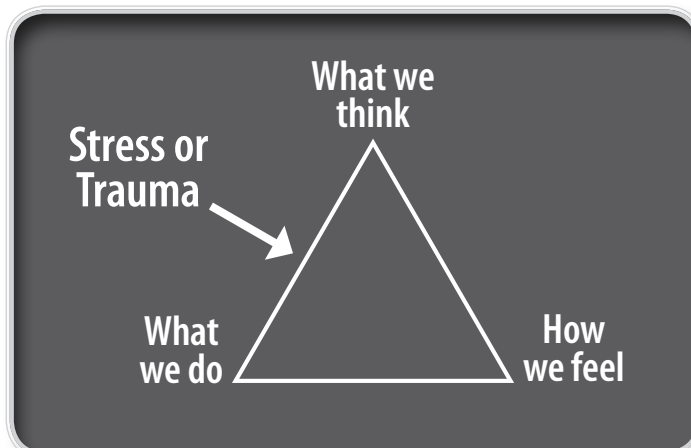
Elicit ideas about stressful events, and list under the "Stress or Trauma" heading. Then ask:

When something stressful happens [use one of their examples], how does that change what we think? What we do? What we feel?

Make the point that stress or trauma causes all three aspects to change and that each then impacts the others, making feelings worsen. A possible example:

When we have been through something stressful or traumatic, it can change every point on the triangle. Let's use an example of a car accident. If a student about your age was in a car accident with his or her mom, what might happen the next time mom says, "Let's drive across town to go shopping"? Let's fill out a triangle for this student. What

Figure 1.



might the student be thinking when mom says this? Feeling? What might he or she do or how would he or she act?

Probe for thoughts, feelings, and actions such as those displayed in **Figure 2**.

Using a made-up name in this example can be useful. As the group progresses, you can refer back to the named person when explaining what you are working on. (For instance, Session 3 could be introduced this way: "Remember Malcolm, who was in that car accident? Remember how Malcolm thought about what happened to him and it affected how he felt and acted and kept him from going places with his mom? Well, today, we're going to work on changing that kind of thinking.")

Explain how CBITS is going to help the students cope with upsetting things:

You are all here because something really stressful happened to you. In this program, we are going to work

on all three corners of the triangle. We are going to:

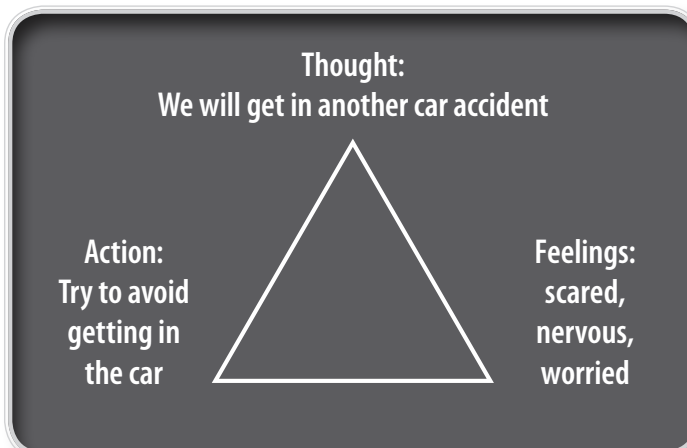
- *Learn some exercises that will make you FEEL better and less nervous or upset.*
- *Learn some ways to THINK about things that will help you feel better.*
- *Learn some ways to DO things so that you are able to do everything you want to be able to do and not feel upset when you do it.*

III. Why We Are Here: Our Stories

Use this section to introduce the reasons for each group member's participation. You will want to limit self-disclosure at this point. The goal is for group members to talk very briefly about why they are in the group but not leave the group feeling upset. Begin with this explanation:

Let's spend a few minutes talking about the biggest stress or trauma each of you went through, the one that brought you into the group. It can sometimes be upsetting to talk

Figure 2.



about stresses or traumas, and we don't want you to feel upset today. So please just share a very little bit of what happened to you, maybe just one sentence so that the others in the group have an idea, but not so much that you start to feel upset about it. If anyone wants help from me in telling the group what happened, let me know, and I'll say it for you. If more than one thing happened to you, tell us about the different things and which one bothers you the most now.

Spend a minute or two allowing each group member to tell the others about the event that brought them into the group. This will usually be the event that was discussed prior to the first session, but sometimes a student will change to a different trauma in this exercise. If this happens, check with them after the group to find out what trauma is bothering them the most. If a student says that all are equal, ask which one was the most difficult at the time that it happened. Take notes about the relevant trauma for each student so that you can refer to them later in the program.

At the end, summarize the kinds of experiences for the group, emphasizing commonalities. For instance:

This shows us that everyone has had something really stressful happen. Every one of you had a different thing happen, but it seems like a few/several/all of you went through something that was very scary/where someone might have been hurt/that was really startling or shocking/where you didn't have any control over what happened. We're going to work on making these stresses or traumas easier for you to deal with.

IV. Activities Assignment

Describe the activities assignment of setting goals for therapy. Distribute copies of the following Goals worksheet and have the students begin to work on it if there is time. Tell them to share their worksheets with their parent, caregiver(s), or trusted adult and ask their caregiver to complete the bottom section. Have them bring the worksheets to the next group session.

Goals

Name: _____

Section: _____

BY THE END OF THIS GROUP,

I want to feel LESS:

☐ Nervous ☐ Scared ☐ Angry ☐ Upset ☐ Sad

I want to feel MORE:

☐ Happy ☐ Calm ☐ Excited ☐ Relaxed

I want to change the way I do things and think about things so that I can:

- ☐ Calm myself down when I feel upset.
- ☐ Think about things that happened without feeling upset.
- ☐ Talk about things that happened without feeling upset.
- ☐ Stop avoiding things that make me nervous.
- ☐ Do more of the things that I used to do.
- ☐ Think more about things before I do them.
- ☐ Make better decisions.
- ☐ Have fewer problems with my family.
- ☐ Have fewer problems with my friends.

I also want to change:

Caregiver's Section

What would you like to see changed in your student by the end of the group?

STUDENT

GROUP SESSION 2



Education and Relaxation

AGENDA

- I. Activities Review
- II. Education About Common Reactions to Trauma
- III. Feeling Thermometer
- IV. Relaxation Training to Combat Anxiety
- V. Activities Assignment

OBJECTIVES

1. Reduce stigma about trauma-related symptoms.
2. Build peer support.
3. Increase caregiver-student communication and support.
4. Build skills: Relaxation.

SPECIAL SUPPLIES

1. Index cards and hat (optional)
2. Highlighters (optional)
3. Copies of Feelings Thermometer (Appendix B)
4. Copies of the Handout for Caregivers
5. Copies of the Activity worksheet

I. Activities Review

Review each group member's Goals Worksheet by asking for volunteers to share their goals. Reassure group members that goals are attainable and remind them about the ways in which you will help them with each goal. At the same time, point out which goals are unrealistic, and help group members understand how they can begin work on some goals in group session and then continue to work on them on their own afterward. The overall tone of this part of the session should convey a realistic, hopeful attitude.

If some group members did not have their caregivers complete the worksheet or did not want to share it with their caregivers, normalize that for them ("Yes, caregivers can be busy, and it can be hard to get this done," or "Yes, sometimes these things feel too private to share with others"). This will help ensure that they are not embarrassed in front of the group.

II. Education About Common Reactions to Trauma

Take some time to convey information about general types of problems that students experience when they have been exposed to traumatic life events. The goal is to normalize symptoms and give students hope for how the CBITS groups may help with these symptoms. This can be presented in a group discussion format by writing the common reactions on the board and then having group members describe what that problem is like for them.

If group members add additional problems to the list, adopt an accepting attitude and try to make the connections to the traumatic events. If there are no apparent connections, gently remind the group members that there are all sorts of problems, but only those that stem from stress

and trauma will be discussed in the group. Since the goal is to normalize symptoms and provide hope for recovery, an inclusive discussion that includes all sorts of problems is best. Adding comments to the group members' experiences (examples follow) will help normalize the symptoms and provide hope that they can be reduced in the group.

Implementation Tip

There are several ways you could increase participation in the discussion of common reactions:

1. Pass out colored highlighter pens and ask group members to turn to the list of common reactions in the Activity worksheets (at the end of the Group Session 2 section). Ask them to highlight the parts that apply to themselves prior to the discussion.
2. Write the common reactions on slips of paper or index cards and put them in a hat. Have each group member pick a problem and read it aloud. If the student is comfortable, they can describe what that common reaction is like for them. Have other group members add their experiences as well, and then move on to another group member.

Common Reactions to Stress or Trauma

When stress or trauma occurs, people cope in different ways. Describe to the group the most common reactions to trauma.

Having nightmares or trouble sleeping.

When something really scary or upsetting happens, it takes a while to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to "digest" it, just like your stomach has to work to digest a big meal. This can take a long time. Nightmares are one way of digesting what happened to you.

Thinking about it all the time. This is another way to digest what happened. Just like having nightmares, thinking about the trauma all the time is a problem because it makes you feel upset. It can be unpleasant.

Wanting to NOT think or talk about it. This is natural, since it is upsetting to think about a past stress or trauma, and it can make you feel all sorts of emotions. Avoiding it makes things easier, but only for a little while. It's important to digest what happened sooner or later. So, while avoiding it sometimes makes sense, you have to set aside some time to digest it also. This group can be the time and place you set aside to digest what happened to you.

Avoiding places, people, or things that make you think about it. Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from doing normal things that are an important part of your life. The goal of this group is to get you back to the point where you are able to do whatever you want to do, without worrying about whether it will remind you of what happened.

Feeling scared for no reason. Sometimes this happens because you remember what happened to you, or you are thinking about what happened. Other times it happens because your body is so tense all the time that you just start feeling scared. Either way, we can work on helping you feel calmer when it happens.

Feeling “crazy” or out of control. If all of these things are problems for you, you can start to feel really out of control or even crazy. Don’t worry, though; these problems don’t mean that you are going crazy. They are all normal reactions to stress or trauma, and there are ways to help you feel better.

Not being able to remember parts of what happened. This happens to a lot of people. The stressful event can be so awful that your memory doesn’t work the way it usually does. Sometimes it gets easier to remember later on, and sometimes it gets harder. This can be frustrating, but it is really normal.

Having trouble concentrating at school or at home. With all the nervousness you are feeling and all the time you are spending thinking about what happened, it can be hard to concentrate on school work or even on what your friends or family say to you.

Being on guard to protect yourself; feeling like something bad is about to happen. After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don’t have time or energy for other things in your life. Also, it is scary to think something bad is going to happen.

Jumping when there is a loud noise. This is one way that your body says it is prepared for action, in case something else happens. As you begin to feel calmer, this will go away.

Feeling anger. Some people feel angry about the stress or trauma that happened, or about the things that happened afterward. Other people just feel angry all the time, at everything and everybody. Both of these are normal and will get better as you begin to digest what happened to you.

Feeling shame. Sometimes people are ashamed about what happened to them or how they acted. Even though it’s hard to believe, this gets better the more that you talk about what happened. If you keep it a

secret, it's hard for the shame to go away.

Feeling guilt. People can feel guilty about what happened or about something they did or did not do. Sometimes you blame yourself for things that you couldn't control. You may also feel guilty for upsetting your caregivers. Guilty feelings can make it hard to talk about what happened.

Feeling sadness/grief/loss. Sometimes stress events or traumas include losing someone close to you or losing something that is important to you. This makes you feel sad and down. We'll help you talk about these feelings in the group.

Feeling bad about yourself. Sometimes, all this stress can make you feel really bad about yourself, like you're a bad person or no one likes you. This makes it harder to be friendly and to have fun with others.

Having physical health problems and complaints. Stress has an effect on your body as well. People sometimes get sick more often or notice pain and discomfort more often when they have been under stress.

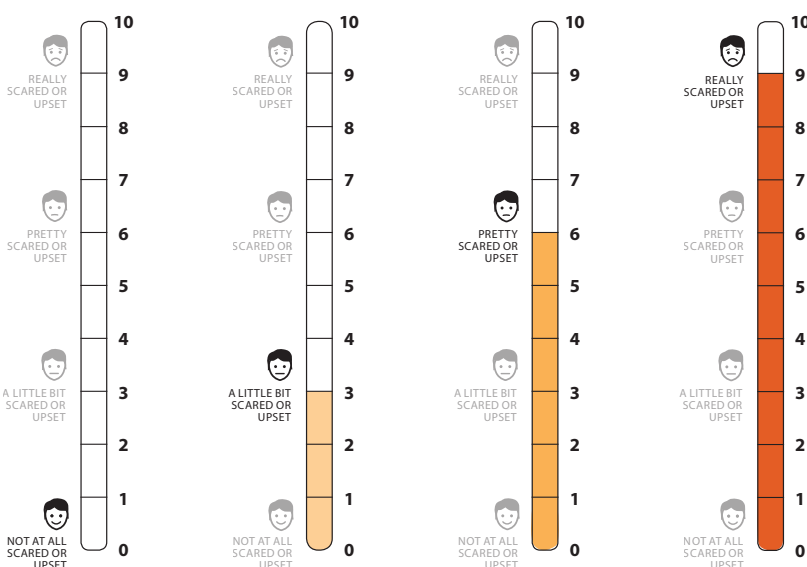
At the end of the discussion, summarize for the group that people feel many different things but that all are normal. Use the information gleaned during this discussion to guide the program for each individual group member, focusing practice of relevant techniques on the group members who need that technique the most.

III. Feelings Thermometer

The goal of this part of the session is to introduce a way for group members to talk about how anxious, nervous or upset they feel in various situations:

Today we're going to talk about feelings and thinking, but in order to do that, we need to find some way to measure how we are feeling. Who can tell me how we measure the temperature outside? We can use the same idea for measuring how scared or upset we feel. We call it the Feeling Thermometer.

Show the students the first Feeling Thermometer (Appendix B and below). Use the other Feeling Thermometers to show different levels of feelings, and ask group members to give examples of when they felt each way (not at all scared or upset; a little scared or upset; pretty scared or upset; really scared or upset).



Explain that the “10” on the Feeling Thermometer is kept for those times when we are completely and utterly scared and upset. Tell group members that they will be using the Feeling Thermometer to tell how they feel during the rest of the group sessions. Ask each student to give their Feeling Thermometer Rating for right then, and make sure that they are all using the scale correctly. (Query any extreme ratings to make sure that the student is actually feeling that way.) Let the students know that you will check in again about Feeling Thermometer Ratings after completing a relaxation exercise.

IV. Relaxation Training to Combat Anxiety

The goal of this part of the session is to train group members in deep breathing, positive imagery, and progressive muscle relaxation. Present the following rationale:

Stress makes our bodies tense, and feeling nervous or upset makes it even worse. But there are ways to relax your body that will make you feel calmer. Today, I'll teach you one way to do that.

Ask group members to lean back in their chairs (or lie on the floor if that is more comfortable), close their eyes, and follow your instructions. Giggling is common among students when doing relaxation exercises. Tell students that they might find it funny at first, but that they should try to relax and concentrate on your

voice. If group members have trouble staying focused, move over to them one by one and put your hand on their shoulder to help them focus. (If, however, a group member is jumpy, warn him or her that you will touch a shoulder before you do it.)

Start by asking each student to give a Feelings Thermometer rating.

Guide the students:

I'd like you to start by thinking of someplace that makes you really comfortable, like a comfortable chair or the couch or the beach. Imagine that you are lying down there or sitting comfortably. Take a breath in [wait 3–4 seconds] and out [wait 3–4 seconds], in . . . and out . . . in . . . and out. Try to keep breathing this way as we continue. And keep thinking about your most comfortable spot.

Now I'd like you to make a fist and squeeze it really tight. You can open your eyes and see how I'm doing it if you're not sure how. Hold it. Now relax it completely, and shake it out. Do it again; make a fist. Now relax it completely. Can you feel the difference between how it was when it was tight and now how it feels when it's relaxed? Let's do the same thing for the rest of your arms. Tighten up your whole arm, like you are making a muscle, and hold it. Now relax it completely. Do it again. Tighten, now relax. Now let's move to your shoulders. Bring your shoulders up to your ears and tighten them . . . hold it. Now relax. Do that again. Bring your shoulders

way up near your ears . . . hold it . . . now relax it completely. Make sure your hands, arms, and shoulders are completely relaxed. Breathe in . . . and out . . . in . . . and out.

Let's work on your face now.

Scrunch up your face as tight as you can, close your eyes tight, scrunch up your mouth, and hold it. Now relax. Try that again. Tighten up your whole face, and hold it. Now relax it. Keep breathing like we did before . . . in . . . and out . . . in . . . and out.

Next comes your body. Arch your back as much as you can, and put your shoulders way back, like I am doing. Hold it. Now relax that. Next, lean forward onto your knees and curl your back the other way, and tighten up your stomach as much as you can. Hold it. Now relax it. Do that again . . . hold it, and relax it. Keep breathing . . . in . . . and out . . . in . . . and out.

Let's work on your legs and feet. Straighten your legs up in the air in front of you and bring your toes as close to your face as you can. Tighten up your legs all the way to your seat. Now hold it. Relax. Do that again . . . hold it, and now relax. Next, point your toes as far as you can away from your face, and again tighten up your leg muscles. Hold it. Now relax. Do that again . . . hold it, and relax. Breathe in . . . and out . . . in . . . and out.

Think about all the parts of your body, and relax any part that is tight now. Let all the tension go out

of your body. Breathe in . . . and out . . . in . . . and out. Now open your eyes, sit back up, and be a part of the group again.

Close the exercise by asking for another Feelings Thermometer rating, and a general discussion of how they feel and whether they feel more relaxed.

