Supporting ALL students:
A universal SEL program and secondary level trauma intervention in elementary schools

Center for School Mental Health Annual Conference
Austin, Texas
November, 2019

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Outline of Presentation

- **Overview** of Project SECURE
- Classroom coaching to support *Second Step* implementation
- Classroom **screening** for traumatic stress
- *Bounce Back* intervention components
- ~~Preliminary **results**: implementation and outcomes~~ (RESULTS REDACTED PER GUIDELINES FROM FUNDER)
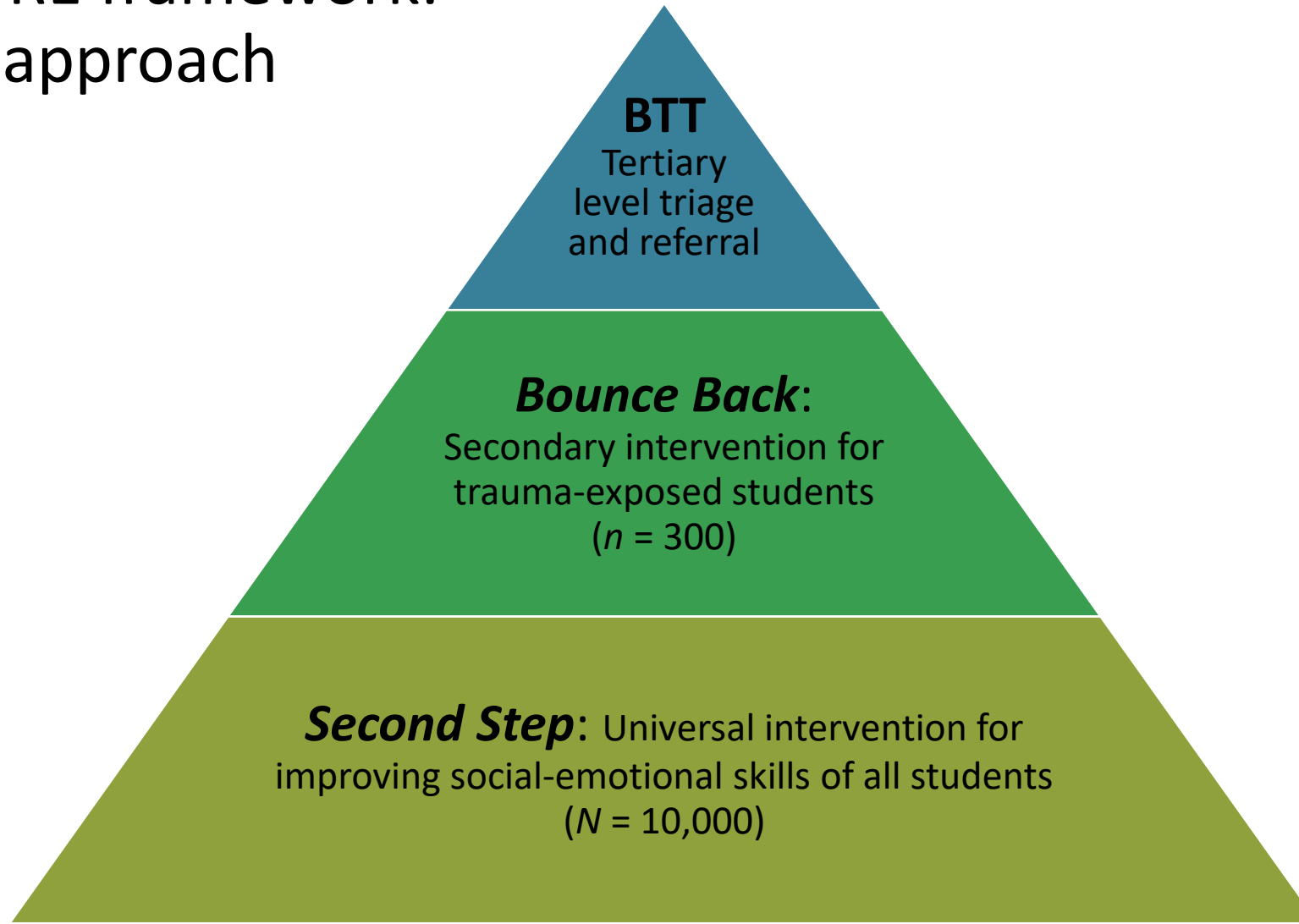
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Funding

- U.S. Department of Justice, National Institute of Justice
  - Comprehensive School Safety Initiative (Grant #2016-CK-BX-0002)
    - **Category 1**: Developing Knowledge About What Works to Make Schools Safe
    - **Goal**: Establish community-driven, innovative solutions to our nation's school safety issues that are **coordinated**, **evidence-based**, and **ready for action**

- Duration and amount: 4 years, ~$4.6M
  - School district receives 2/3 of funding (~$3M) to support implementation, data collection, data systems development, and dissemination
  - SRI receives 1/3 of funding (~$1.5M) to support contract management, data collection, analysis, evaluation, and dissemination

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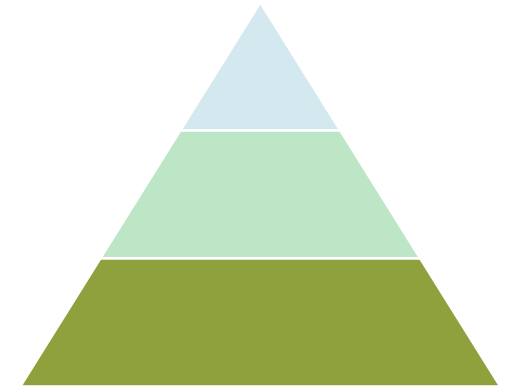# Project **SECURE** to promote **S**afety, **E**quity, **C**aring, **U**nderstanding, and **Re**silience

- **Purpose**: Implement and evaluate a multi-tiered evidence-based framework to strengthen the **resilience** of diverse students who are the most vulnerable to disciplinary exclusion, gang involvement, and **trauma**

- **Strategies**:
  - Implement **universal** and **targeted** interventions (*Second Step* and *Bounce Back*) to improve social-emotional skills, reduce bullying, and ameliorate the devastating effects of trauma
  - Conduct **rigorous evaluation** of implementation and outcomes
  - Provide **support and consultation** to school administrators, classroom teachers, and school social workers (SSWs) implementing interventions

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Project SECURE framework: Multi-tiered approach

BTT
Tertiary level triage and referral

Bounce Back:
Secondary intervention for trauma-exposed students
(n = 300)

Second Step: Universal intervention for improving social-emotional skills of all students
(N = 10,000)

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Second Step

- **Universal-level** intervention implemented in grades K-5
  - 22 lessons per year implemented by classroom teacher that address empathy, impulse control, and anger management
  - Bullying Prevention Unit has five additional lessons on recognizing, reporting, and refusing bullying
- Teacher support (via coaching and consultation from TSA) to establish restorative, culturally responsive, and trauma-informed learning environments
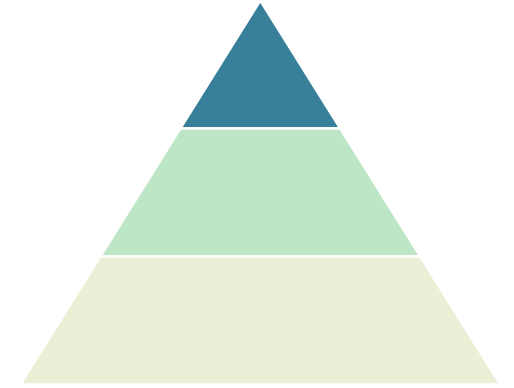
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Bounce Back

- **Secondary-level** intervention for students in grades K-5 who have experienced significant traumatic stress
- School social workers (SSWs) deliver the program during school day:
  - 10 group therapy sessions (up to 7 participants) + 2–3 individual/parent sessions with focus on:
    - Relaxation to reduce anxiety
    - Cognitive therapy to reduce negative thoughts
    - Exposure exercises to increase coping strategies
    - Social problem-solving to combat anger and impulsivity and improve relationships with peers and family
  - Weekly SSW supervision group, coaching and guidance from mentor SSWs, consultation from BB developers (UCLA)
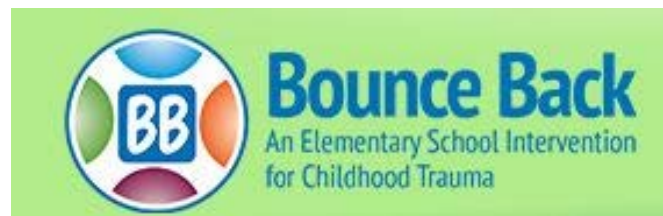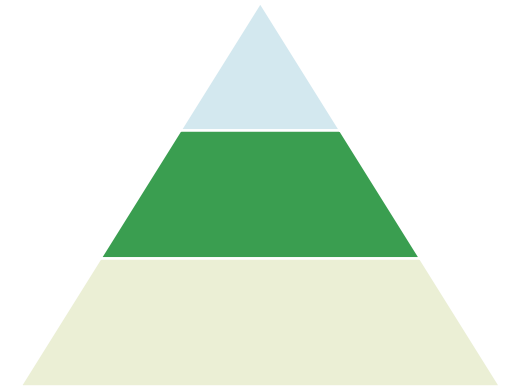
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Behavior Triage Team