IV. Activities Assignment

There are two activity assignments:

1. Give group members copies of the "Handout for Caregivers" about common reactions to stress or trauma, and ask group members to talk with their caregivers about the problems bothering them.
2. Tell group members to practice the relaxation exercise before going to bed three times before the next meeting.

Distribute copies of the Activity worksheet. Ask the students to fill them out and bring them to the next session.

Common Reactions to Stress or Trauma

Name: _____

Show this to your parent, caregiver, or a trusted adult. Tell them which things are bothering you.

There are many different ways that young people react to stressful life events. We've listed several kinds of reactions, all of which are very common. We've asked your student to show this list to you and to talk with you about which ones he or she has had problems with recently. You might also notice ways that you've reacted to stressful events in your own life. Feel free to call us if you have any questions about these problems or the way in which the group will address them.

Having nightmares or trouble sleeping. When something really scary or upsetting happens, it takes a while to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to "digest" it, just like your stomach has to work to digest a big meal. Nightmares are one way of digesting what happened.

Thinking about it all the time. This is another way to digest what happened. Just like nightmares, thinking about the trauma all the time is a problem because it makes you feel upset. It can be unpleasant.

Wanting to NOT think or talk about it. This is natural, since it is upsetting to think about a past stress or trauma, and it can make you feel all sorts of emotions. Avoiding it makes things easier, but only for a little while. It's important to digest what happened sooner or later. So, while avoiding it sometimes makes sense, you have to set aside some time to digest it also.

Avoiding places, people, or things that make you think about it. Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from doing normal things that are an important part of your life.

Feeling scared for no reason. Sometimes this happens because you remember what happened to you, or you are thinking about what happened. Other times it happens because your body is so tense all the time that you just start feeling scared.

Feeling "crazy" or out of control. If all of these things are problems for you, you can start to feel really out of control or even crazy. Don't worry, though; these problems don't mean that you are going crazy. They are all common reactions to stress or trauma.

Not being able to remember parts of what happened. This happens to a lot of people. The stressful event can be so awful that your memory doesn't work the way it usually does. Sometimes it gets easier to remember it later on, and sometimes it gets harder. This can be frustrating, but it's really normal.

Having trouble concentrating at school or at home. With all the nervousness you are feeling and all the time you are spending thinking about what happened, it can be hard to concentrate on school work or even what your friends or family say to you.

Being on guard to protect yourself; feeling like something bad is about to happen.

After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don't have time or energy for other things in your life. Also, it is scary to think something bad is going to happen all the time.

Jumping when there is a loud noise. This is another way to say that your body is prepared for action, in case something else happens.

Feeling anger. Sometimes people feel angry about the stress or trauma that happened, or the things that happened afterward. Other times, people just feel angry all the time, at everything and everybody.

Feeling shame. Sometimes people are ashamed about what happened to them, or how they acted. Even though it's hard to believe, this gets better the more that you talk about what happened. If you keep it a secret, it's hard for the shame to go away.

Feeling guilt. People can feel guilty about what happened or about something they did or did not do. Sometimes you blame yourself for things that you couldn't control. You may also feel guilty for upsetting other people. Guilty feelings can make it hard to talk about what happened.

Feeling sadness/grief/loss. Sometimes stress events include losing someone close to you or losing something that is important to you. This makes you feel sad and down.

Feeling bad about yourself. Sometimes, all this stress can make you feel really bad about yourself, like you're a bad person or no one likes you. This makes it harder to be friendly and to have fun with others.

Having physical health problems and complaints. Stress has an effect on your body as well. People tend to get sick more often and to notice pain and discomfort more often when they have been under stress.

Education and Relaxation

Name: _____

1. Did you show the “Common Reactions to Stress or Trauma” handout to your caregiver and talk about which problems are bothering you?

☐ **Yes**—How did it go? _____

☐ **No**—Why not? _____

2. When did you practice your relaxation?

1st time _____ How did it go? _____

2nd time _____ How did it go? _____

3rd time _____ How did it go? _____

STUDENT

INDIVIDUAL SESSION 1



Trauma Narrative: Processing the Trauma Memory

AGENDA

- I. Explain Rationale and Answer Questions
- II. Trauma Narrative: Processing the Trauma Memory
- III. Planning for Group Support
- IV. Planning for Additional Individual Sessions

OBJECTIVES FOR ALL INDIVIDUAL SESSIONS

1. Gather information about the trauma for use in treatment planning.
2. Reduce anxiety when remembering the trauma.
3. Plan with the participant how they will work on trauma in group sessions.
4. Build rapport and trust.

SPECIAL SUPPLIES

1. Copy of the Counseling worksheet
2. Copy of the Feeling Thermometer (Appendix B)

Individual sessions with each student (lasting 30–45 minutes) should occur sometime between Group Sessions 2 and 5. This helps build familiarity and trust with the group leader and gives the leader a better understanding of the student's story and things the student may be avoiding to inform development of the hierarchy in Session 5. Each student should have at least one individual session; in some cases, two or three individual sessions are helpful. At the end of the first individual session, decide whether to schedule additional sessions.

I. Explain Rationale and Answer Questions

Begin the session by explaining the rationale for exposure to the memory of the stressful or traumatic event. Answer any questions that the student has. The following examples can be used:

Have you ever eaten too much all at once and felt really full and sick afterward? And you wish you never ate that much? Your stomach feels sick because it's got too much in it at once. That food feels like it's filling up your whole body. Your stomach has more than it can handle and it feels overwhelming.

The way you think about the stressful event you went through can also feel like that—it's too much to digest at once, so it bothers you a lot. Just like with the meal, you need to "digest" it sooner or later. Even though the stress probably seems really overwhelming when you think about it now, eventually, with enough work, we can make it smaller. Today we're going to help you start to digest it, by talking about it. We'll also make a plan for how to continue digesting it for the rest of the group sessions.

By thinking about the stress or trauma where it is safe (here with

me or in the group), a couple of things will happen:

- 1. Over time, if you work on digesting the stress or trauma, you will feel less upset each time you think about it. By the end of group you will be able to think about what happened and feel OK, even though you may still feel sad if you lost someone.**
- 2. You will learn that thinking about the stressful or traumatic event won't make you flip out or go crazy, that it's a bad memory that can't hurt you anymore.**
- 3. You will learn that you can take control of the way you feel and do something to make yourself feel better.**

II. Trauma Narrative: Processing the Trauma Memory

In this part of the session, you will work with each student to create a verbal trauma narrative for the most distressing or interfering traumatic event that they've experienced. The goals are to

- begin the process of exposure to the traumatic memory
- learn as much as possible about what happened so that you can plan the rest of the exposures in subsequent sessions.

This process may be very difficult for some students, so a great deal of attention needs to be given to ensure an optimal level of involvement in the

Implementation Tip

Many students have more than one traumatic event. To select an event to work on during this session, keep in mind the following:

- ✓ Identify the event that is currently the most distressing/bothersome by identifying the following symptoms:
 - Is the student having intrusive thoughts about it during their school work or when trying to go to bed at night?
 - Which traumatic event is linked to the anxiety triggers that are currently interfering in daily functioning?
 - Which trauma is the hardest for the student to think or talk about?

Sometimes the most distressing event changes over time:

- ✓ If it changes between screening and the trauma narrative, move forward with the event that is the most distressing when the individual sessions begin.
- ✓ In the midst of the trauma narrative sessions, allow for some processing of the initial stressful event and move on to the event newly identified as most distressing if there is time.

process. The ideal level of involvement is for the student to feel moderately anxious or activated during the process but not feel overwhelmed or out of control. Techniques to increase or decrease a student's involvement are listed in **Table 1**. However, it is most important that you tailor the exercise to the individual and allow the students to have control over the process. It is key to meet the student "where he or she is at" as they are aware of what they can handle, and where they will be following your session (often back in a class at school).

To get started with the narrative, ask the student to tell you the story of the traumatic event as if it is a movie being "projected" onto a blank wall/desk/piece of paper. Ask them to describe the movie in a lot of detail, not just what is happening (the "action"), but also the setting, how people think and feel, etc. Explain that you will take some notes so that the two of you can look over the whole story and decide how to work on it when he or she is finished.

While the student is telling the story, use the guidelines in **Table 1** to help them manage emotional engagement with the process. Take detailed

notes about what happened and the parts of the story on the Counseling worksheet.

Next, let the student know that you will read back through the parts of the story as you heard it and ask for Feeling Thermometer ratings. Read back each part of the story and note their Feeling Thermometer ratings for what it feels like to think or talk about that part of the story "right now." It is important to focus on their ratings in the present because we would not expect ratings of what it felt like at the time of the event to diminish, while we are expecting their ratings in the moment to decrease the more they are able to process their story.

Let the student know that you would like them to repeat their story a few times, reminding them of the rationale and that as they are able to digest their experience, they will start to feel better and be less distressed by being reminded of the event. As the student repeats their story, gently interrupt to get Feeling Thermometer ratings during the two parts of the story that received the highest Feeling Thermometer ratings in the previous step. Continue to repeat the process a few times, as necessary,

TABLE 1

Techniques to increase or decrease involvement.

DISENGAGED/NUMB	OVERLY ENGAGED/UPSET
Ask detailed questions about sensations, emotions.	Ask neutral questions about facts.
Slow down the story ("slow motion").	Speed up the story/skip hard parts ("fast forward").
Remind member of rationale.	Touch group member (with permission). Use relaxation to calm.

so that the full exercise takes about 30 minutes. The goal is to continue until Feeling Thermometer ratings/distress are reduced. This often takes three or four tellings and sometimes can require more.

When the student is finished, look at the Counseling worksheet together and ask the student to choose a few parts of their story that still evoke a moderate or high level of anxiety. Ask the student if he or she would be willing to work on those parts in Group Sessions 6 and 7. Some guidelines for choosing parts to work on:

- Select parts that are long enough (more than a second or two) and rich enough that the student will be able to talk about them, imagine them, and draw pictures of them.
- Avoid parts that seem to evoke strong guilt reactions or anger. These emotions are less likely to be reduced through exposure alone. Instead, make sure to target those parts via cognitive therapy or normalizing in the group. There will be room to discuss these types of issues in Group Sessions 6 and 7, after the exposure exercises.
- Take ratings on the Feeling Thermometer with a grain of salt; a “six” does not mean the same thing to everyone. Make sure to pick parts that the student will be able to tolerate but that will also offer a challenge. This may take some discussion with the student.

Examples of parts:

When I notice that I am bleeding.

When he says to me, “If you tell anyone about this, I’ll kill you.”

When I think, “I should do something to help her.”

Discuss the chosen parts with the student and reach an agreement about which parts they are willing to work on in Group Sessions 6 and 7 in each of the following ways:

1. In their imagination (kept completely private).
2. By drawing a picture of it or writing about it (kept private or shared with group—either is fine).
3. By talking about it to the rest of the group.

Make sure that the student agrees to something in each category, but make it clear that the student can change their mind at any point. Fill out the Counseling worksheet to solidify your agreement, and keep it for your own use in the later sessions.

III. Planning for Group Support

Depending on the level of support that the students offer each other in the group, it may be helpful to explicitly plan group support. This will ensure that the students feel comfortable after they share their traumatic experiences with the group.

Begin by asking the student the following questions:

What kind of support or feedback would you like to get from the other group members when you tell them about what happened to you?

Is there a particular person in the group that you want to get support or feedback from?

Who can you offer support to, when they tell you about what happened to them?

What can you tell people after they share with the group?

Is there anything you want to be careful not to say or do after people share?

Help the student identify the types of support that would be helpful. Then try to ensure that the student receives at least some of that support after sharing. In addition, make sure all the students understand that laughing, making fun, or ignoring other people after they share could make them feel bad, and that you will expect them to show support to all the group members.

IV. Planning for Additional Individual Sessions

Your decision about whether to schedule further sessions depends on the student's reactions in this first individual session, their motivation to continue, and your own judgment. If the student was distressed during the session or has suffered more than one severe trauma, a follow-up should be planned—unless the student is extremely reluctant to do so. Explain that it's usually good to talk about these things more than once and that you'd like to schedule

another time to meet alone with them. Elicit and address any concerns or reactions that the student has about subsequent meetings.

Common Questions

Counselors and therapists often have questions about doing this kind of work with their clients.

Am I going to retraumatize the student? Keep in mind that the stress or trauma has already occurred. Thinking and talking about the stress or trauma in a safe setting is one way that we know helps students heal from the stress or trauma. As long as you work with empathy and concern for the student, you are part of the healing process. To ensure that the student does not get overly upset, you can make sure that: (1) he or she understands the reasons for doing it; (2) you follow the student's own pace and "meet them where they are," not pushing too hard; (3) you provide encouragement for whatever level of engagement the student achieves, so that the process feels like a success; and (4) you anticipate problems with activities or with attending to the rest of the group. The worst-case scenario is that the student feels overwhelmed during the process and never gets the chance to finish it and to reap the benefits. Thus, it is important that students and caregivers are braced for the students to potentially feel upset and are committed to returning to the group to finish the process.

What should my stance be during the sessions? Clinicians should be quiet as they are listening and provide supportive and empathic comments and gestures appropriate to each individual. Only use follow-up probes or ask clarifying questions if it is really necessary to engage the student or in the best interest of the student and their narrative experience. Be careful not to ask too many “why’s” or “how’s” or to analyze what happened. Your role is to provide safety and empathy and bear witness to the student’s experience.

Will I be able to “take it” when I hear the details of what happened? Hearing these stories can be painful, stirring up anger, despair, and fear. However, the process of being listened to is important for the student, and he or she needs to feel sure that you will be able to cope with it. Thus, it is important to convey empathy and caring but not appear overwhelmed. Counselors often report their own distress (intrusive thinking, nightmares, emotional numbing) in a vicarious reaction to their client’s traumatic experiences. It is useful to seek consultation if this process or a particular stress or trauma story feels overwhelming to you.

Counseling Worksheet

Name of Student: _____

Part(s) of stress or trauma:

Feelings
Thermometer
Rating

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part(s) that the student will work on in imagination, writing, or drawings:

_____	_____
_____	_____
_____	_____

Part(s) that the student will work on by talking to the group:

_____	_____
_____	_____
_____	_____

STUDENT

INDIVIDUAL SESSION 2



Trauma Narrative: Processing the Trauma Memory

AGENDA

- I. Check-In
- II. Trauma Narrative:
Processing the Trauma
Memory
- III. Planning for Group
Support
- IV. Planning for an
Additional Individual
Session

OBJECTIVES FOR ALL INDIVIDUAL SESSIONS

- 1. Gather information about the trauma for use in treatment planning.
- 2. Reduce anxiety when remembering the trauma.
- 3. Plan with the participant how they will work on trauma in group sessions.
- 4. Build rapport and trust.

SPECIAL SUPPLIES

- 1. Copy of the Counseling worksheet
- 2. Copy of the Feeling Thermometer

I. Check-In

Begin by checking on the student's reactions to the first individual session, symptoms since then, and progress in the group. Address any worries, and reiterate the rationale presented in Individual Session 1 as needed. At times, students who are able to express emotions about trauma in the first session have trouble doing so in the second (or third) sessions. This may be in part because they are embarrassed or ashamed of being upset in front of another person. So, it is quite important that you normalize any prior reactions, praise students for their hard work in the last session, and make sure that the student understands the rationale for continued work.

II. Trauma Narrative: Processing the Trauma Memory

Conduct imaginal exposure in the same way as described in Individual

Session 1. Use a new Counseling worksheet and repeat the process using the same trauma event or a different trauma, as needed. If there is time, ask the student to repeat the story more than one time, and make ratings on the Feeling Thermometer for each repetition.

III. Planning for Group Support

Review plans for sharing in the group during Sessions 6 and 7, and adjust as needed.

IV. Planning for an Additional Individual Session

As in the prior session, schedule another individual meeting if the student still appears distressed or has additional traumatic events to address.

Counseling Worksheet

Name of Student: _____

Part(s) of stress or trauma:

Feelings
Thermometer
Rating

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part(s) that the student will work on in imagination, writing, or drawings:

_____	_____
_____	_____
_____	_____

Part(s) that the student will work on by talking to the group:

_____	_____
_____	_____
_____	_____

STUDENT

INDIVIDUAL SESSION 3



Trauma Narrative: Processing the Trauma Memory

AGENDA

- I. Check-In
- II. Trauma Narrative:
Processing the Trauma
Memory
- III. Planning for Group
Support

OBJECTIVES FOR ALL INDIVIDUAL SESSIONS

- 1. Gather information about the trauma for use in treatment planning.
- 2. Reduce anxiety when remembering the trauma.
- 3. Plan with the participant how they will work on trauma in group sessions.
- 4. Build rapport and trust.

SPECIAL SUPPLIES

- 1. Copy of the Counseling worksheet
- 2. Copy of the Feeling Thermometer

I. Check-In

Begin by checking on the student's reactions to the last individual session, symptoms since then, and progress in the group. Address any worries and reiterate the rationale presented in Individual Session 1 as needed. At times, students who are able to express emotions about trauma in the first or second session have trouble doing so in the third session. This may be in part because they are embarrassed or ashamed of being upset in front of another person. So, it is quite important that you normalize any prior reactions, praise the student for their hard work in the last session, and make sure that the student understands the rationale for continued work.

II. Trauma Narrative: Processing the Trauma Memory

Conduct imaginal exposure in the same way as you did during the first two individual sessions. Use a new Counseling worksheet and repeat the process using the same trauma event or a different trauma, as needed. If there is time, ask the student to repeat the story more than one time, and make ratings on the Feeling Thermometer for each repetition.

III. Planning for Group Support

Review plans for sharing in the group during Sessions 6 and 7, and adjust as needed.

Counseling Worksheet

Name of Student: _____

Part(s) of stress or trauma:

Feelings
Thermometer
Rating

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part(s) that the student will work on in imagination, writing, or drawings:

_____	_____
_____	_____
_____	_____

Part(s) that the student will work on by talking to the group:

_____	_____
_____	_____
_____	_____



Introduction to Cognitive Therapy

AGENDA

- I. Activities Review
- II. Thoughts and Feelings (Introduction to Cognitive Therapy)
- III. Linkage Between Thoughts and Feelings
- IV. Hot Seat: Combating Unhelpful Negative Thoughts
- V. Activities Assignment

OBJECTIVES

1. Explain unhelpful, negative thinking.
2. Teach about the link between thoughts and feelings.
3. Build skills: Challenging unhelpful thoughts.

SPECIAL SUPPLIES

1. An extra chair to use as the Hot Seat
2. Copies of the Activity worksheets

I. Activities Review

Review group members' progress with the relaxation technique and help them solve any problems, such as the following:

1. **Not enough time/too noisy in the house.** Ask the group members to talk to their caregiver to figure out a way to have quiet time set aside for the relaxation exercise.
2. **Couldn't relax—kept thinking about problems.** Ask the group members to continue to practice and to make sure that they are doing the exercise correctly. Review the relaxation technique for the whole group if necessary. Another option is to record the instructions for students to use at home.
3. **Felt worse/made me upset.** In rare cases, relaxation has the opposite effect and make people feel agitated or panicky. If this seems true for an individual in the

group, ask them to stop using the technique and to try to identify other ways to relax at home.

Ask group members if they shared the "Handout for Caregivers" with their caregivers and how that went. If group members did not complete the activity, ask them to explain why not. Use this opportunity to remind group members about the rationale:

Though it may be difficult to admit that you are having any problems, these kinds of problems are really common, and your caregiver may help you with it if he or she knows what is happening to you.

II. Thoughts and Feelings (Introduction to Cognitive Therapy)

The goal of this part of the session is to show that thoughts cause emotions. Begin with an example of the way thoughts can influence feelings.

Introduce an example that may be relevant to students' daily experiences. For instance:

Let's take an example that could happen in this school. Raven is walking down the hallway and someone bumps into her. Her first thought is 'That person bumped me on purpose' and she gets really upset and angry. Raven was feeling about a 7 on her Feelings Thermometer.

Could Raven have had another thought? [Allow students to provide possible thoughts].

The reality is that the student who bumped Raven was not looking and the hall was very crowded. The bump was an accident. If Raven had thought "That person bumped me by accident," how might she have felt differently? Where do you think she would have been on her Feelings Thermometer?

Another example might be as follows: Today, we are going to talk about the kinds of thoughts that each of you have that might be wrong or unhelpful and the way that you can double-check to make sure that you aren't getting upset over nothing or letting your thoughts get in your way.

III. Linkage Between Thoughts and Feelings

The goal of this part of the session is to make sure that group members understand the way in which

Implementation Tip

- Keep it simple in this first exercise to make the points clear for students. Keep "feelings" to the basic emotions (angry/mad, sad, scared, embarrassed, happy), rather than complex emotions that blend in thoughts (like humiliated).
- If a student offers a feeling when asked for a thought (or vice versa) explain "that's a feeling, so I will put it in the feelings column. What's a thought that might lead to that feeling?"
- Make sure your own language is clear in naming thoughts and feelings, and make sure that the feelings and thoughts "match" or make sense.

thoughts and feelings are linked. Pick an example that is relevant to the group (use one of the group member's own problem situations, if possible) to do the following exercise:

Different kinds of thoughts can lead to different feelings. Let's take an example.

Example 1:

You are walking through the cafeteria at school, and a bunch of kids are laughing and looking over at you.

Example 2:

You are waiting for your brother/sister outside of a store, and some

kids come up and start to hassle you.

What are some ways that you might feel if this happened to you? [List feelings, eliciting several different types, on the board.] So, this is interesting. We have the same situation, but it's causing all kinds of different feelings. Why is this? Let's take a look at the way that you might be thinking about this situation that would lead to the different feelings. [Fill in the possible thoughts that would lead to each of the different emotions (see Table 2). Make the point that different thoughts lead to different feelings, even if the situation is exactly the same.] What might you be saying to yourself that would make you feel _____?

IV. Hot Seat: Combating Unhelpful Negative Thoughts with Helpful Other Thoughts²

The goal of this part of the session is to train students to challenge their negative, unhelpful thinking. It is broken into several parts, with a bit of teaching followed by practice.

First, normalize unhelpful, negative thoughts and explain how they sometimes get in the way:

²This exercise was originally developed for use in depression prevention in children in Gillham et al. (1991). *Manual for Leaders of the Coping Skills Program for Children*. Unpublished manual. Copyright Foresight, Inc. It was subsequently modified in a similar fashion for adolescents in Asarnow et al. (1999).

TABLE 2

Feelings and related thoughts.

Example 1

FEELINGS	POSSIBLE THOUGHTS
Angry	They have no right to laugh at me!
Sad	No one likes me. I'll never have good friends like that.
Embarrassed	They must think I look funny.
OK	They're just telling jokes; it's not about me.
Good	They think I'm funny and like me.

Example 2

FEELINGS	POSSIBLE THOUGHTS
Angry	They should leave me alone.
Scared	They are going to try to beat me up.
OK	They are just talking—nothing will happen.
Ashamed	Why are they picking on me? There must be something wrong with me.

All of us have negative thoughts at times, and that is normal. Sometimes negative thoughts are untrue or unhelpful, and they can make us upset for no good reason, like what happened with Raven when she thought that the student bumped her on purpose. One of the things we are going to learn to do together is to challenge our negative, unhelpful thoughts.

How can you argue with negative, unhelpful thoughts? There are a few different ways to make sure that a thought isn't totally wrong, like Raven's idea that she was bumped on purpose.

The first approach is to ask yourself if there are any OTHER WAYS OF THINKING (ALTERNATIVES) about this situation that make sense:

Is there another way to look at this?

Is there another reason why this would happen?

Let's take another example [use an example from the group if possible]:

You fail an important test at school.

Your first thought: I am stupid.

Your feeling: Sad.

Ask the students to list other possible thoughts and the feelings they evoke, and write these on the board. Make sure the alternatives make sense and are not completely irrational. As time permits, work through other examples from students' own lives on the board.

Now it's time to PRACTICE coming up with alternative thoughts.

Group Exercise

Introduce the Hot Seat activity, which you will use for the rest of the session. Explain that a designated chair is the "hot seat" and the person who sits in the chair practices coming up with new ways of thinking. Explain that it may be helpful to think of "HOT" as "Helpful Other Thoughts." Begin by sitting in the Hot Seat yourself. Select one student to assist you in case you get stuck and can't think of a more helpful approach. Identify a situation—e.g., **"You failed an important test at school"**—and then instruct the students to provide negative thoughts about that situation, one at a time. You will respond by produc-

Implementation Tip

Stick with simple scenarios when teaching the Hot Seat so that students don't get bogged down in complicated problems and aren't able to learn the skill of challenging unhelpful thoughts.

Some possible scenarios:

- "Your friend is supposed to call you to arrange a time to pick you up to go out, but he/she hasn't called yet."
- "Your parents go out and are late getting home."
- "You are waiting for the bus, and some older kids start to come down the block."

ing alternative helpful thoughts. Use examples from students or the one that follows:

Consider the situation we used before:

You fail an important test at school.

What are some negative, unhelpful thoughts you might have? Call them out, and I'll try to come up with more helpful alternatives. If I get stuck, [name of student] will help me out.

After the exercise, review the thoughts. Identify any irrational thoughts, and point out the additional strategies for arguing with negative thoughts during the rest of this session and in Group Session 4.

Select a volunteer for the Hot Seat. Select another as "coach" to help the student in the Hot Seat contend with negative thoughts. When the student in the Hot Seat gets stuck, have the coach ask a question to help generate helpful counter-thoughts. Also, be prepared to serve as coach yourself to ensure that the student in the Hot Seat is supported and that strategies for generating helpful thoughts are demonstrated. (Optional: Select some students as "recorders" to note positive and negative thoughts.)

Another way to work on unhelpful negative thoughts is to look at WHAT WILL HAPPEN (IMPLICATIONS) or to ask yourself:

Even if this thought is true, what's the worst thing that can happen?

Even if this thought is true, what's the best thing that can happen?

What will be the most likely thing to happen?

The trick is to look at both the positive and negative things that could happen, to make sure you aren't only thinking about the bad things that could happen. For instance, in the example of failing an important test, one thing you may have thought is "My parents will be mad."

First, ask yourself, "Even if this thought is true, what's the WORST thing that could happen?" [Don't spend much time on this one—move quickly to the best and most likely things.]

Elicit ideas and write them on the board:

My parents could punish me; they might not let me do things I want to do or take away my things.

Next ask yourself, "If this thought is true, what's the BEST thing that could happen?" For example, maybe they won't be upset and will support me more in school!

Elicit ideas and write them on the board.

Finally, ask yourself, "What will be the most likely thing to happen?"

For example:

"My parents will probably be upset, and may take away some privileges, but it will not be for long."

Elicit ideas and write them on the board.

Group Activity

Repeat the Hot Seat activity with a new situation, using both alternatives and implications to produce positive counter-thoughts. Provide a situation to the group member in the Hot Seat, then ask these questions: "What is the worst that could happen? The best that could happen? The most likely thing to happen?" Have another group member act as coach in case the one in the Hot Seat has difficulty.

V. Activities Assignment

Distribute copies of the Activity worksheets that follow. Describe the assignment, which is to practice the Hot Seat thinking at home. Give students several copies of the worksheet, and have them practice with an example before they leave the group if there is sufficient time. Try to give students specific instructions about the kinds of situations to work on, depending on their needs. Show students the Hot Seat Exercise Example worksheet to help them understand how to fill in the Hot Seat Exercise worksheet.

Hot Seat Activity

Name: _____

Questions you can use to argue against unhelpful negative thoughts:

OTHER WAYS TO THINK ABOUT IT

Is there another way to look at this?

Is there another reason why this would happen?

WHAT WILL HAPPEN NEXT

Even if this thought is true, what's the worst thing that can happen?

Even if this thought is true, what's the best thing that can happen?

What is the most likely thing to happen?

Hot Seat Exercise

Name: _____

In the box, write something that happened to you that made you upset. Then write down some of the thoughts you had under "Unhelpful Thoughts." Use the questions on the Hot Seat Activity worksheet to find new ways of thinking about what happened. Refer to the Hot Seat Exercise Example worksheet to see how to complete your own worksheet.

What happened:

UNHELPFUL THOUGHTS

HOT SEAT THOUGHTS

Hot Seat Exercise *(Example)*

What happened:

I stayed up late because I didn't want to fall asleep.

UNHELPFUL THOUGHTS

If I fall asleep, I'll have nightmares.

If I fall asleep, something bad will happen.

Lying down in my bed makes me feel nervous.

HOT SEAT THOUGHTS

- I don't have nightmares every night, so I might not have them tonight.
- Nightmares aren't real, they can't hurt me.
- I need to get some sleep for school tomorrow, even if it means I have nightmares.
- I'm safe in my house and my bed. My family is here to protect me.
- If something bad happens, I'll wake up and be able to deal with it then.
- I can practice my relaxation if I feel nervous.
- I can remind myself that I am safe.
- It's OK to feel nervous for a little while; eventually I'll fall asleep.

STUDENT

GROUP SESSION 4



Combating Unhelpful Negative Thoughts

AGENDA

- I. Activities Review
- II. Continuation of Cognitive Therapy
- III. Practice
- IV. Activities Assignment

OBJECTIVES

1. Build skills: Challenging negative thoughts.

SPECIAL SUPPLIES

1. An extra chair to use as the Hot Seat
2. Copies of the Activity worksheets

I. Activities Review

Review the activities from the previous session. Look for the following trouble spots and correct them as needed:

1. **Didn't do any activities.** Attempt to find out why, and suggest ways to improve compliance. Ask if they noticed any unhelpful thinking in the past week and to describe what it was. Ask if they challenged that unhelpful negative thinking in any way. If so, praise the student for work well done. If not, ask the student to try to do it right then and to ask for help from other group members if needed.
2. **Couldn't think of any Hot Seat thoughts to challenge unhelpful negative thinking.** Have other group members help the student think of Hot Seat thoughts. If none are appropriate, remind the group that sometimes negative thinking is realistic and that, in those cases, it's important to try to accept the

situation and figure out a way to handle it or solve the problem.

3. **The Hot Seat thoughts are unrealistic.** Sometimes group members will supply very unrealistic Hot Seat thoughts. A few thoughts like this are OK. If this happens too much, so that the exercise seems like a joke, ask the group member or the entire group if thinking this way is helpful. Remind them that they are trying to correct thinking that is unhelpful and negative (go back to examples from Session 3 if helpful), not to come up with more "unhelpful" or "unrealistic" thoughts.

II. Continuation of Cognitive Therapy

Pick up where you left off in the previous group session, and introduce two new ways to question unhelpful negative thoughts: plan of attack and evidence for thoughts.

Last time we worked on making sure that the way we THINK about things isn't too negative—that we aren't thinking in a way that makes our Feeling Thermometer go up for no good reason. Today we're going to find some more ways to do that.

Another way to work on unhelpful negative thoughts is to look for any possible PLAN OF ATTACK. Even if your most negative thought seems true, there might be something you can do about it. Continuing with the example from the last session of Raven getting bumped in the hallway, what are some things she could do if she decides that the person bumped into her on purpose?

Ask yourself:

"Is there anything I can do about this?"

Remember our example from last time? Raven got bumped in the hallway.

Her first thought: They did that on purpose.

Her feeling: Mad.

List possible plans of attack on the board, such as:

- Raven could ask her friends if she bumped her on purpose.
- Raven could ask the person why they bumped her.
- Raven could ignore it and keep walking.

Group Activity

Repeat the Hot Seat activity as described in Session 3 using a new situation and new alternatives, implications, and plans of attack to produce positive counter-thoughts.

Then introduce "checking the facts."

Another way to make sure you're not believing unhelpful negative thoughts is to try to see how true they are by CHECKING THE FACTS. We figure out if a thought is true by thinking about all the facts. Facts are things that everyone would agree are true, not feelings or guesses about things. Sometimes when we are feeling down or stressed out, we tend to focus on negative facts and ignore other facts that might lead to a more positive approach to the situation. You need to look at all of the facts in order to figure out whether your thoughts are true or not.

The key here is to look for all kinds of facts. You need to list not only facts that say your thought is TRUE but also facts that show your thought might be FALSE. The kinds of questions you can ask yourself to find the facts are:

How do I know this is true?

Has this happened to me before?

Has this happened with other people?

Take the example we used a minute ago. I'll list some evidence, and you tell me whether these facts show whether or not the thought "That

person bumped into me on purpose” is TRUE or FALSE.

List facts, such as the ones in **Table 3**, under two columns: “true” and “false.”

Let’s take another example. You see your good friend laughing with another person and looking over at you. You think, “They are laughing at me. He doesn’t like me anymore.”

Let’s list the kinds of facts that you could look for, ones that show this thought might be true and others that show it might be false.

Write the thought on the board and then make two columns: “true” and “false.” Help group members generate facts that would fit under both columns, like the ones in **Table 4**.

Group Activity

Repeat the Hot Seat activity with a new situation, using alternatives, implications, evidence, and a plan of attack to produce positive counter-thoughts.

Implementation Tip

If possible, use real-life examples instead of scenarios. Ask students if there was a time recently when they got very upset and then ask what thought was going through their minds when they felt that way. Then use the Hot Seat exercise to challenge the thought.

TABLE 3

Checking the facts for Raven’s thought “That person bumped into me on purpose”

TRUE	FALSE
The person has a history of bumping and getting into fights with people in the hallway.	The other person was not paying attention when they bumped Raven.
The person looks ready to fight Raven.	The person said sorry after bumping Raven.
The hallway is not at all crowded so there was no reason to bump.	Raven’s friends tell her it was an accident.

TABLE 4

Checking the facts for the thought “He doesn’t like me anymore”

TRUE	FALSE
He keeps doing this day after day.	He comes over and talks to you next.
He doesn’t do things with you anymore.	It turns out they were laughing about something else.
He says no when you ask him to do something.	He is still friendly with you.

III. Practice

Continue with more Hot Seat activities, using members' own examples of recent stressful situations. Have the group come up with negative thoughts related to the event. Have the student who offered the situation sit in the Hot Seat and dispute the negative thoughts. If the group has difficulty generating scenarios, supply ones that are relevant to the group members and pick anyone in the group to dispute negative thoughts.

IV. Activities Assignment

Describe the assignment, which is to practice the Hot Seat thinking at home. Give group members several copies of the worksheets, and have them practice with an example before they leave the session if there is time. Try to give group members specific instructions about the kinds of situations to work on, depending on their needs. Show group members the Hot Seat Exercise Example worksheet from Session 3 to help them understand how to fill in the worksheet.

Hot Seat Activity

Name: _____

Questions you can use to argue against unhelpful negative thoughts:

OTHER WAYS TO THINK ABOUT IT

Is there another way to look at this?

Is there another reason why this would happen?

WHAT WILL HAPPEN NEXT

Even if this thought is true, what's the worst thing that can happen?

Even if this thought is true, what's the best thing that can happen?

What is the most likely thing to happen?

PLAN OF ATTACK

Is there anything I can do about this?

CHECK THE FACTS

How do I know this is true?

Has this happened to me before?

Has this happened with other people or in other situations?

Hot Seat Exercise

Name: _____

In the box, write something that happened to you that made you upset. Then write down some of the thoughts you had under "Negative Thoughts." Use the questions on the Hot Seat Activity worksheets to find new ways of thinking about what happened. Refer to the Hot Seat Exercise Example worksheet to see how to do it.