- Referral to **tertiary care** for students and families

- Potential community partners:
    - School District's Special Education Services
    - Pupil Services
    - School Health Programs
    - Department of Public Health

- Recommend policy, procedures, and resources for high-risk students

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Research Goals

- Evaluate the efficacy of *Second Step* and *Bounce Back* in randomized controlled trial (RCT)
  - Assess fidelity of implementation
  - Assess student behavioral and academic outcomes
    - Examine racial/ethnic disparities
- Describe the processes and participants of the BTT tertiary referral process

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Study Design

Participants = **30 elementary schools total**
10 schools per year over 3-year study

Each fall:

- **5 intervention schools** implement *Second Step*

- **5 comparison schools** on one-year wait list

- *Bounce Back* implemented in **all 10** participating schools each year
  - All SSWs receive Bounce Back training
  - Eligible students randomized to *Bounce Back* or comparison group

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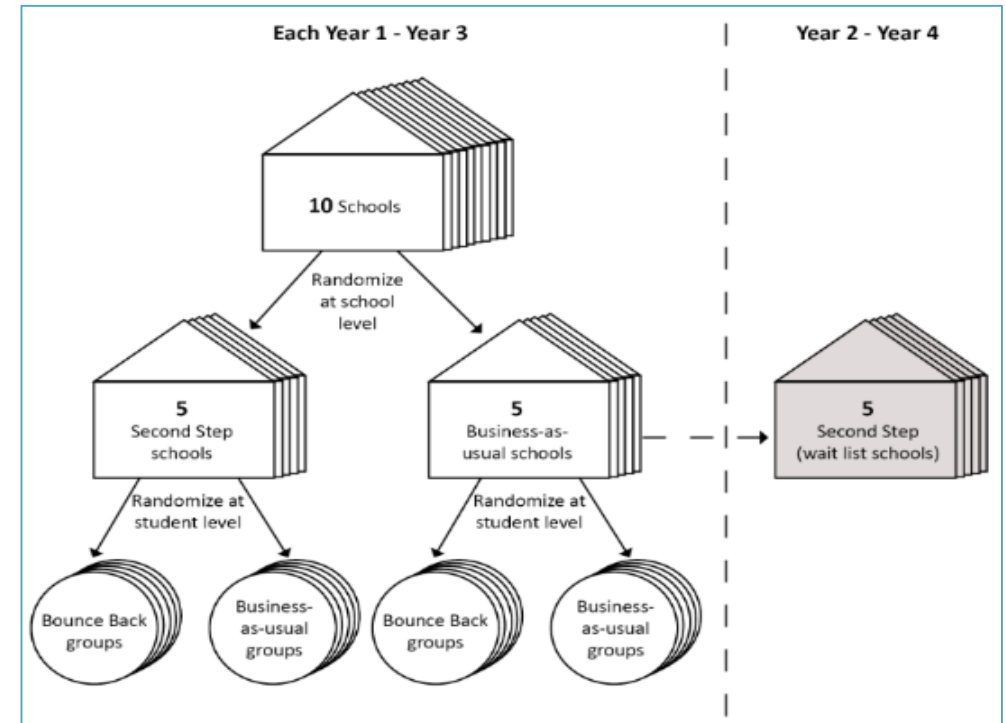
Data collection tools: Second Step

- Teacher survey
  - Timing: Ongoing (each trimester) during implementation of *Second Step*
  - Content: number of SS lessons delivered and teachers' perceptions of classroom climate and students' social-emotional skills

- School Culture-Climate Survey (SCCS)
  - Timing: Spring annually
  - Participants: Teachers, parents, and students in grades 4-5
  - Content: Teaching and Learning, Interpersonal Relationships, Safety, and School-Community Engagement

- School records data
  - Timing: Summer annually
  - Content: absences, office discipline referrals, suspensions, and Social-Emotional Component (SEC) of SFUSD students' report cards

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Data collection tools: Bounce Back

- SSW implementation and fidelity
  - Timing: Ongoing during implementation
  - Content: documentation of delivery of sessions and student attendance

- Student surveys **(administered by SRI staff)**
  - Timing: At baseline and post-test
  - Participants: *Bounce Back s*tudents in grades 4-5 only
  - Content: **Screen for Child Anxiety Related Emotional Disorders-Child Report** (SCARED-C; 41 items); **Social Adjustment Scale – Self-Report** for Youth (21 items)