What happened:

UNHELPFUL THOUGHTS

HOT SEAT THOUGHTS

STUDENT

GROUP SESSION 5



Introduction to Real-Life Exposure

AGENDA

- I. Activities Review
- II. Avoidance and Coping (Introduction to Real-Life Exposure)
- III. Construction of “Steps to Facing Your Fears”
- IV. Alternative Coping Strategies
- V. Activities Assignment

OBJECTIVES

1. Identify trauma-related avoidance.
2. Plan to decrease avoidance.
3. Plan to decrease anxiety through approaching trauma reminders.
4. Build skills: Thought stopping, distraction, positive imagery.

SPECIAL SUPPLIES

1. Copies of the Activity worksheets

I. Activity Review

Review the activities from the previous session. Look for the following trouble spots and correct them as indicated:

1. **Didn’t do any activities.** Attempt to find out why and suggest ways to improve compliance. Ask if they noticed any unhelpful thinking during the past week and to describe it. Ask if they challenged that unhelpful thinking in any way. If so, praise the student for work well done. If not, ask the student to try to do it right then and ask for help from other group members if needed.
2. **Couldn’t think of any Hot Seat thoughts to challenge negative thinking.** Have other group members help the student think of Hot Seat thoughts that could challenge unhelpful thinking. If none are appropriate, remind the group that sometimes unhelpful thinking is realistic and that, in those cases,

it’s important to try to accept the situation and figure out a way to handle it or solve the problem (though this kind of response is also an “Is there anything I can do?” response).

3. **The Hot Seat thoughts are unrealistic.** Sometimes group members will supply very unrealistic Hot Seat thoughts. A few thoughts like this are OK. If this happens too much, so that the exercise seems like a joke, ask the group member or the entire group if thinking this way is helpful. Remind them that they are trying to correct thinking that is unhelpful and negative (go back to examples from Session 3 if helpful), not to come up with more “unhelpful” or “unrealistic” thoughts.

II. Avoidance and Coping (Introduction to Real-Life Exposure)

The goal of this part of the session is to introduce the idea that avoidance is one form of coping with anxiety-provoking events but that it usually creates more problems than it solves. Begin with an example (from the group, if possible) of an anxiety-provoking event:

Let's take an example. What kinds of things make you really nervous or afraid? (Possible examples: the first day at school, a big test at school, asking someone out for a date, performing something in front of an audience, going somewhere new alone, etc.). Have you ever felt so nervous about something that you wished you could get away with skipping it altogether? Did you ever try to do that—avoid doing something? This is a common way to handle stress: Try to avoid it. But what happens when you avoid something? Does the problem go away? Do you ever miss out on things you want to happen because you avoid something? [Discuss their experiences.]

There's another problem with avoiding things. The more you avoid something, the more anxious you feel about that thing. [Use a relevant example here or the one that follows.] Let's say you are really nervous about starting in a new school. You wish you didn't have to go there at all. You feel sick; you are all tense.

If you stayed home the first day, how do you think you'd feel the second day? Would you feel less nervous, the same, or more nervous? [Make the point that they'd probably feel even more nervous, since they'd be one day behind, others would know each other, etc.]

What if you went ahead and went to school on that first day, even though you were nervous. How would you feel the second day? [Make the point that they would probably feel less nervous as each day went on, as long as nothing bad happened.]

Use other examples, as necessary, until the group members are convinced that repeated exposure to feared events (with nothing bad happening) will make them less afraid. Possible examples include: performances (sports, dance, music), speaking in class, going to unfamiliar places, and trying new things.

In this group, we're going to start to work on things that make us nervous or upset and that we have been avoiding, and we're going to do them in small, achievable steps that we repeat until we feel OK.

III. Construction of a Gradual Hierarchy (Steps to Facing Your Fears)

The goal of this part of the session is to have each student identify a situation, person, or place, that makes them feel anxious or upset and that

they avoid, and to write it down at the top of their stairstep on the Activity worksheets that follow. Group members will need help along the way, since stress or trauma survivors are often unaware of these types of situations (especially if they are avoiding them effectively).

Let's begin by thinking of something that makes you nervous or upset, especially if it started to make you feel upset because it reminds you of the stress or trauma you went through. This is something that you likely avoid, but that you need or want to be able to do.

For example, a student is on Main Street walking to school as it is raining on a Friday and they witness a tall man wearing a baseball cap attack someone. What might this student now start avoiding because it makes them anxious and will remind them of this attack?

Engage the students in a dialogue about how this student may avoid going outside on rainy days, walking to school or going to school, Main Street altogether, all men, people who wear baseball caps, or tall people. Reinforce that this avoidance makes sense given what the student has been through, but that avoiding these things can cause a lot of interference and keep the student from doing everything they want and need to be able to do.

Use the following questions to guide the activity. Have group members offer examples. Circulate around the

room to see how group members are doing at coming up with something to put on their top stairstep as you ask the questions. There are several important things to discuss with group members as they decide what to write in.

1. The situation on the stairsteps needs to be SAFE. List only something that young people your age should feel comfortable doing. Examples of situations that would not work are: being around guns or dead bodies, being exposed to violence in person, doing anything dangerous, and being in an unsafe environment (e.g., out alone in a deserted area at night). If group members list such things, tell them that those things are supposed to make people nervous, because they are dangerous. You are trying to help them feel less nervous in situations in which they are supposed to feel OK. Tell them that in a few minutes you will introduce ways to start to feel better and calmer while doing these things.
2. Some situations are designed to make people feel nervous or excited. These include watching scary movies and riding roller coasters. Explain to the students that part of the fun of these is to feel scared, and make sure that they really want to work on those things.
3. The lists should include things that the students are avoiding. They may not be sure how anxious they would be in these situations. For these situations, ask them to guess

how nervous or upset the thing or situation would make them, using the Feeling Thermometer if helpful.

Questions

- *Are there any things that you used to do regularly that you stopped doing after the stress or trauma you went through? Examples: going to places that remind you of what happened, doing things like you were doing when the stress or trauma happened.*
- *Have you started avoiding things like being alone in certain places, being in the dark, or sleeping by yourself?*
- *Do you avoid talking to people about what happened? Is there anyone that you'd like to be able to talk to about it?*
- *Do you avoid reading or watching things that would remind you about what happened?*
- *Do you avoid certain objects that would make you nervous or upset because they were there when it happened?*

Work individually with group members to identify a goal that is likely to be beneficial to work on. Do not include any items that might pose a danger to the student (either because the situation itself poses risks or because the group member will lack the caregiver supervision necessary to make the assignment work). The first priority is safety; the second priority is to ensure that the student has a high likelihood of decreasing

their anxiety, rather than feeling overwhelmed or out of control. Examples of good exercises include the following, with caregiver supervision in place: crossing roads at traffic lights, sleeping with the lights off or with the door closed, looking at pictures that remind them of the trauma, visiting a safe location that is similar to one in which the trauma occurred (such as a shopping mall, school, or other public place).

After group members have decided what they want to work on and written it on the top step of their staircase, give an example of how to break it down into small steps to help them reach their goal. If a student comes up with more than one, try to decide which one is interfering the most in their daily lives, while also taking into consideration which is the most feasible to approach in the remaining sessions of the group.

Now let's take a look at what a staircase might look like for a student your age who is very nervous about giving a speech in front of the class [write: "sharing in front of the class" on top step and Feeling Thermometer Rating = 8–10].

Now, what would be some small steps down here on the bottom steps that would be like a 2 or 3 on the Feeling Thermometer for this student to work on this week?

Let's write down "practice your speech out loud in your room by yourself" on this lowest step and a Feeling Thermometer=2 next to it. Once the student can do that

pretty easily and they know what they want to say pretty well, they may be able to move up to the next step, which could be something like speaking in front of the mirror or in front of a pet. Let's see what the rest of the staircase may look like. Tell me what you think [fill in the ladder with something similar to the following from lowest to highest: give the speech out loud to self in room, practice speech to self in the mirror, give the speech with mom or dad, in front of siblings or friends, practice it in front of empty classroom (ask teacher to borrow the room for a few minutes), give it to a small group at school, give the speech in front of the whole class].

So do you see that by the time this student feels comfortable with giving the speech in front of an empty classroom or in a small group of classmates, doing it in front of the class probably won't seem as difficult or scary anymore? That student has a lot of successful experience with the smaller steps and that helps them have more confidence now.

Begin a discussion to help students break down their own goals into small, gradual steps using the Feeling Thermometer to rate how much anxiety each small step would cause; that is, "what would your Feeling Thermometer rating be to do this step this week?"

Implementation Tip

Common avoidance responses (not specific to one type of stressful/traumatic event):

- Trouble being alone or sleeping alone
- Not wanting to go to school (sometimes because of separation anxiety—or fear of something bad happening to themselves or their loved ones while away from each other and sometimes due to something stressful that happened at school or on their way to or from school)

Questions to help identify successive steps:

What would your Feeling Thermometer rating be if...

- *you did that during the day or at night [get ratings for both]?*
- *your parents/trusted adult were with you when you tried it? What if your friends were with you?*
- *you just imagined doing that?*
- *you read something about that? What if you watched a video about it on the internet?*
- *you went to a similar place but not exactly the same place [i.e., park, market, street, library, room]?*

End with "Which step of your "Steps to Facing Your Fears" would it go on right now, with the top step being in the 8–10 range and the bottom rung in the 1–3 range?"

Now that everyone has their top step of the ladder, I am going to work with each of you to think about small steps that each of you can practice starting this week. Like for our example of the student who was nervous about giving a speech, we thought that reading the speech in the student's room would be on this rung and a first thing for the student to try out and get comfortable with. What would something like that be for each of you? I'd like you all to think about it now and then we can work on it together as I call you over. If you can think of things to put on the other steps too, that's great, but you don't have to do that right now if you don't want to or don't have time.

Work with group members individually to identify specific things from their "Steps to Facing Your Fears" (the first Activity). Pick items on the list that seem manageable and that have a rating of 4 or less—usually something in the middle or near the bottom of the staircase (not the easiest, or the hardest). They will write these on their Activities sheets at the end of the session and finalize their plans for when and how to practice them.

IV. Alternative Coping Strategies

Begin by asking the group what they can do if they feel anxious or nervous when they are in some way reminded of the trauma (such as the things or situations on their lists). After some

group discussion, practice the following techniques:

- **Thought Stopping.** Begin by asking the group to think about the traumas that they experienced. Ask them to think about what happened; what it looked like; what they heard, saw, smelled, tasted, thought about, felt. Facilitate this imaginative process for a minute or so, and then say, "STOP" or ask them to imagine a STOP sign, to distract the group. Ask them what they are thinking about now. Most will tell you that they are thinking about you, or the other group members, or about nothing at all. Explain that this is thought stopping. Encourage them to talk about ways they can use this technique when upsetting thoughts are bothering them.
- **Distraction.** Next discuss distraction. Ask for examples from the group members about how they distract themselves when they are upset. These can include getting involved in a book, show, or video game; playing sports or exercising; or talking to friends.
- **Positive Imagery.** Another way to reduce anxiety is to change negative images into positive ones, or to replace unhelpful or upsetting negative thoughts and images with positive ones. Have group members tell you things that they love to do or really great things that happened to them. Examples

include listening to music, dancing, being in nature, hiking or biking, spending time with friends of family, or some particularly meaningful event. Ask group members to close their eyes and imagine this scene or event, helping them build the image by asking questions like, “How do you feel? What are you doing? What is going on around you? What do you hear? What do you smell or taste?”

- **Relaxation.** Remind group members of the relaxation exercise taught in Group Session 2, and review or practice as a group if necessary.

Explain that if they practice a technique enough, they will be able to call it up in times of stress to reduce anxiety. Have each group member pick one or two techniques to practice.

V. Activities Assignment

CAREGIVER PHONE CALL

Call caregivers at this point to gain their help and support in the real-life exposure techniques and to remind them of what to expect. Inform group members before you call.

Distribute copies of the Assignment worksheet and ask the students to write in the things they identified earlier in the session onto the lines below “This week, I am going to:” on the worksheet. After they write them down, ask them to talk to you about

when and where they are going to do them. Have them write this information in the boxes on their worksheets. Ask them how they will explain the activity to their caregivers. Be sure to re-assess the safety of the situations, and help the students make adjustments as necessary to ensure they are supported by caregivers and will be safe during the activity. Show the students how to mark the “Feeling Thermometer Rating” boxes with the levels from their Feeling Thermometers before and after the activity, and at its highest level. Show them how to fill in the boxes each time they do the activity.

The success of behavioral exposure is your responsibility, even though the group members work on these things at home between sessions. This means that it is up to you to help group members pick reasonable assignments (somewhere on the lower end of the staircase), plan them in enough detail so that they know exactly what to do, and anticipate and discuss potential problems ahead of time. For instance, if a group member chooses sleeping alone with the lights off but shares a room with a sibling, you will have to help them plan how to accomplish this. You may find it necessary to involve caregivers directly in order to get their assistance and support in creating exercises for group members.

In addition to logistic constraints, help group members anticipate negative or unhelpful thoughts that might interfere with the activity. For instance, ask, “When you first start

to do this, what negative or unhelpful thoughts might come into your head?" Have them develop Hot Seat thoughts in advance and write them down so that they can readily access the counter-thought when needed.

Safety is a key issue. Make sure that the group members are planning assignments that will not expose them to any real danger over and above what they experience on a daily basis. For instance, pick assignments that fit into group members' existing schedule and activities. If in doubt, consult with caregivers about particular assignments. But beware that caregivers have their own trauma histories and avoidance techniques and may be overly protective because of their own fears. If this appears to be the case, reiterate the rationale for these techniques and suggest that the caregiver engage in the exercises with the student if appropriate.

The best assignments for the first week are ones that can be done repetitively (e.g., at home or close to home or as part of the group member's normal schedule) and evoke moderate but manageable anxiety (around a 4 on the Feeling Thermometer). If these types of assignment aren't on the student's list already, add some that will make this first try a successful one.

You may notice that, when you begin to assign specific activities, group members get nervous. Be sure to conduct the assignment as a collaborative effort so that group members feel in control of the process. Reiterate the rationale and examples when necessary. Remind the group members that this work will make them feel better and able to do a whole range of activities.

Facing Your Fears

1. Choose something from the steps that you are sure you can manage, with a rating of no more than 4 for your first try.
2. Figure out when and where you can try to do the thing you chose.
 - **You need to do it over and over again, not just once or twice.**
 - **You need to be able to do it SAFELY:**
 - Don't do anything that will put you in danger.
 - Don't do anything without telling someone first.
3. Tell a parent or caregiver what you are going to do. Make sure they understand what you plan and can help you with it, if you need help.
4. When you do it, stick with it no matter how nervous you feel. Keep at it until you begin to feel a little bit less nervous or upset. You can use the relaxation technique if you need it. You might need to stick with it for a long time, up to an hour, before you start to feel better. If you don't feel better after an hour, make sure to try it again and again. Eventually, with enough practice, you'll start to feel more comfortable.
5. Fill out the Assignment worksheet and show how you felt on the Feeling Thermometer before and after each time you did it. Also, tell what your highest level on the Feeling Thermometer was. Talk to your group leader if you don't see any improvement.
6. If you feel very anxious, use one of the following skills to help yourself feel better:
 - thought stopping
 - distraction
 - positive images
 - relaxation.

Steps Toward Facing Your Fears

Name: _____

A staircase diagram with 10 steps, numbered 2 through 10 in orange circles. Each step has a horizontal line for writing.

Step 2: _____

Step 4: _____

Step 6: _____

Step 8: _____

Step 10: _____

Assignment

Name: _____

This week, I am going to:

1. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				

2. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				



Exposure to Stress or Trauma Memory

AGENDA

- I. Activity Review
- II. Exposure to Trauma Memory Through Imagination, Drawing/ Writing, and Sharing
- III. Providing Closure to the Exposure
- IV. Activities Assignment

OBJECTIVES

1. Decrease anxiety when remembering trauma.
2. Help students “process” the traumatic event.
3. Build peer support and reduce stigma.

SPECIAL SUPPLIES

1. Paper for drawing and lined paper for writing narratives
2. Drawing and writing implements
3. Copies of the Activity worksheets

I. Activities Review

Review students’ progress with the real-life exposure to stress or trauma. Highlight the fact that, if practiced enough, anxiety or upset decreases. Give a few examples of this in the group. Look for the following problems, and discuss potential solutions. As you review success with the assignment, note more steps on the Steps to Facing Your Fears worksheet that would be appropriate for each group member so that the activity at the end of Session 6 is easier.

1. **Didn’t do the activities.** Explore why and look for avoidance. Use this opportunity to review negative or unhelpful thoughts and practice Hot Seat exercises if possible (e.g., ask “When it was time to do the activity, what thought popped into your head that made you decide not to do it?”).

2. **Started to do it, but felt upset and cut it short.** Commend group member on their courage, but point out that this won’t help them feel better. Reiterate the assignment and the need to stick with it until anxiety decreases. Talk about ways to redo the assignment in the coming week with more support or using an easier fear.
3. **Logistics interfered.** Problem-solve with the group to figure out ways to get around barriers to the activities assignment. Remember that the goal is to eliminate all stress- or trauma-related avoidance. Unless the group member is likely to encounter a particular situation in their real life, it is not necessary to work on it.
4. **Did it but never felt upset.** This could mean that the group member is making progress or avoiding the assignment somehow (e.g., using some kind of “security blanket” or safety net that makes

the situation somehow not challenging and evoking anxiety). Examples of this include having someone there for support, doing it at a certain time of day, etc. Explore if there was anything special that made them feel OK. If so, consider asking the group member to remove that part of the experience to make the assignment more challenging next time.

5. **Started to feel unsafe because something happened.** If something happened that was potentially dangerous (or that would cause anxiety in anyone who was there), then this reaction is normal and healthy. Congratulate group members on their good judgment in detecting real danger. Discuss ways to plan the next assignment to avoid any real danger and involve the group in solving this problem. Remind group members that you are working on stress- or trauma-related distress, not trying to make sure they never feel upset again.

II. Exposure to Trauma Memory Through Imagination, Drawing/Writing and Sharing

The goal of this part of the session is to continue exposure to the memory of the stress or trauma in a group format. Depending on how the individual encounters went, the level

Implementation Tip

Sessions 6 and 7 contain the same elements, and you can be flexible in what you do in each. For instance, you could opt to spread these techniques out over Sessions 6 and 7, or to do all activities in each session.

If you choose to divide the above techniques across Sessions 6 and 7, a sample breakdown of the sessions might be as follows:

Session 6

- Imagining exposure exercise
- Drawing, painting, writing, etc.
- Relaxation

Session 7

- Review confidentiality
- Share pictures/stories

of symptoms among group members, and the nature of the traumas, specific techniques are chosen for use in this session and the next. The techniques include:

1. **Leading students in imagining the stress or trauma scenes chosen in the individual sessions.** This is a good warm-up exercise for the drawing/writing exercises. For instance, review with each student briefly the scene that was agreed upon in the individual sessions. Then say to the group:

Now, we are going to each imagine the part of the event that we just talked about. Please lean

back in your chair. You may close your eyes if you would like to. Try to picture that part of what happened to you. As I talk, imagine the things I ask you about. I'll be asking some questions to help you imagine it, but do not answer me aloud. [Talk slowly and ask the following questions. Monitor the group and stop by to check in with group members as needed, either to make sure they are doing the exercise or to help keep them from getting overly upset.] Who is in your picture? What is happening? What does it look like? How do you feel as this is happening? What are you thinking? Doing?

What are the smells? Sounds? Tastes? Feelings of things that you touch? What happens next? How do you feel as this is happening? What are you thinking? Doing?

2. **Drawing pictures (younger/less verbal students) or writing the narrative of the stress or traumatic event.** This allows for creative expression of the stress or trauma memory and can be especially useful if the memory has just been "primed" by the imagination exercise. These drawings or narratives can be shared with the group or kept private. Ask group members to describe their pictures or to read their narratives aloud. Then ask other group members to offer support. Be careful to make sure that the other group members do

not make judgmental comments or ignore the disclosure. If any of this does occur, process it by reviewing common reactions to stress or trauma and normalizing other group members' reactions. Let students know ahead of time that you do not want them to provide too much detail to the other group members about what happened because it's hard to hear so many stories at once. Instead, ask them to focus more on the details of how they felt and what they were thinking at the time. Warn them that you may stop them if you feel like they are giving too much detail.

3. **Telling the group about specific parts of the stress or traumatic event.** This can be more upsetting but also most helpful. Use this technique carefully with events that students are able to process already and won't overwhelm other group members. This technique is less structured than sharing the drawings or narratives, and may be most appropriate in groups of older students. Leave time for processing the disclosures. Before using this technique, coach group members that they will need to give support, not judgments or withdrawal, after disclosures. Let students know ahead of time that you do not want them to provide too much detail to the other group members about what happened because it's hard to hear so many stories at once. Instead, ask them to focus on the details of how they felt and what

they were thinking at the time. Warn them that you may stop them if you feel like they are giving too much detail.

Use information from the individual sessions to encourage group members to offer support to each other. Before you begin, remind them of the importance of being supportive. Model offering supportive statements yourself first, then ask group members to say something as well. Do not allow group members to ignore or make fun of each other.

If the individual session(s) and assignments went well, and a group member appears to have worked through some of the distress related to the trauma, consider assigning work on other parts of the traumatic event or a second traumatic event in addition to the first. You may also include this as part of the group member's assignment if you believe they would be able to work on it successfully.

During this part of the session, take the time to reinforce skills already learned by group members. For instance, use the Hot Seat to counteract particularly difficult thoughts (after the exercise is over.) You might introduce this idea by saying:

I noticed that during the trauma you thought, 'It's all my fault.' When you think about it right now, how true do you think that is? [If group member still thinks it's true, continue.] Remember when we worked on Hot Seat thoughts? Is there a Hot Seat thought that is more realistic

that might work better for this situation?

If a group member has difficulty generating an alternative thought, ask for help from the group until a more realistic thought is offered.

III. Providing Closure to the Exposure

The goal of this part of the session is to provide closure to the exercise by leading a discussion of what was helpful. Ask the following questions of group members:

- *How did it feel to spend time thinking about what happened? Was it better or worse than you expected?*
- *How did it feel to share what happened to you with the group? Was it better or worse than you expected?*
- *What did other group members say to you that was helpful?*
- *How do you think it will feel the next time you think about/talk about what happened to you?*
- *What do you want to do in the next session to make this a better experience for you?*

Implementation Tip

A relaxation exercise may be helpful to provide closure at the end of the imaginal exposure exercise, particularly if students seem anxious.

IV. Activities Assignment

Use the Assignment—Part 1 worksheet to assign both real-life exposures and stress or trauma memory work (use additional copies if necessary). Assign activities individually to group members, using one of the following options to continue exposure:

1. Have group members finish the drawings or narratives they began in Part II of this session. (These should be about parts of an event that need more work than they received in the group session.) Make specific suggestions about parts to focus on.
2. Ask the group members to spend time looking at the pictures or reading the stories. Ask them to spend time imagining the traumatic part of the story several times.
3. Continue with real-life exposure assignments from students' Steps to Facing Your Fears using the Assignment—Part 1 worksheet.
4. Use the Assignment—Part 2 worksheet to practice the Hot Seat exercise.

Assignment — Part 1

Name: _____

This week, I am going to:

1. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				

2. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				

Assignment — Part 2: Hot Seat Thoughts

Name: _____

In the box, write something that happened to you that made you upset. Then write down some of the thoughts you had under “Unhelpful Thoughts.”

What happened:

UNHELPFUL THOUGHTS

HOT SEAT THOUGHTS

STUDENT

GROUP SESSION 7



Exposure to Stress or Trauma Memory

AGENDA

- I. Activity Review
- II. Exposure to Trauma Memory through Imagination, Drawing/ Writing, and Sharing
- III. Providing Closure to the Exposure
- IV. Activities Assignment

OBJECTIVES

1. Decrease anxiety when remembering trauma.
2. Help student “process” the traumatic event.
3. Build peer support and reduce stigma.

SPECIAL SUPPLIES

1. Copies of the Activity worksheets.
2. Paper for drawing or lined paper for writing narratives.
3. Drawing and writing implements.

I. Activities Review

Review the activities with group members, asking how they felt when they did imaginal exercises, drawing, or writing about the stresses or traumas. Look for the following trouble spots and correct them as indicated:

1. **Didn’t do any activities.** Explore reasons for this. Was it fear? Reluctance to feel upset? Wanting to avoid thinking about the stress or trauma? If so, review the rationale for treatment. If possible, engage other group members to help you convince the student that this work is valuable, though painful. Try to come up with a relevant analogy (e.g., “no pain, no gain”) that will motivate the student. Remind them that this work is time-limited. Use this opportunity to review negative thoughts and practice Hot Seat exercises if possible (e.g., “When it was time to do the activities, what thoughts

popped into your head that made you decide not to do them?”).

2. **Didn’t have time/privacy/etc.** Work on logistical barriers to activity completion with group members to ensure success in the coming week. Gently explore other possible reasons for reluctance, as listed in #1.
3. **Didn’t bother me/wasn’t upsetting.** This could either mean progress or avoidance. Explore whether the group member did the exercise fully and was working on the painful parts of the memory. If it seems that they did it correctly, it is possible that the memory just isn’t as painful as expected. If the exercise wasn’t done correctly, gently confront avoidance and make it a point to work on those areas in the rest of the session.
4. **Felt awful/too upsetting.** Reframe this as positive and courageous work on the problem. Remind the group member that it takes time before the memory

becomes less upsetting but that they are doing what needs to be done in order to feel better. Closely monitor exposure in the rest of the session, and help the group member modulate emotions (e.g., slow down with relaxation) during the exercise so that they can also do this at home.

Be sure to review the other assignments as well, checking in on real-life exposure and Hot Seat practice.

II. Exposure to Trauma Memory Through Imagination, Drawing/Writing, and Sharing

Based on a group member's work in the previous session and on the activities, it may be necessary to modify the goals for exposure that were formulated in the individual session. In this part of the session, challenge the group member to work on a more difficult part of the stress or trauma memory, but only if they have been successful in the previous exercises. Otherwise, you may choose to repeat an earlier exercise and perhaps modify it to make it more useful. As in the last session, the options include:

1. **Leading students in imagining the stress or trauma scenes chosen in the individual sessions.** This is a good warm-up exercise for the drawing/writing exercises. For instance, review with each student briefly the scene that

was agreed upon in the individual session. Then say to the group:

Now we are going to each imagine the part of the event that we just talked about. Please lean back in your chair and close your eyes. Try to picture that part of what happened to you. As I talk, imagine the things I ask you about. I'll be talking with each of you from time to time, so try not to let it distract you when you hear me talking to others. [Talk slowly and ask the following questions. Monitor the group and stop by to check in with group members as needed, either to make sure they are doing the exercise or to help keep them from getting overly upset.] Who is in your picture? What is happening? What does it look like? How do you feel as this is happening? What are you thinking? Doing? What are the smells? Sounds? Tastes? Feelings of things that you touch? What happens next? How do you feel as this is happening? What are you thinking? Doing?

Optional: A relaxation exercise may be helpful if group members seem shaken at the end of the exercise.

2. **Drawing pictures (younger/less verbal students) or writing the narrative of the traumatic event.** This allows for creative expression of the stress or trauma memory, and can be especially useful if the memory has just been "primed"

by the imagination exercise. These drawings/narratives can be shared with the group or kept private. Ask group members to describe their pictures or to read their narratives aloud. Then ask other group members to offer support. Be careful to make sure that the other group members do not make judgmental comments or ignore the disclosure. If any of this does occur, process it by reviewing common reactions to stress or trauma and normalizing other group members' reactions. Let students know ahead of time that you do not want them to provide too much detail to the other group members about what happened, because it's hard to hear so many stories at once. Instead, ask them to focus more on the details of how they felt and what they were thinking at the time. Warn them that you may stop them if you feel like they are giving too much detail.

3. **Telling the group about specific parts of the stress or traumatic event.** This can be more upsetting but also most helpful. Use this technique carefully with events that students are able to process already and won't overwhelm other group members, perhaps after an imagination exercise. This technique is less structured than sharing the drawings or narratives, and may be most appropriate in groups of older students. Leave time for processing the disclosures. Before using this technique, instruct group members that they

will need to give support, not judgments or withdrawal, after disclosures. Let students know ahead of time that you do not want them to provide too much detail to the other group members about what happened because it's hard to hear so many stories at once. Instead, ask them to focus on the details of how they felt and what they were thinking at the time. Warn them that you may stop them if you feel like they are giving too much detail.

As in the last session, it may be appropriate to turn to a different part of the traumatic event or a second or even a third traumatic event if the group member has made sufficient progress on the one that was deemed the most upsetting.

During this part of the session, take the time to reinforce skills already learned by group members. For instance, use the Hot Seat to counteract particularly difficult thoughts (when the exercise is over). You might introduce this idea by saying:

I noticed that during the trauma you thought, 'It's all my fault.' When you think about it right now, how true do you think that is? [If group member still thinks it's true, continue.] Remember when we worked on Hot Seat thoughts? Is there a Hot Seat thought that is more realistic that might work better for this situation?

If a group member has difficulty generating an alternative thought, ask

for help from the group until a more realistic thought is offered.

III. Providing Closure to the Exposure

The goal of this part of the session is to provide closure to the exercise by leading a discussion of what was helpful in the exercise. Ask the following questions of group members:

- *How did it feel to spend time thinking about what happened? Was it better or worse than you expected?*
- *How did it feel to share what happened to you with the group? Was it better or worse than you expected?*
- *What did other group members say to you that was helpful?*
- *How do you think it will feel the next time you think about/talk about what happened to you?*
- *What do you want to do in the future to keep working on this problem?*

they received in the group session.) Make specific suggestions about parts to focus on.

2. Ask the group members to spend time looking at the pictures or reading the stories. Ask them to spend time imagining the traumatic part of the story several times.
3. Continue real-life exposure assignments from students' Steps to Facing Your Fears worksheet using the Assignment—Part 1 worksheet.
4. Use the Assignment—Part 2 worksheet to practice the Hot Seat exercise.

IV. Activities Assignment

Use the Activity worksheets that follow to assign both real-life exposures and stress or trauma memory work (use additional copies if necessary). Assign activities individually to group members, using one of the following options to continue exposure:

1. Have group members finish the drawings or narratives they began in Part II of this session. (These should be about parts of the events that need more work than

Assignment — Part 1

Name: _____

This week, I am going to:

1. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				

2. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				

Name: _____

What happened:

HOT SEAT THOUGHTS

[illegible][illegible]



Introduction to Problem-Solving

AGENDA

- I. Activities Review
- II. Introduction to Problem-Solving
- III. Link Between Unhelpful Negative Thoughts and Actions
- IV. Brainstorming Solutions
- V. Decisionmaking: Pros and Cons
- VI. Activities Assignment

OBJECTIVES

1. Teach link between thoughts and actions.
2. Build skills: Problem-solving.
3. Help students deal with real-life problems.

SPECIAL SUPPLIES

1. Copies of the Activity worksheets

I. Activities Review

Review the activities with group members, as you did in the last session. Ask how they felt when they did imaginal exercises, drawing, or writing about the stress or trauma. Look for the following trouble spots and correct them as indicated.

1. **Didn't do any activities.** Explore reasons for this. Was it fear? Reluctance to feel upset? Wanting to avoid thinking about the stress or trauma? If so, review the rationale for exposure. If possible, engage other group members to help you convince the student that this work is valuable, though difficult. Try to come up with a relevant analogy (e.g., "no pain, no gain") that will motivate the student. Remind them that avoidance makes people get more anxious and upset about things over time. Use this opportunity to review unhelpful negative thoughts and practice Hot Seat activities if

possible (e.g., "When it was time to do the activities, what thoughts popped into your head that made you decide not to do them?").

2. **Didn't have time/privacy/etc.** Work on logistical barriers to activity completion with group members to ensure success in the coming week. Gently explore other possible reasons for reluctance, as listed in #1.
3. **Didn't bother me/wasn't upsetting.** This could either mean progress or avoidance. Explore whether the group member did the exercise fully and was working on the painful parts of the memory. If it seems that they did it correctly, it is possible that the memory just isn't as difficult as expected. If the exercise wasn't done correctly, gently confront avoidance and remind group members that avoidance will only make them feel more anxious or upset over time.

4. **Felt awful/too upsetting.**

Reframe this as positive and courageous work on the problem. Remind the group member that it takes time before the memory becomes less upsetting but that they are doing what needs to be done in order to feel better. Consider ways to work on less upsetting parts of the trauma memory first, and then work toward the more upsetting parts. Consider referrals that may be necessary for the student after the CBITS groups end.

Be sure to review the other assignments as well, checking in on real-life exposure and Hot Seat practice.

II. Introduction to Problem-Solving¹

The purpose of this part of the session is to briefly introduce the idea that solving problems with other people takes practice. Begin by asking group members to list conflicts or problems they have with friends, family members, or teachers; write these on the board. As much as possible, draw from this list of problems during the rest of the session. In choosing examples for the group, consider the types of symptoms they

are expressing and how well they work together within the group. Two types of examples are possible: (1) a general example drawing on common peer or family problems (but about anxiety and/or avoidance); and (2) a stress- or trauma-focused example relating to social situations (e.g., disclosure about abuse, avoidance that interferes with friendships). Both examples are shown in Section III. Introduce problem-solving as follows:

Sometimes people think they are upset because they have “real problems” and “anyone who had these problems would be upset.”

If you feel this way, you usually think you have to solve the problem in order to feel better. But that’s not true. You DO have some control over feeling better.

There are three parts to every problem:

- 1. Physical (objective, measurable) events.*
- 2. How others think and act.*
- 3. How you think and act.*

We can work today on how you think about things and how you act on them.

III. Link Between Unhelpful Negative Thoughts and Actions

Continuing with problem-solving, this part of the session reviews the ways in which thoughts influence behavior with friends and family members. Make the point that differ-

¹ This introduction about the “healthy management of reality” is derived from Muñoz and Miranda (1986) and, as modified for adolescents, in Asarnow et al. (1999).

ent thoughts lead to different actions and that one way to change the way we act with friends and family is to check our thinking about what happened.

Example 1 (General):

Tom's friends are all going to a dance at school, and all of them have asked dates. Tom is the only one who hasn't asked anyone yet. Tom is afraid that the person he likes, Yolanda, won't want to go with him, so he's been avoiding asking her. He is walking down the hall and sees Yolanda talking to a guy in his class, and he thinks, "She's going to the dance with him." So he turns the corner to avoid her and goes straight home from school.

In this example, what did Tom think? What did he do? [Write thoughts and actions in two columns on the board as in Table 5.] You can see that what Tom did made complete sense, given what he thought. Who can tell me

some other ways to think about this problem?" [List several other thoughts as in Table 6, using Hot Seat questions if necessary. Then review each thought, and say what Tom would do if he was thinking that way.]

Example 2 (Trauma-Related):

You tell one friend about what happened to you, and she doesn't say much to you and leaves a little while later. You go to school the next day, and your friend is talking with a group of other kids. You think your friend is telling them what happened to you, and feel really mad and upset. You avoid her, and hang up on your friend when she calls you at home that night.