- Parent surveys **(administered by SRI staff)**
  - Timing: At baseline and post-test
  - Participants: Parents of *Bounce Back* students in grades 4-5 only
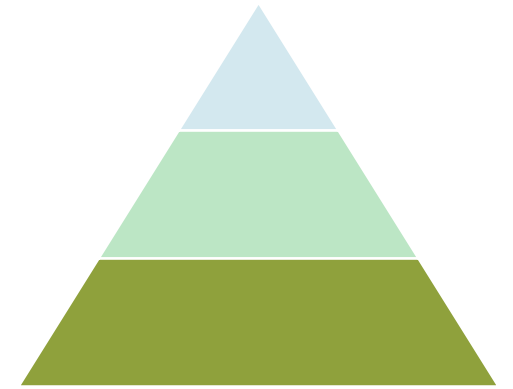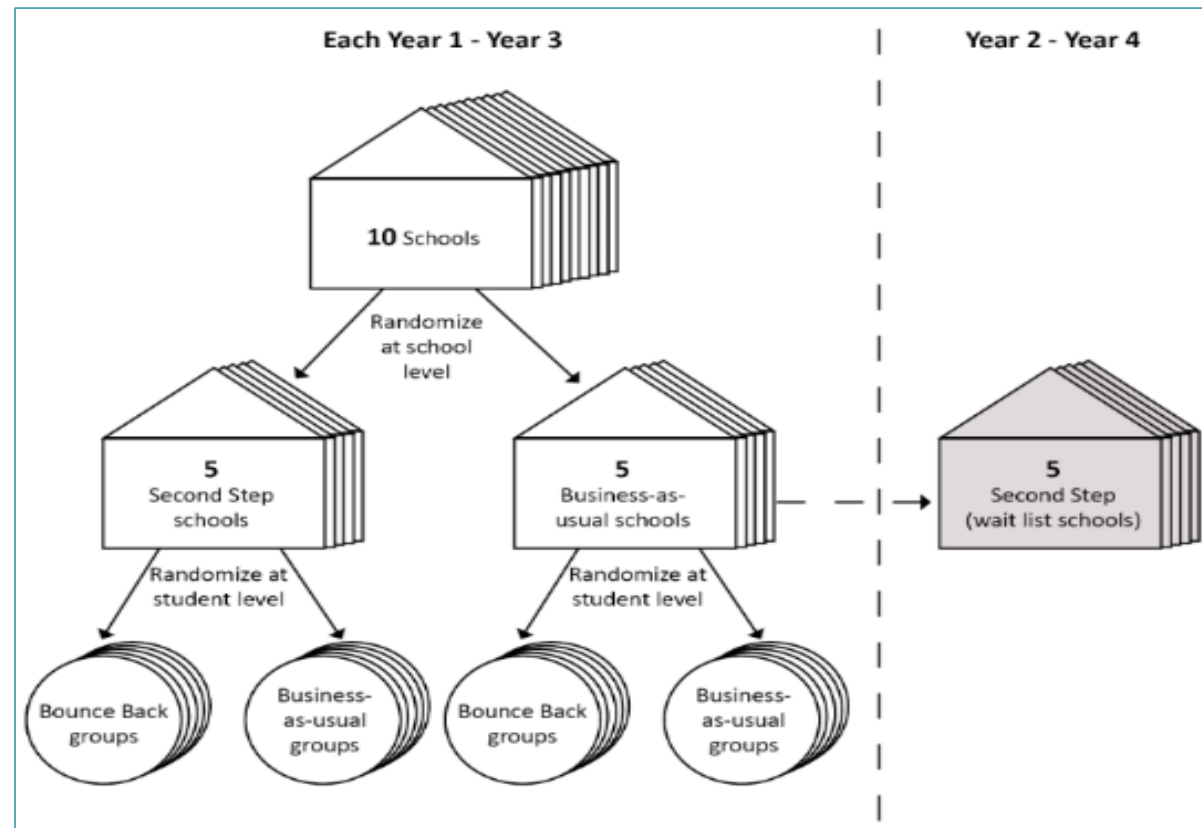 - Content: **Emotion Regulation Checklist** (24 items)

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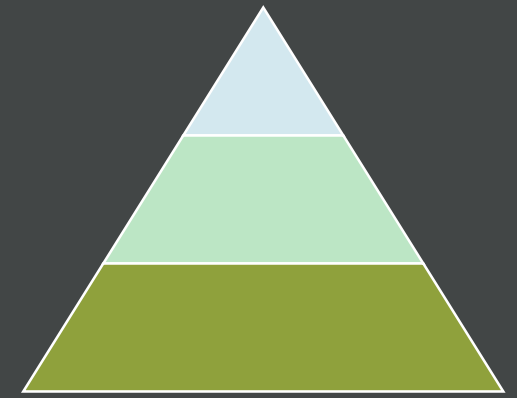
Classroom Coaching to Support *Second Step* Implementation

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Second Step program and project design: Reminders

- 22 lessons per year implemented by classroom teacher that address **empathy**, **impulse control**, and **anger management**

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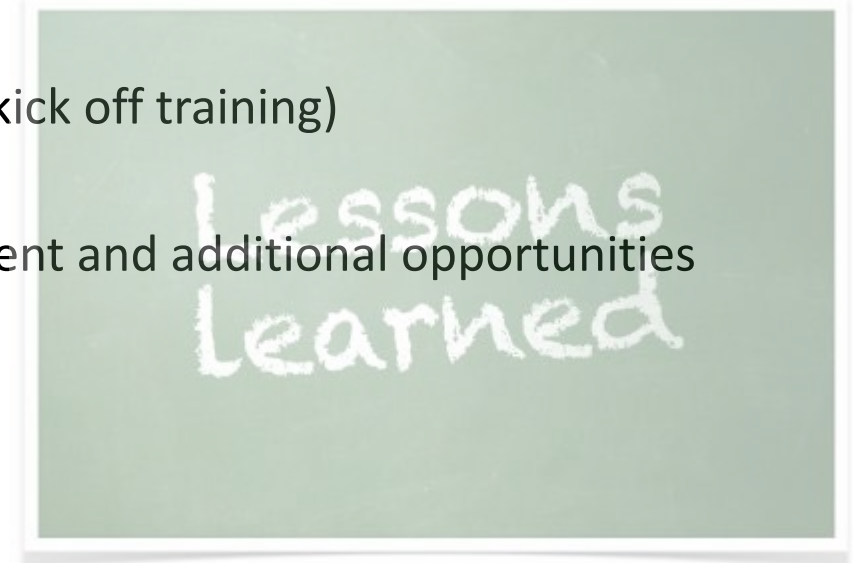
Second Step support in SFUSD

- **Purpose**: support the implementation and evaluation of *Second Step,* and provide teachers with training and consultation to establish restorative, culturally responsive, and trauma-informed learning environments

- **Method**: monitoring, consultation, and coaching provided by two Teachers on Special Assignment (TSAs) on a weekly basis

- **Activities**:
  - Professional development training sessions with all teaching staff at participating schools
  - One-on-one consultation meetings with teachers
  - Modeling and demonstration lessons (i.e., co-teaching, observing, feedback)
  - One-on-one meetings with school social workers at each participating school
  - Meetings with families and parent liaisons
  - Principal meetings to ensure leadership support for *Second Step*

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Second Step support in SFUSD: Lessons learned

- District-level (leadership team) strategies:
    - Meet with SFUSD **Assistant Superintendents** who supervise principals and school sites to get their recommendations for school participation
    - Consult with **Pupil Services** department for recommendations on schools to prioritize
    - Assess school's **level of readiness** to implement *Second Step*
    - Meet with **principals** and **SSWs** at each participating schools to:
        - Review requirements
        - Plan for the coming school year (e.g., set the date for the first kick off training)
        - Order *Second Step* materials for all participating staff
        - Identify additional dates for delivery of professional development and additional opportunities for teacher coaching
   - Identify a contact person ("champion")

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Second Step support in SFUSD: Lessons learned

- School-level (TSA) strategies to support sustainability of *Second Step:*

  - Conduct **professional development** sessions at monthly staff meetings to encourage the integration of Restorative Practices and trauma-informed practices

  - Support **new teachers** in their teaching

  - Incorporate SEL in **after-school** programs and **schoolwide** assemblies

  - Host **parent orientation** and **English Learner Advisory Committee** (ELAC) meeting sessions on SEL and trauma-informed care

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Screening Students for Exposure to Trauma: Eligibility for *Bounce Back*

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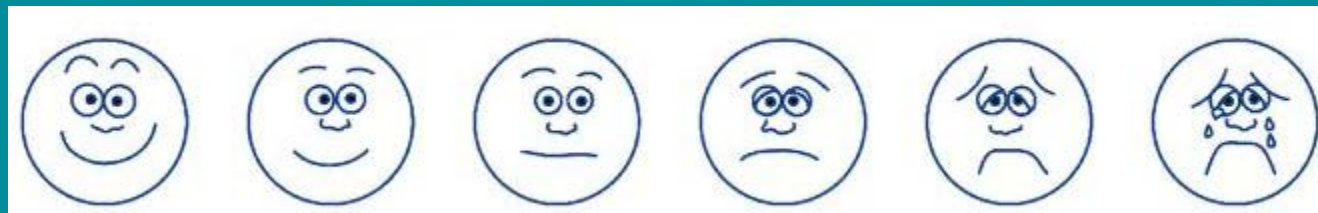
Assessing elementary school students: Considerations