In this example, what did you think? What did you do? [Write thoughts and actions in two columns on the board as in Table 7.] You can see that what you did made complete sense, given what you thought. Who can tell me some other ways to think

TABLE 5

Tom's possible thoughts and actions.

THOUGHTS	ACTIONS
She's going to the dance with him.	NOT ask her out—go home.
She's telling him that she likes ME.	Go up now and ask her out.

TABLE 6

More possible thoughts and actions of Tom.

THOUGHTS	ACTIONS
They are talking about school.	Find her later and ask her out.
Maybe she's going to the dance with him.	Ask around and see if that's true.
If she says no, I can ask someone else.	Ask her first, then someone else.

TABLE 7

Possible thoughts and actions in Example 2.

THOUGHTS	ACTIONS
She told everyone what happened to me.	Avoid everyone.
They all feel sorry for me.	Get some sympathy from them.
They all think I'm a reject.	Avoid everyone.

TABLE 8

More possible thoughts and actions in Example 2.

THOUGHTS	ACTIONS
She's busy with them now, but she wouldn't tell them about me.	Catch up with her later.
It's going to take her some time to realize what I went through, then she'll be nice to me again.	Let it go for now, but talk to her when she calls.
She's not a good friend after all.	Realize she isn't trustworthy, but try to talk to someone else about it another time.

about this problem?" [List several other thoughts on the board as in Table 8, using Hot Seat questions if necessary. Then review each thought, and say what you would do if you were thinking this way.]

To summarize, make the point that different thoughts about a problem will lead to doing things differently to handle the problem. So, it is important to make sure that your thinking is helpful and accurate before you decide what to do.

IV. Brainstorming Solutions

The goal of this part of the session is to practice generating lots of solutions to real-life problems, so that group members aren't "locked in" to one type of response (often based

on faulty thinking). This part of the session is especially important for those group members who tend to act impulsively. It helps them slow down the thought process and give themselves more options for how to act. Encourage group members to be creative but also to include appropriate behaviors as much as possible. Follow through with the examples used in Section III, or use a new example based on issues that have come up. To break up the didactic presentation, divide the group into two teams and have them work on the same example. Tell the group that the team that comes up with the most possible actions will win the competition. Then reconvene as a group and review all the possibilities generated.

Example 1 (General):

What are some different things that Tom could do in this situation?

Let's list them on the board:

- *Ask her if she's going to the dance, and if not, ask her out.*
- *Ask her friends if she's going to the dance.*
- *If she's going to the dance, think of someone else to ask.*
- *Decide not to go to the dance, but make some other plans.*

Example 2 (Trauma-Related):

What are some different things that you could do in this situation?

Let's list them on the board:

- *Ask your friend if she told others.*
- *If she did tell others, explain to her how you feel about it.*
- *Try to find friends who are more trustworthy.*
- *Shake it off—it doesn't matter if they know what happened.*

V. Decisionmaking: Pros and Cons

The goal of this part of the session is to evaluate the possible actions the students are considering. For younger groups, use the terminology "pluses and minuses," and for older groups, use "pros and cons." Pick one of the favorite actions that go with the two examples given in Section III, write it on the board, then make two columns labeled "pluses" or "pros" and "minuses" or "cons." Divide the group into two teams, and ask them to generate reasons why the favorite action would be a good or bad thing

to do. Encourage them to come up with items in both columns. Review as a group.

VI. Activities Assignment

The activities that follow involve picking a current problem and using the worksheets to problem-solve. Spend a few minutes with group members individually. If they can't think of problems, select ones that they have worked on in group session before. Also select additional topics from the Steps to Facing Your Fears worksheet (Group Session 5, Section III) for real-life exposure. Be sure to work with each group member to work out the details of the assignment.

1. Complete the Problem-Solving Practice worksheet.
2. Continue with real-life exposure (using the Problem-Solving Assignment worksheet).

Problem-Solving Practice

Name: _____

In the box, write about a problem that you are having. Then complete the rest of the page.

What is the problem that you will work on?

UNHELPFUL THOUGHT ABOUT PROBLEM

HOT SEAT THOUGHTS

POSSIBLE THINGS YOU COULD DO ABOUT IT

Which one is best? Think about the pluses and minuses, or pros and cons, of each, and put a ** next to the one you want to try first.

Try it! How did it work?

Problem-Solving Assignment

Name: _____

This week, I am going to:

1. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				

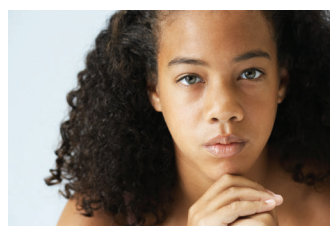
2. _____

THIS SHOWS YOU HOW I FELT WHEN I DID IT:

		Feeling Thermometer Rating		
WHEN / WHERE?		BEFORE	AFTER	HIGHEST
1st time				
2nd time				
3rd time				
4th time				
5th time				

STUDENT

GROUP SESSION 9



Practice with Social Problem-Solving

AGENDA

- I. Activity Review
- II. Practice with Problem-Solving and Hot Seat
- III. Review of Key Concepts (No Activities Assignment)

OBJECTIVES

1. Build skills: Challenging unhelpful negative thoughts.
2. Build skills: Problem-solving.
3. Help students deal with real-life problems.

SPECIAL SUPPLIES

none

I. Activities Review

Review the problem-solving assignment. Review obstacles to problem-solving practice, and ask the group to generate new ideas for how to handle it if a group member is stuck. Some group members will not be able to overcome problems because of the nature of the problem. When this happens, point out that the group members made their best efforts but that not everything is under their control. Point out that they CAN control how they think and act, and, therefore, how to feel about the problem. They might also be able to break the problem down into parts that they can control. Help group members find ways to feel better about the situations, using Hot Seat exercises or suggesting relaxation, if appropriate.

Review real-life exposure practice and determine if continued work is necessary. If so, address this individually via caregiver phone calls or private discussions with the students. If students are reporting low Feeling Thermometer levels for most things on their lists, congratulate them and address the need to continue.

II. Practice with Problem-Solving and Hot Seat

In this part of the session, most of the time is devoted to practice and review. Depending on the group, time can be devoted to problem-solving, to the Hot Seat, or, in most cases, to both. Focus the group and individual members on real-life problems that are currently interfering with their lives. Use this time to consolidate techniques and help students develop skills to handle real problems.

Group Activity

Divide the group into two teams. Present a problem that has several people involved (see the example that follows, but try to use something relevant to the group). Assign the role of “Joe” to one team and the role of “Anna” to the other. First, use the Hot Seat to challenge unhelpful negative thoughts for each of the roles. Then, have each group follow the problem-solving steps to make a decision on what to do for each role. Compare decisions and discuss as a group.

Example:

Joe, Anna, and Dana are all meeting at the school dance on Friday night. They have been friends since elementary school. Right after they get to the dance, Joe and Dana want to leave to get something to eat. Anna wants to stay at the dance—there is a boy that she likes there. They tell her to stay, but she says she wants them to stay too. They still want to leave.

Assign the thoughts of Joe to one group, the thoughts of Anna to the other. Have each team do the Hot Seat to counteract unhelpful negative thoughts leading to anger for Joe/Anna and then brainstorm solutions, weigh pros and cons, and pick a solution. Convene the two teams and ask them to present the solution and reason they picked it. If the solutions match (work for both parties), it is the end of the exercise. If they do not match, have them negotiate a compromise that works for both teams.

III. Review of Key Concepts

Structure an informal review of the key concepts the students have learned. Examples of questions:

Name three common reactions to trauma.

What is one question you can ask yourself when you have an unhelpful negative thought?

Name another way (besides asking yourself questions) to combat unhelpful negative thoughts.

What is a good thing to do if you aren't sure how to handle a problem?

When something bad happens to us, is it better to think about it and talk about it, or to try to avoid it completely?

Implementation Tip

To make the review interactive, you could create a trivia game or make teams to answer questions about CBITS.

STUDENT

GROUP SESSION 10



Relapse Prevention and Graduation

AGENDA

- I. Relapse Prevention
- II. Graduation Ceremony

OBJECTIVES

- 1. Provide closure to the group.
- 2. Plan for the future.
- 3. Highlight strengths and accomplishments.

SPECIAL SUPPLIES

- 1. Certificate of completion (optional)
- 2. Small gifts or treats (optional)

I. Relapse Prevention

The goal of this part of the session is to consolidate skills and anticipate future problems of group members. Use this time to help group members summarize their experiences in the program. Work on relapse prevention by anticipating future problems and how the students will handle them. Make sure to highlight group members' strengths as well as areas in which they should continue to practice skills.

Since this is your last group, let's take a few minutes to review with you how it went and what you'll do in the future. Let's talk about:

- 1. *What you got out of the group.*
- 2. *What you see as the biggest challenges you'll face in the next few months or few years.*
- 3. *How you can apply the skills you learned here to tackle those challenges.*

Highlight avoidance as problematic, and make the following point:

Avoidance can easily creep back into your life. You'll notice that you've stopped thinking about the event, talking about it, going certain places, doing certain things [use examples from group]. If that happens, use the skills you learned here to start doing all those things again, until it gets easy.

- 4. *How can you recognize avoidance? What are the warning signs? What can you do?*

Spend a few minutes discussing future contact you will have with the group, if any (e.g., reunions, booster sessions, individual contact). Tell them how to reach you (if applicable) or how to get additional help somewhere else if they need it.

CAREGIVER PHONE CALL

If you plan to make caregiver phone calls at the end of group, remind group members that this will occur. Use the phone call to review the group member's progress and areas that require additional work. Highlight progress and strengths to caregivers. Make any referrals or plans necessary to continue treatment with the caregiver and student together.

II. Graduation Ceremony

The purpose of this part of the session is to provide closure to the group. If possible, present the group with certificates of completion, bring in food and beverages, or give little gifts to the group members to

acknowledge their accomplishments in the group. Summarize the main accomplishment for each group member in some fashion or other, and highlight strengths. Pass out Certificates (Appendix C).

Examples:

When Pavlos started group, it was really hard for him to talk about what happened. In the group, he was able to draw pictures, and now he can probably talk about it to whomever he wants.

Cindy has been working hard on the problems with her sister. Now she knows how she wants to handle them.

CAREGIVER

**EDUCATION
PROGRAM**



Caregiver Education Program

AGENDA

- I. Introductions and Agenda
- II. Education About Common Reactions to Trauma
- III. Explanation of CBITS
- IV. Teaching Your Child to Measure Feelings
- V. How to Help Your Child Relax
- VI. Wrap-Up

OBJECTIVES

1. Reduce stigma around trauma exposure and reactions.
2. Lay groundwork for improving caregiver-child communication.

I. Introductions and Agenda

Introduce yourself and the role you have in the program. Briefly describe the purpose and agenda for these two sessions:

Session 1 is to tell you a little bit about how children react to stress, to explain the framework we'll use in the group your children are in, and to teach you a way to help your children relax.

Session 2 is to help you learn new ways to help your children feel less afraid or nervous.

I. Education About Common Reactions to Trauma

This part of the session conveys information about general types of problems that children experience when they have been exposed to traumatic life events. The goal is to normalize

Implementation Tip

It can be very hard to engage caregivers for these sessions. Try to schedule with the following flexibility:

- Consider morning and evening sessions.
- If possible, provide babysitting for siblings as well as transportation and food.
- Schedule common times across all CBITS groups running to allow some choice.

Consider phone calls to convey the material in place of these meetings as necessary.

symptoms. Explain that the students will learn about these reactions but that it is really important for parents and caregivers to understand them too. If caregivers understand the many problems that can result from

traumatic experiences, they might be more understanding and supportive of the students and less frustrated or worried about them.

Depending on the size of the group, this part of the session can be run as a lecture or as a discussion. Write the main points on a board or overhead transparency, and distribute copies of the Handout for Caregivers so that caregivers can make notes on it if they wish.

Make the following points during the presentation:

- All of the problems listed are common reactions to severe stress.
- The group for the students is designed to help with these specific problems.
- Caregivers may notice that they have some of these same problems because of stressful things they themselves have gone through.

Common Reactions to Stress or Trauma

Having nightmares or trouble sleeping. When something really scary or upsetting happens, it takes a while to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to “digest” it, just like your stomach has to work to digest a big meal. This can take a long time. Nightmares are one way of digesting what happened to you.

Thinking about it all the time. This is another way to digest what hap-

pened. Just like having nightmares, thinking about the trauma all the time is a problem because it makes you feel upset. It can be unpleasant.

Wanting to NOT think or talk about it. This is natural, since it is upsetting to think about a past stress or trauma, and it can make you feel all sorts of emotions. Avoiding it makes things easier, but only for a little while. It’s important to digest what happened sooner or later. So, while avoiding it sometimes makes sense, you have to set aside some time to digest it also. This group can be the time and place you set aside to digest what happened to you.

Avoiding places, people, or things that make you think about it. Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from doing normal things that are an important part of your life. The goal of this group is to get you back to the point where you are able to do whatever you want to do, without worrying about whether it will remind you of what happened.

Feeling scared for no reason. Sometimes this happens because you remember what happened to you, or you are thinking about what happened. Other times it happens because your body is so tense all the time that you just start feeling scared. Either way, we can work on helping you feel calmer when it happens.

Feeling “crazy” or out of control.

If all of these things are problems for you, you can start to feel really out of control or even crazy. Don't worry, though; these problems don't mean that you are going crazy. They are all normal reactions to stress or trauma, and there are ways to help you feel better.

Not being able to remember parts of what happened. This happens to a lot of people. The stressful event can be so awful that your memory doesn't work the way it usually does. Sometimes it gets easier to remember later on, and sometimes it gets harder. This can be frustrating, but it is really normal.

Having trouble concentrating at school or at home. With all the nervousness you are feeling and all the time you are spending thinking about what happened, it can be hard to concentrate on school work or even on what your friends or family say to you.

Being on guard to protect yourself; feeling like something bad is about to happen. After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don't have time or energy for other things in your life. Also, it is scary to think something bad is going to happen.

Jumping when there is a loud noise. This is one way that your body says it is prepared for action, in case

something else happens. As you begin to feel calmer, this will go away.

Feeling anger. Some people feel angry about the stress or trauma that happened, or about the things that happened afterward. Other people just feel angry all the time, at everything and everybody. Both of these are normal and will get better as you begin to digest what happened to you.

Feeling shame. Sometimes people are ashamed about what happened to them or how they acted. Even though it's hard to believe, this gets better the more that you talk about what happened. If you keep it a secret, it's hard for the shame to go away.

Feeling guilt. People can feel guilty about what happened or about something they did or did not do. Sometimes you blame yourself for things that you couldn't control. You may also feel guilty for upsetting your parents or caregivers. Guilty feelings can make it hard to talk about what happened.

Feeling sadness/grief/loss. Sometimes stress events or traumas include losing someone close to you or losing something that is important to you. This makes you feel sad and down. We'll help you talk about these feelings in the group.

Feeling bad about yourself. Sometimes, all this stress can make you feel really bad about yourself, like you're a bad person or no one likes you. This makes it harder to be friendly and to have fun with others.

Having physical health problems and complaints. Stress has an effect on your body as well. People sometimes get sick more often or notice pain and discomfort more often when they have been under stress.

III. Explanation of CBITS

This part of the session provides an overview of how thoughts and behaviors influence the feelings. Draw a triangle on the board. Write the phrase “Stress or Trauma” to one side, with an arrow pointing at the triangle. See **Figure 3**.

Start by defining stress, soliciting examples from the group. Try to get a mixture of traumatic events (violence, accidents) and stress (immigration, leaving others behind, living in poverty).

What do I mean by stress or trauma? Can you give some examples of things that might happen to a child that are stressful? [Elicit ideas about stressful events, and list under the “Stress or Trauma” line.]

When something stressful happens [use one of their examples], how does that change what you think? What you do? What you feel?

Make the point that stress or trauma causes all of these to change and that each then impacts the others, making a person feel worse. A possible example:

Your children are in a car accident. That’s the stress or trauma. Afterward, they feel shaky, nervous,

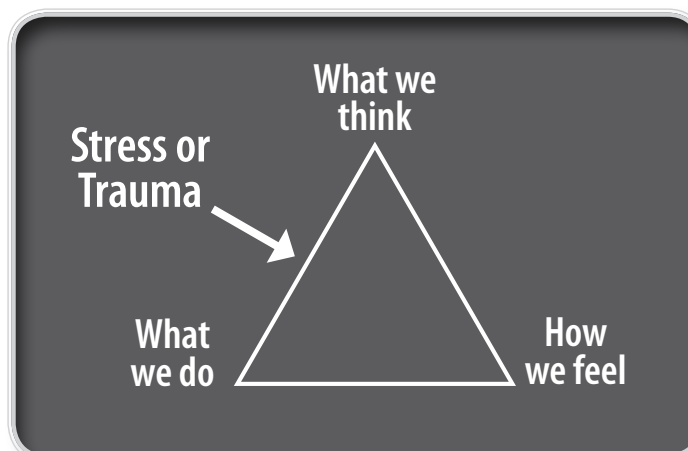
upset. They think that riding in a car is really dangerous, and they don’t want to go in a car again. When you ask if they want to go shopping with you, they say no and stay home because they don’t want to be in the car.

Explain how the program is going to help with things like this:

Your children are all in this program because they had something really stressful happen to them. In this program, we are going to work on all three corners of the triangle. We are going to:

- *Teach the students some exercises that will make them FEEL better and less nervous or upset.*
- *Teach them some ways to THINK about things that will also make them feel better.*
- *Teach the students some ways to DO things so that they are able to do everything you want them to be able to do, without feeling upset when they do them.*

Figure 3.