- Age appropriateness/**developmental appropriateness** of assessment instruments
  - Young children construct knowledge in hands-on ways (e.g., talking, playing) rather than from abstract reasoning alone; they may not express skills on paper-and-pencil assessments.
  - Children develop in 4 domains—physical, cognitive, social, and emotional—at a different pace.
  - Decisions about a child's needs should never be based on a single test result.

- **Cultural appropriateness**
  - With different family, cultural, and experiential backgrounds, a one-size-fits-all assessment will not accurately assess most young children.

- **Time** considerations
  - Assessments should be administered in a one-on-one setting and in short segments over a period of days or even weeks.

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Assessing elementary school students: Further considerations

- Diverse youth are **less likely to receive mental health services**, particularly for internalizing symptoms.

- The **disparity in treatment** can be linked to cultural practices and beliefs about mental illness and to **cultural competence** and **discrimination** issues.
  - Stigma
  - Racial and ethnic bias and stereotyping
  - Disengagement of diverse students from the dominant culture
  - Communication barriers
  - Lack of understanding and awareness of available services

- **Screening** and **school-based services** must explicitly address these factors.
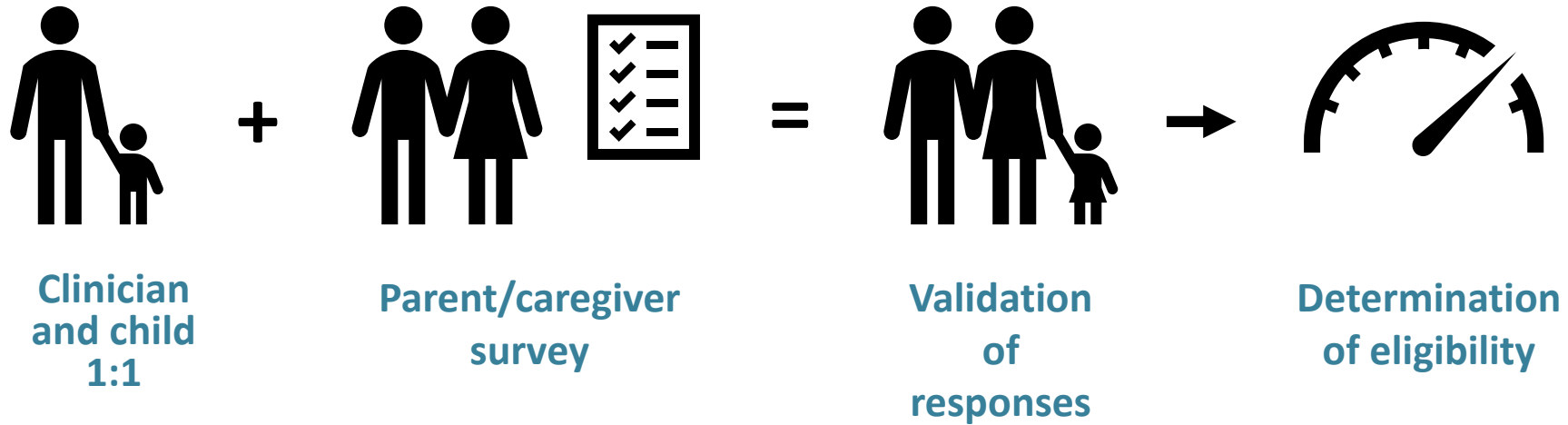
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Screening Students for Exposure to Trauma: v1

- School-based **clinicians** privately and **individually screen** children (read each question aloud and validate answers) and ask **parents** to complete surveys
  - Modified Traumatic Events Screening Inventory for Children (TESI-C-Brief) (Ford et al., 2000)
  - PTSD Reaction Index (Steinberg, Brymer, Decker, & Pynoos, 2004), a 20-item parent and child report of posttraumatic stress symptoms; items correspond to DSM-IV PTSD criteria
- Inclusion criteria
  - Experience of 1+ traumatic events
  - Symptoms of PTSD in moderate or higher levels of severity
- Exclusion criteria
  - Presence of a severe psychiatric disturbance or sexual abuse
- In original Bounce Back study, **29%** of children were deemed eligible for intervention

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Screening v1

Clinician and child 1:1 + **Parent/caregiver survey** = **Validation of responses** → **Determination of eligibility**

Estimated 90 minutes per child

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Challenges to screening **v1**: Local district considerations

Research goals: Practical challenges

- Research study goal = **100 children** in Bounce Back cohort sample per year
- If 20% of children show elevated traumatic stress, and 50% consent to research study, we must screen at least 1,000 children
- 90 minutes per child = **1,500 hours** to complete screening (250 school days)

Logistics: Resource challenges

- Dedication of school clinicians to screening
- Parent/caregiver completion and submission of screening tools (language, literacy, burden)

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Screening Students for Exposure to Trauma: v2.2

- **Classroom SST** (Student Success Team) process to review each student's academic and behavioral functioning and identify those in need of additional intervention
  - Potential team members: classroom teacher, administrator, school social worker, student advisor, school psychologist, family liaison, nurse, previous teacher

- Classroom SST objectives:
  - Identify students in need of **academic and behavioral**/social emotional supports
  - Identify students (grades 4-5) with **traumatic stress** who are eligible for Bounce Back program

- Process facilitated by School Social Worker (SSW)
  - Teachers review cumulative files; input state **test scores** and **IEP** status for each student
  - SSWs review cumulative files and intervention databases; input **attendance**, **ODRs**

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Screening Students for Exposure to Trauma: v2.2

- To **increase identification** of children with **internalizing** behavior problems, we enacted SST enhancements with Cohorts 2 and 3:
  - Process aligns with *Systematic Screening for Behavior Disorders* (Walker & Severson, 1992)
  - SST team first nominates (at least) 5 students with **externalizing** behavior problems and 5 students with **internalizing** behavior problems (sample profiles provided)

- Of the 10+ nominated students, SST team uses the **Modified ACEs Screener** to indicate known trauma experiences of students.

- Eligibility =
  - 1+ event on modified ACEs (i.e., has experienced trauma) +
  - 1+ issue on Symptoms Checklist (i.e., displays symptoms of traumatic stress) +
  - 1+ academic, attendance, or behavior/social emotional concern +
  - Group appropriateness

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Bounce Back Eligibility Guidelines - STEP 1
Symptom Checklist

- *Teacher selects 10 students (5 internalizer and 5 externalizer) who most closely match each behavior profile*
- *Even if it is difficult for teachers to identify 5 students for each profile, it is critical to have equal number of students for each profile*
- *If a student shares both behavior characteristics, rank the student on the profile which seems to best characterize his/her overall behavior pattern.*
- *Teachers are to rank order students based on their observations and interactions during the past month or longer (students known less than one month should not be included/identified).*

1.Ask Teacher/Staff to review description of Internalizing

Internalizing refers to behaviors that are directed inwardly, away for the social environment (i.e., self-directed), that often involve behavioral deficits, patterns of social avoidance, and/or problems with self. Internalizing includes deficits such as being socially unskilled, excessively shy, timid or withdrawn; and exhibit conditions such as depression, school phobia and social isolation/peer rejection. Such students *often* do not participate in peer-controlled activities and are unresponsive to social initiations by others.

Internalizing behavior examples (problems) include:

- Having low or restricted activity levels
- Not talking with other students
- Avoiding or withdrawing from social situations
- Unresponsive to social initiations by others
- Sleepiness and nightmares
- Frequent reports of stomach or headaches

- Acting in a fearful manner
- Being shy, timid or unassertive
- Not talking with other students
- Not standing up for one's self
- Preferring to spend time alone
- Appearing sad

2.Ask Teacher/Staff to identify five students in their class who closely match the above profile. List the five student on Bounce Back Worksheet.

3. Ask Teacher/Staff to review description of externalizing

Externalizing refers to behaviors that are directed outwardly by the student towards the external social environment (i.e., away from self) and that involve behavior excesses which are usually maladaptive and aversive to others (i.e., considered inappropriate by teachers and other school personnel). This dimension includes aggressive behavior, hyperactivity, conduct disorders, anti-social behavior patterns and non-compliance/defiance.

Externalizing behaviors include:

- Disturbing others
- Displaying aggression toward objects or persons
- Forcing submission of others
- Defying the teacher or other authority figures
- Being hyperactive
- Stealing

- Not complying with teacher instructions or directives
- Not following teacher or school imposed rules
- Being out of seat
- Having tantrums
- Arguing

4.Ask Teacher/Staff to identify five students in their class who closely match the above profile. List the five student on Bounce Back Worksheet.