Explain the importance of practice and that activities will be assigned:

One very important part of this program is PRACTICE. Learning new skills in this program is like learning to ride a bicycle or to drive a car. At first, the skills feel uncomfortable, and it is hard to figure out how to do them. But if you practice the skills over and over again, eventually it becomes so easy and natural that you don't even have to think about it—you can ride the bike without thinking about balancing the bike and steering it and putting on the brakes when you need them. We will be practicing the new skills in the group and also asking your children to practice certain things at home between groups. The more that you can support and encourage the students to practice, the faster they will learn to use these skills to handle stress.

IV. Teaching Your Child to Measure Feelings

Briefly introduce the idea of the Feeling Thermometer so that caregivers will understand what it is and how their children will use it (see Appendix B).

Part of what we'll be teaching your children is how to talk about how nervous or afraid they are. We will do this by teaching them to use a "Feeling Thermometer." Like a thermometer that measures temperature, the Feeling Thermometer measures how scared or upset the students feel.

Show the Feeling Thermometers that indicate varying amounts of distress, and make sure that caregivers understand it. Use a personal example given by someone in the group to show how people feel at different times. Explain that the "10" on the Feeling Thermometer is kept for those times when you are completely and utterly scared and upset.

V. How to Help Your Child Relax

The goal of this part of the session is to train caregivers in progressive muscle relaxation and relaxed breathing. Present the following rationale:

Stress makes our bodies tense, and feeling nervous or upset makes it even worse. But there are ways to relax your body that will make you feel calmer. We are going to be teaching your children one way to relax, and we want to teach it to you also. That way, when your children have trouble sleeping or are feeling very worried, you can use it to help them relax.

Ask caregivers to lean back in their chairs, close their eyes, and follow your instructions.

I'd like you to start by thinking of a place that makes you really comfortable, like your bed, or the bathtub, or the couch, or the beach. Imagine that you are lying down there or sitting comfortably. Take a breath in [wait three to four seconds] and out [wait three to four seconds], in . . . and out . . . in . . . and out . . . Try to keep breathing

this way as we continue. And keep thinking about your most comfortable spot.

Now I'd like you to make a fist, and squeeze it really tight. You can open your eyes and see how I'm doing it if you're not sure how. Hold it. Now relax it completely; shake it out. Do it again—make a fist. Now relax it completely. Can you feel the difference between how it was when it was tight and now how it feels when it's relaxed? Let's do the same thing for the rest of your arm. Tighten up your whole arm, like you are making a muscle, and hold it. Now relax it completely. Do it again. Tighten, now relax. Now let's move to your shoulders. Bring your shoulders up to your ears and tighten them, hold it. Now relax. Do that again. Bring your shoulders way up near your ears, hold it, now relax them completely. Make sure your hands, arms, and shoulders are completely relaxed. Breathe in . . . and out . . . in . . . and out.

Let's work on your face now. Scrunch up your face as tight as you can, close your eyes tight, scrunch up your mouth, and hold it. Now relax. Try that again. Tighten up your whole face, and hold it. Now relax it. Keep breathing like we did before . . . in . . . and out . . . in . . . and out.

Next comes your body. Arch your back as much as you can, put your shoulders way back, like I am doing. Hold it. Now relax that. Next, lean forward onto your knees and curl your back the other way, and

tighten up your stomach as much as you can. Hold it. Now relax it. Do that again, hold it, and relax it. Keep breathing in . . . and out . . . in . . . and out.

Let's work on your legs and feet. Straighten your legs up in the air in front of you, and bring your toes as close to your face as you can. Tighten up your legs, all the way up to your seat. Now hold it. Relax. Do that again, hold it, and now relax. Next, point your toes as far as you can away from your face, and again tighten up your leg muscles. Hold it. Now relax. Do that again, hold it, and relax. Breathe in . . . and out . . . in . . . and out.

Think about all the parts of your body, and relax any part that is tight now. Let all the tension go out of your body. Breathe in . . . and out . . . in . . . and out. Now open your eyes, sit back up, and be a part of the group again.

VI. Wrap-Up

Thank caregivers for coming and encourage them to attend Caregiver Session 2.

Common Reactions to Stress or Trauma

There are many different ways that young people react to stressful life events. Below we've listed several kinds of reactions, all of which are very common. We've asked your child to show this list to you and to talk with you about which ones they have had problems with recently. You might also notice the way that you've reacted to stressful events in your own life. Feel free to call us if you have any questions about these problems or the way in which the group will address them.

Having nightmares or trouble sleeping. When something really scary or upsetting happens, it takes a while to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to "digest" it, just like your stomach has to work to digest a big meal. Nightmares are one way of digesting what happened.

Thinking about it all the time. This is another way to digest what happened. Just like nightmares, thinking about the trauma all the time is a problem because it makes you feel upset. It can be unpleasant.

Wanting to NOT think or talk about it. This is natural, since it is upsetting to think about a past stress or trauma, and it can make you feel all sorts of emotions. Avoiding it makes things easier, but only for a little while. It's important to digest what happened sooner or later. So, while avoiding it sometimes makes sense, you have to set aside some time to digest it also.

Avoiding places, people, or things that make you think about it. Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from doing normal things that are an important part of your life.

Feeling scared for no reason. Sometimes this happens because you remember what happened to you, or you are thinking about what happened. Other times it happens because your body is so tense all the time that you just start feeling scared.

Feeling "crazy" or out of control. If all of these things are problems for you, you can start to feel really out of control or even crazy. Don't worry, though; these problems don't mean that you are going crazy. They are all common reactions to stress or trauma.

Not being able to remember parts of what happened. This happens to a lot of people. The stressful event can be so awful that your memory doesn't work the way it usually does. Sometimes it gets easier to remember it later on, and sometimes it gets harder. This can be frustrating, but it's really normal.

Having trouble concentrating at school or at home. With all the nervousness you are feeling and all the time you are spending thinking about what happened, it can be hard to concentrate on school work or even what your friends or family say to you.

Being on guard to protect yourself; feeling like something bad is about to happen. After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don't have time or energy for other things in your life. Also, it is scary to think something bad is going to happen all the time.

Jumping when there is a loud noise. This is another way to say that your body is prepared for action, in case something else happens.

Feeling anger. Sometimes people feel angry about the stress or trauma that happened, or the things that happened afterward. Other times, people just feel angry all the time, at everything and everybody.

Feeling shame. Sometimes people are ashamed about what happened to them, or how they acted. Even though it's hard to believe, this gets better the more that you talk about what happened. If you keep it a secret, it's hard for the shame to go away.

Feeling guilt. People can feel guilty about what happened or about something they did or did not do. Sometimes you blame yourself for things that you couldn't control. You may also feel guilty for upsetting other people. Guilty feelings can make it hard to talk about what happened.

Feeling sadness/grief/loss. Sometimes stress events include losing someone close to you or losing something that is important to you. This makes you feel sad and down.

Feeling bad about yourself. Sometimes, all this stress can make you feel really bad about yourself, like you're a bad person or no one likes you. This makes it harder to be friendly and to have fun with others.

Having physical health problems and complaints. Stress has an effect on your body as well. People tend to get sick more often and to notice pain and discomfort more often when they have been under stress.



Caregiver Education Program

AGENDA

- I. Introductions and Agenda
- II. Teaching Children to Look at Their Thoughts
- III. Teaching Children to Face Their Fears
- IV. Teaching Children to Digest What Happened to Them
- V. Teaching Children to Solve Everyday Problems
- VI. Wrap-Up

OBJECTIVES

1. Educate caregivers about techniques used in the program.
2. Enable caregivers to support students during program.

SPECIAL SUPPLIES

1. Copies of the Caregiver Handouts
2. Copies of the Feeling Thermometers
3. Copies of one of the Activity worksheets from a group session

I. Introductions and Agenda

Introduce yourself and your role in the program for any caregivers who missed the first session. Briefly remind caregivers of what they learned last time and what you will cover this time:

Session 1 was to tell you a little bit about how children react to stress, to explain the framework we'll use in the group your children are in, and to teach you a way to help your children relax.

Session 2 is to help you learn new ways to help your children feel less afraid or nervous.

II. Teaching Children to Look at Their Thoughts

The goal of this part of the session is to tell caregivers about the cognitive

portion of the program. Begin by describing the way that stress can influence thinking:

When children experience a traumatic event, they can have really negative ideas about themselves, about the world in general, or about why the event happened. For example, if a child gets beaten up at school, they might think things like:

"I am weak."

"I can't protect myself."

"School isn't safe."

After children go through traumatic events, they often think that they are to blame in some way or that what happened is their fault. They also usually think bad things about themselves ("I'm no good") and think that the world is more dangerous than it really is ("There is no place where I am safe" or "I can't trust anyone").

These kinds of thoughts make children feel even worse. Negative, unhelpful thoughts are often not completely true. For instance, it's probably not true that the children will never be happy again or that they can't trust anyone. When negative thoughts aren't true, they still make us upset unless we realize that they aren't true.

We will be teaching the students to pay attention to the way they think about things. If they notice some negative thinking, we'll teach them some questions to ask themselves to make sure that they aren't thinking inaccurately.

Some of the questions your children will start to ask themselves are:

Is there another way to look at this?

Is there another reason why this would happen?

What's the worst thing that can happen?

What's the best thing that can happen?

What is the most likely thing to happen?

Is there anything I can do about this?

What is the evidence that this thought is true?

Has something like this happened to me before?

Has this happened with other people?

Using the Examples of Thoughts handout, take a few minutes to

go through some of the questions you've listed. Show how the questions might help people to realize that their thoughts are not accurate and that there are more-accurate ways to look at the situations. Show caregivers the examples on the handout to indicate how the students will be taught to think more accurately.

Take a few minutes to discuss any concerns and answer any questions that caregivers have about the process.

III. Teaching Children to Face Their Fears

The goal of this part of the session is to teach caregivers about the real-life exposures that the students will do in the group. Begin by explaining how avoidance builds up and interferes with recovery:

One way that people deal with stress is to try to avoid it. You have probably all had the experience of NOT wanting to do something that will make you feel nervous or afraid. This usually works for a short time—we can sometimes avoid something that will be hard for us. But over time, it can interfere with your life. For instance, some of you may feel nervous or anxious when you speak in front of a large group of people. So, you might try to avoid doing speeches unless you really have to. But avoiding it interferes with getting good at giving speeches and feeling confi-

dent that you can do it well, so the next time you have to do it, you are still nervous and anxious. The same thing happens with children who go through stressful experiences. They avoid the things that make them uncomfortable. They begin to avoid more and more often. For instance, children who feel afraid of school will sometimes skip school, but that just makes it harder to go back to school again.

In the group, we will be teaching your children to face their fears. What do we mean by facing your fears? We mean trying to do something that you are afraid of over and over again until it becomes normal and easy. [Give an example, such as: "I used to be nervous speaking in front of groups of people, but the more I did it, the easier it got. Now I just get a little bit nervous, but I know I can do it without having any problems. Pass out copies of the Facing Your Fears handout.]]

With the students, we will start by choosing a situation that makes each of them feel anxious or upset (using the Feeling Thermometer). We will be careful about a couple of things when we do this:

1. The situations on the list must be **SAFE**. We will not include situations that involve being exposed to violence in person, doing anything dangerous, or being in unsafe environments (e.g., alone in a deserted area at night).
2. Some situations are designed to make people feel nervous or

excited and are hard to work on. These include watching scary movies, riding roller coasters, etc. We will not work on these kinds of situations either.

We will concentrate instead on the answers to the following questions:

- Are there any things that you used to do regularly that you stopped doing after the stress or trauma you went through? Examples: going to places that remind you of what happened, doing things that you were doing when the stress or trauma happened.
- Have you started avoiding things like being alone in certain places, being in the dark, sleeping by yourself?
- Do you avoid talking to people about what happened? Is there anyone that you'd like to be able to talk to about it?
- Do you avoid reading things or watching certain TV programs that remind you about what happened?
- Do you avoid certain objects that make you nervous or upset because they were there when it happened?

Then students will break the situation into steps on a staircase (Steps to Facing Your Fears) using the Feeling Thermometer [show it again], and they will begin taking the steps so that they can work toward the situation they are avoiding. [Describe the typical kind of assignments and read through a sample

Activity worksheet from one of the group sessions.]

You can help by working with your children to do the assignments. Sometimes your children will need to do something with you first, before being able to do it alone. We also need you to help your children face their fears by facing your own. You might notice that you are nervous about doing certain things too, because of the kinds of stressors you have faced. By helping your children, you may find that you become more comfortable doing these things.

Take a few minutes to discuss any concerns and answer any questions that caregivers have about the process.

IV. Teaching Children to Digest What Happened to Them

The goal of this part of the session is to prepare caregivers for the trauma-focused work that their children will do in the group.

We are going to work with your children on the stresses or traumas that they have gone through.

Have you ever eaten too much all at once and felt really full and sick afterwards? And you wish you never ate that much? Your stomach feels sick because it's got too much in it at once. That food feels like its filling up your whole body.

Your stomach has more than it can handle.

The way you think about the stressful event you went through can also feel like that—it's too much to digest at once, so it bothers you a lot. Just like with the meal, you need to "digest" it sooner or later though. Even though the stress probably seems really overwhelming when you think about it now, eventually, with enough work, you can make it smaller. We're going to help your children digest what happened.

By thinking about the stress or trauma where it is safe (with a counselor or in the group), a couple of things will happen:

- 1. Over time, if your children work on digesting the stresses or traumas, they will feel less upset each time they think about it. By the end of group sessions, your children will be able to think about what happened and feel OK.*
- 2. Your children will learn that thinking about the stresses or traumas won't make them flip out or go crazy—that it's a bad memory and it can't hurt them anymore.*
- 3. Your children will learn that they can take control of the way they feel and do something to make themselves feel better.*

We will work on the traumas by asking your children to imagine them or to draw pictures of them or to talk about them in the group sessions.

Take a few minutes to discuss any concerns and answer any questions that caregivers have about the process.

V. Teaching Children to Solve Everyday Problems

The purpose of this part of the session is to briefly introduce the idea that solving problems with other people takes practice and to explain how this process will work in the group. Begin by getting examples from caregivers of the kinds of problems that their children face. If they do not volunteer any, supply some of the following:

- getting in arguments with friends
- disagreeing with caregivers about rules at home
- disagreeing with brothers and sisters
- having trouble in a class at school.

Explain that the group will work on the following parts of the problems:

- looking at the thoughts the students have about the problems, to make sure they are seeing problems accurately
- coming up with a list of possible solutions about how to handle the problems
- looking at the possible solutions to see the positives and negatives of each one
- trying out solutions to see if they work.

Take a few minutes to discuss any concerns and answer any questions that caregivers have about the process.

VI. Wrap-Up

Take a few minutes to praise the caregivers on taking time to attend the meeting(s), and remind them of how to reach you as the program continues:

I want to thank you all for coming tonight. I know it takes a lot of effort to get here on a school night, and it really shows your love and concern for your children. I hope you've gotten a better idea of what this program is all about, and I want you to know that you can call me with any questions or concerns at any time.

Examples of Thoughts

UNHELPFUL THOUGHTS	HOT SEAT THOUGHTS
If I fall asleep, I'll have nightmares.	<ul style="list-style-type: none">• I don't have nightmares every night, so I might not have them tonight.• Nightmares aren't real, they can't hurt me.• I need to get some sleep for school tomorrow, even if it means I have nightmares.
If I fall asleep, something bad will happen.	<ul style="list-style-type: none">• I'm safe in my house and my bed. My family is here to protect me.• If something bad happens, I'll wake up and be able to deal with it then.• I can practice my relaxation if I feel nervous.
Lying down in my bed makes me feel nervous.	<ul style="list-style-type: none">• I can remind myself that I am safe.• It's OK to feel nervous for a little while; eventually I'll fall asleep.

Facing Your Fears

1. Choose something from the Steps to Facing Your Fears worksheet that you are sure you can manage, with a rating of no more than 4 on the Feeling Thermometer for your first try.
2. Figure out when and where you can try to do the thing you chose.
 - **You need to do it over and over again, not just once or twice.**
 - **You need to be able to do it SAFELY:**
 - Don't do anything that will put you in danger.
 - Don't do anything without telling someone first.
3. Tell a caregiver what you are going to do. Make sure your caregiver understands what you plan and can help you with it, if you need help.
4. When you do it, stick with it no matter how nervous you feel. Keep at it until you begin to feel a little bit less nervous or upset. You can use your relaxation technique if you need it. You might need to stick with it for a long time, up to an hour, before you start to feel better. If you don't feel better after an hour, make sure to try it again and again. Eventually, with enough practice, you'll start to feel more comfortable.
5. Fill out the activities form to show how you felt on the Feeling Thermometer before and after each time you did it. Also, tell what your highest level on the Feeling Thermometer was. Talk to your group leader if you don't see any improvement.

TEACHER

**EDUCATION
PROGRAM**



Teacher Education Program

AGENDA

- I. Introductions and Agenda
- II. Education About Common Reactions to Trauma
- III. Explanation of CBITS
- IV. Elements of the CBITS Program
- V. Tips for Teaching Students Who Have Been Traumatized
- VI. Answering Questions

OBJECTIVES

1. Enlist teacher support and understanding.

I. Introductions and Agenda

Introduce yourself and the role you have in the program. If applicable, explain logistics for how the identification of students for CBITS will be handled in the school, how scheduling of groups will be handled,

and address concerns about missed academic time.

Briefly describe that the purpose and agenda for this session are as follows:

- to describe common reactions to trauma and provide a model for thinking about trauma
- to describe elements of the CBITS program
- to offer tips for teaching students who have been traumatized.

Implementation Tip

Teacher buy-in is extremely important for successful implementation of CBITS. Consider additional tools to increase buy in:

- Students and Trauma video (available at www.cbitsprogram.org)
- NCTSN Child Trauma Toolkit for Educators (available at <https://www.nctsn.org/resources/child-trauma-toolkit-educators>)

II. Education about Common Reactions to Trauma

This part of the session conveys information about general types of problems that students experience when they have been exposed to traumatic life events. If teachers understand that many problems can result from traumatic experiences, they might be more understanding and supportive of the students and less frustrated

or worried about them. Highlight possible classroom manifestations of the problems, and lead a discussion about the way these problems are often attributed to other causes (e.g., ADHD).

Make the following points:

- All of the problems are common reactions to severe stress.
- The group for the students is designed to help with these specific problems.
- Students often have comorbid problems, like depression, disruptive behavior problems, or ADHD. You are not trying to suggest that trauma is the root cause of all the problems that the students have. Rather, trauma-related symptoms are part of the picture.
- Other problems, like ADHD and depression, can sometimes mask trauma-related symptoms. The reverse is also true—trauma-related symptoms can mask other severe problems. Diagnosis and treatment are complex because it is necessary to tease apart the problems in order to implement appropriate treatments.

Common Reactions to Stress or Trauma

People cope with trauma in different ways. You may find a student exhibiting one or more of the following symptoms:

Having nightmares or trouble sleeping. When something really scary or upsetting happens, it takes

a while to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to “digest” it, just like your stomach has to work to digest a big meal. This can take a long time. ***Classroom manifestations: fatigue, sleepiness during the day.***

Thinking about it all the time/re-enacting it. This is another way to digest what happened. Just like having nightmares, thinking about the trauma all the time is a problem because it makes you feel upset. It can be unpleasant. ***Classroom manifestations: trouble concentrating, tearfulness, repetitive play around theme of trauma.***

Wanting to NOT think or talk about it. This is natural, since it is upsetting to think about a past stress or trauma and can make you feel all sorts of emotions. Avoiding trauma memory makes things easier, but only for a little while. It’s important to digest what happened sooner or later. So, while avoiding it sometimes makes sense, you have to set aside some time to digest it also. ***Classroom manifestations: trouble sitting still, constantly creating distractions, not wanting to talk about problems.***

Avoiding places, people, or things that make you think about it. Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from doing normal

things that are an important part of your life. ***Classroom manifestations: resistance to doing certain things or going certain places, without a clear explanation of why; absenteeism because of avoidance of things on the way to school or of school itself.***

Feeling scared for no reason.

Sometimes this happens because you remember what happened to you, or you are thinking about what happened. Other times it happens because your body is so tense all the time that you just start feeling scared. ***Classroom manifestations: getting upset easily.***

Feeling “crazy” or out of control.

If all of these things are problems for you, you can start to feel really out of control or even crazy. Don’t worry, though; these problems don’t mean that you are going crazy. They are all normal reactions to stress or trauma. ***Classroom manifestations: getting upset easily.***

Not being able to remember parts of what happened. This happens to a lot of people. The stressful event can be so awful that your memory doesn’t work the way it usually does. Sometimes it gets easier to remember later on, and sometimes it gets harder. This can be frustrating, but it is really normal. ***No clear classroom manifestation.***

Having trouble concentrating at school or at home. With all the nervousness you are feeling and all the time you are spending thinking about what happened, it can be hard

to concentrate on school work or even on what your friends or family say to you. ***Classroom manifestations: concentration problems, not finishing activities, doing worse on school work and tests.***

Being on guard to protect yourself; feeling like something bad is about to happen. After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don’t have time or energy for other things in your life. Also, it is scary to think something bad is going to happen. ***Classroom manifestations: wanting to face the door or have back to wall, keeping alert at all times.***

Jumping when there is a loud noise. This is one way that your body says it is prepared for action, in case something else happens. ***Classroom manifestations: being startled easily.***

Feeling anger. Some people feel angry about the stress or trauma that happened, or about the things that happened afterward. Other people just feel angry all the time, at everything and everybody. ***Classroom manifestations: increased fights with peers, being oppositional.***

Feeling shame. Sometimes people are ashamed about what happened to them or how they acted. Even though it’s hard to believe, this gets better the more that you talk about what happened. If you

keep it a secret, it's hard for the shame to go away. **Classroom manifestations: withdrawal from peers, poor eye-contact, negative self-statements.**

Feeling guilt. People can feel guilty about what happened or about something they did or did not do. Sometimes you blame yourself for things that you couldn't control. You may also feel guilty for upsetting your parents or caregivers. Guilty feelings can make it hard to talk about what happened. **Classroom manifestations: negative self-statements.**

Feeling sadness/grief/loss. Sometimes stress events or traumas include losing someone close to you or losing something that is important to you. This makes you feel sad and down. **Classroom manifestations: tearfulness, clinging to caregivers or teachers, withdrawal from peers.**

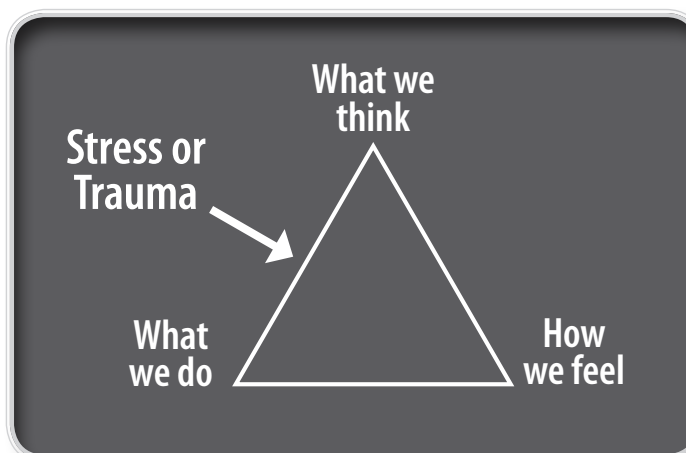
Feeling bad about yourself. Sometimes all this can make you feel really bad about yourself, like you're a bad person or no one likes you. This makes it harder to be friendly and to have fun with others. **Classroom manifestations: withdrawal from peers, negative self-statements.**

Having physical health problems and complaints. Stress has an effect on your body as well. People sometimes get sick more often or notice pain and discomfort more often when they have been under stress. **Classroom manifestations: more trips to the school nurse, absenteeism, complaints about stomach-aches or headaches.**

III. Explanation of CBITS

This part of the session provides an overview of how thoughts and behaviors influence the feelings. Draw a triangle on the board. Write the phrase "Stress or Trauma" to one side, with an arrow pointing at the triangle. See **Figure 4.**

Figure 4.



Start by defining stress, soliciting examples from the group. Try to get a mixture of traumatic events (violence, accidents) and stress (immigration, leaving others behind, living in poverty).

What do I mean by stress or trauma? Can you give some examples of things that might happen to a student that are stressful? [Elicit ideas about stressful events, and list under the "Stress or Trauma" line.]

When something stressful happens [use one of their examples], how does that change what you think? What you do? What you feel?

Make the point that stress or trauma causes all of these to change and that

each then impacts the others, making you feel worse. A possible example:

Marisol is in a car accident. That's the stress or trauma. Afterward, she feels shaky, nervous, upset. She thinks that riding in a car is really dangerous, and she doesn't want to go in the car again. When her mother asks if she wants to go shopping with her, she says no and stays home, because she doesn't want to be in the car.

Explain how the program is going to help with things like this:

In this program, we are going to work on all three corners of the triangle. We are going to:

- *teach the students some exercises that will make them FEEL better and less nervous or upset*
- *teach them some ways to THINK about things that will also make them feel better*
- *teach the students some ways to DO things so that they are able to do everything they want to do without feeling upset when they do them.*

IV. Elements of the CBITS Program

Describe the elements of the CBITS program and the reasons for them:

- Relaxation exercises to combat anxiety.
- Education about common symptoms to normalize them.
- Examination of negative, maladaptive thoughts to teach students to

generate more-positive, accurate, and flexible ways of interpreting problems. This is intended to combat negative ideas that the world is very dangerous or that the self is bad.

- Social problem-solving to help students cope with problems with friends and family members. This includes thinking about the problem, brainstorming possible solutions, and evaluating pros and cons of potential solutions.
- Real-life exposure to trauma-related events and situations. This is used to combat trauma-related anxiety by gradual and repetitive exposure to trauma reminders and triggers of anxiety while being safe. Situations include things that were actually present during the trauma as well as things like being alone, sleeping alone, and feeling vulnerable.
- Exposure to trauma memory in imagination or through drawing or telling others in the group. This is used to process the trauma and reduce anxiety related to thinking about or remembering the trauma.

V. Tips for Teaching Students Who Have Been Traumatized

The goal of this part of the session is to offer suggestions for dealing with students who have undergone trauma. Treat the teachers as experts and guide a discussion of ways in which they might help the students, covering all the following points:

- See students' behavior through a "trauma lens." This means taking into account the students' traumatic life events and trying to understand why they might be acting out. Try to remember that even the most-disruptive behaviors can be driven by the fear and anxiety created during trauma exposure.
- Give students choices and consistency. Often traumatic events involve chaos or loss of control, so you can help students feel safe by providing them with some control and a sense of consistency.
- Understand that attempts by students to replay trauma through play or through their interactions with others is a way to cope with trauma. Resist their efforts to draw you into a repetition of the trauma. For instance, some students will provoke teachers in order to replay abusive situations at home.
- Understand that students who have experienced trauma have idiosyncratic triggers that make them highly anxious. Triggers may include many kinds of situations. If you are able to identify what they are, you can help the students by preparing them for the situation and making sure that they feel comfortable. For instance, students who don't like being alone may not want to go to the bathroom alone at school. Consider sending students to the bathrooms in pairs if this is a problem for a student in your classroom. It can also be helpful to warn students if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.
- Seek support and consultation to prevent burn-out. Be aware that you can develop symptoms through "vicarious traumatization" or exposure to traumas through the students you work with.

VI. Answering Questions

Teachers often have questions about implementation. For example, they might ask, "Can I refer students to the group? Will I know who participates? What if the program conflicts with the timing of a test?" Be prepared to respond to these questions with the details of how CBITS will be implemented in your school.

Some teachers ask questions about specific students who are participating in the program. Be clear about how confidentiality of group participation and group content will be handled. In most school settings, it is not possible to protect confidentiality about participation itself, although it is still possible (and important) to keep the content of group participation private and confidential. Thus, it is usually not appropriate to answer questions about content.

Other questions from teachers often center on specific traumatic incidents that have affected them or their schools. These questions or comments can be turned into discussion points and provide an opportunity to reiterate the common reactions to trauma.

Common Reactions to Stress or Trauma

There are many different ways that young people react to stressful life events. Below we've listed several kinds of reactions, all of which are very common.

Having nightmares or trouble sleeping. When something really scary or upsetting happens, it takes a while to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to “digest” it, just like your stomach has to work to digest a big meal. Nightmares are one way of digesting what happened. ***Classroom manifestation: fatigue, sleepiness during the day.***

Thinking about it all the time. This is another way to digest what happened. Just like nightmares, thinking about the trauma all the time is a problem because it makes you feel upset. It can be unpleasant. ***Classroom manifestation: trouble concentrating, tearfulness, repetitive play around theme of trauma.***

Wanting to NOT think or talk about it. This is natural, since it is upsetting to think about a past stress or trauma, and it can make you feel all sorts of emotions. Avoiding it makes things easier, but only for a little while. It's important to digest what happened sooner or later. So, while avoiding it sometimes makes sense, you have to set aside some time to digest it also.

Avoiding places, people, or things that make you think about it. Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from doing normal things that are an important part of your life. ***Classroom manifestation: trouble sitting still, constantly creating distractions, not wanting to talk about problems.***

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Being on guard to protect yourself; feeling like something bad is about to happen.

After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don't have time or energy for other things in your life. Also, it is scary to think something bad is going to happen. ***Classroom manifestations: wanting to face the door or have back to wall, keeping alert at all times.***

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Having physical health problems and complaints. Stress has an effect on your body as well. People sometimes get sick more often or notice pain and discomfort more often when they have been under stress. ***Classroom manifestations: more trips to the school nurse, absenteeism, complaints about stomachaches or headaches.***

Appendix A

Case Formulation Worksheet

Case Summary

School	Student Name
Group	Group Leader
Student's Stated Goals	Caregiver's Stated Goals
Primary Symptoms	Emphasis in Intervention
Special Issues	Strengths and Protective Factors
Progress in Treatment/Changes in Plan	

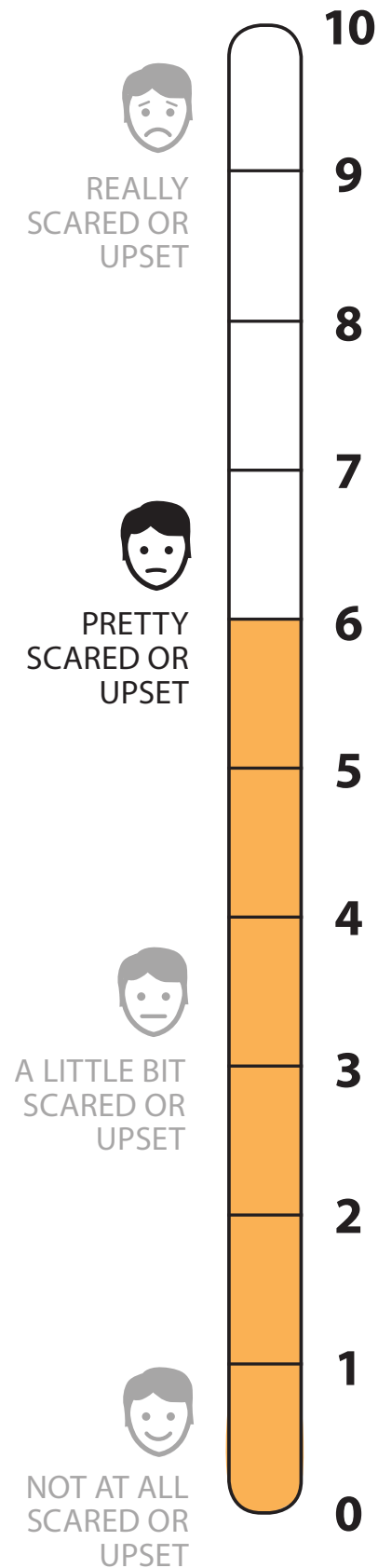
Appendix B

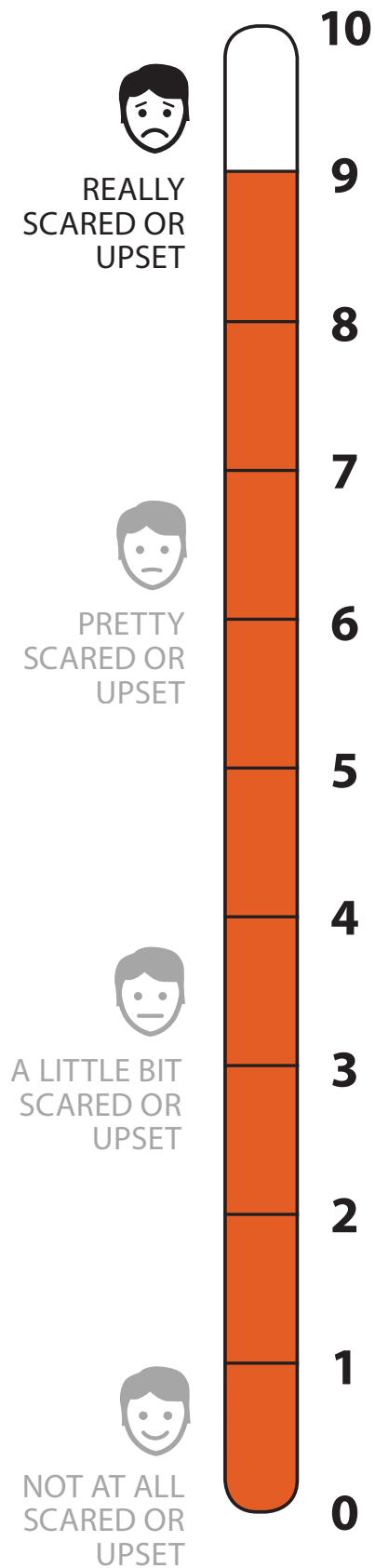
Feeling Thermometers

A vertical thermometer-like scale with numbers 0 to 10 on the right. To the left of the scale are four face icons and their corresponding descriptions. The scale is divided into 10 equal segments by horizontal lines.

Number	Face Icon	Description
10	Very sad face	REALLY SCARED OR UPSET
9		
8		
7		
6	Sad face	PRETTY SCARED OR UPSET
5		
4		
3	Slightly sad face	A LITTLE BIT SCARED OR UPSET
2		
1		
0	Happy face	NOT AT ALL SCARED OR UPSET







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Exposure to traumatic events among youth is relatively common. Almost all youth experience initial distress as a reaction to such events, but for most, natural resilience causes the distress to gradually subside. However, a substantial minority continue to experience distress in the months after trauma exposure. The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is designed for use with groups of students who have experienced significant traumatic experiences and are suffering from related emotional or behavioral problems, particularly symptoms of post-traumatic stress disorder. Delivered by school-based clinicians and taking into account cultural context, it uses a variety of proven cognitive behavioral techniques in an early intervention approach, including psychoeducation about trauma and its consequences, relaxation training, learning to monitor stress or anxiety levels, recognizing maladaptive thinking, challenging unhelpful thoughts, social problem-solving, creating a trauma narrative and processing the traumatic event, and facing trauma-related anxieties rather than avoiding them. CBITS focuses primarily on three goals: decreasing current symptoms related to trauma exposure, building skills for handling stress and anxiety, and building peer and caregiver support. The second edition provides updates and implementation guidance based on two decades of using CBITS nationally.

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