Bounce Back Eligibility Guidelines - STEP 2
Modified ACES Tool

INITIAL ELIGIBILITY GUIDELINES

Adverse Childhood Experience (ACE) Screener has been modified by Chris Blodgett at WSU (2012) to include immigration-related trauma because it is a frequent-enough occurrence in the students served by SFUSD. Below is a list of 12 events from the ACES screener.
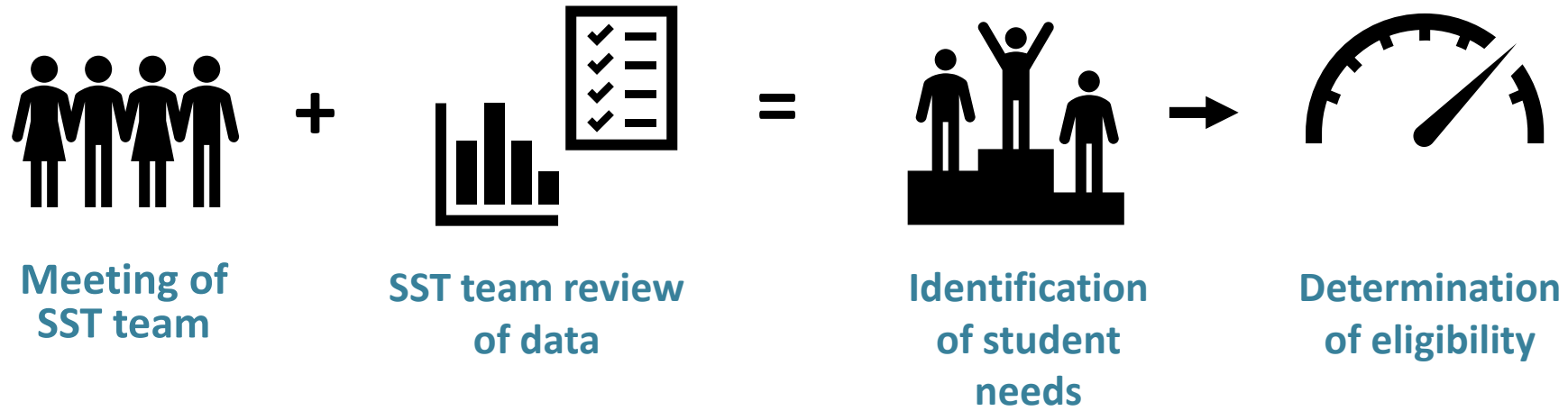
BOUNCE BACK ELIGIBILITY

In the Classroom SST meeting, school staff should review the events on the Modified ACES screener below and indicate if a student has experienced any of the events listed. Staff who are indicating yes to an event should only endorse items that are known (i.e., should not report opinions or suspicions).

Please note the number of the guideline on the Classroom SST grid.

Bounce Back Initial Eligibility Guidelines

1. CPS referral or involvement due to:
   - Emotional abuse (often sworn at, insulted, put down, humiliated, or threatened)
   - Physical abuse
   - Sexual abuse
   - Emotional neglect (made to feel that no one in family loved them or thought they were important or special)
   - Physical neglect
2. Exposure/witness to domestic violence (adult interpersonal violence between parents/caregivers)
3. Homelessness or highly transient housing
4. Separation from parent/caregiver due to divorce, separation, or abandonment
5. Death of a primary caregiver
6. Family member incarceration
7. Family member with physical disability
8. Family member with mental illness
9. Family member with substance or alcohol abuse
10. Exposure to (or experience of) community violence
11. Severe basic needs concerns
12. Immigration related trauma

Screening **v2**

Meeting of SST team + **SST team review of data** = **Identification of student needs** → **Determination of eligibility**

Estimated 60 minutes per class

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Bounce Back consent process

- SSW contacts the student's parent/guardian to:
  - Discuss the Classroom SST findings
  - Introduce Bounce Back group and research study
  - Obtain consent for participation in study
  - Encourage participation in parent activities
  - Refer to SRI for further information as needed
  - Obtain permission for SSW to get assent from student to participate in group
- Once consent/assent obtained for study, SRI randomly selects ½ for Bounce Back group and ½ for 'business as usual' group
  - 'Business as usual' can be SAP and SST, Tier II intervention, or referral to CBO—just **not** *Bounce Back*

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Classroom SST Screening Results: Cohorts 1 & 2

	Cohort 1	**Cohort 2**
Schools	10	10
Classrooms	34	46
Students screened	915	1,084
Students eligible	174 (19%)	166 (15%)
Range per school	6–34%	4–51%
Students with consent	76 (44%*)	91 (79%*)

*Not all eligible students were invited to participate in the study:
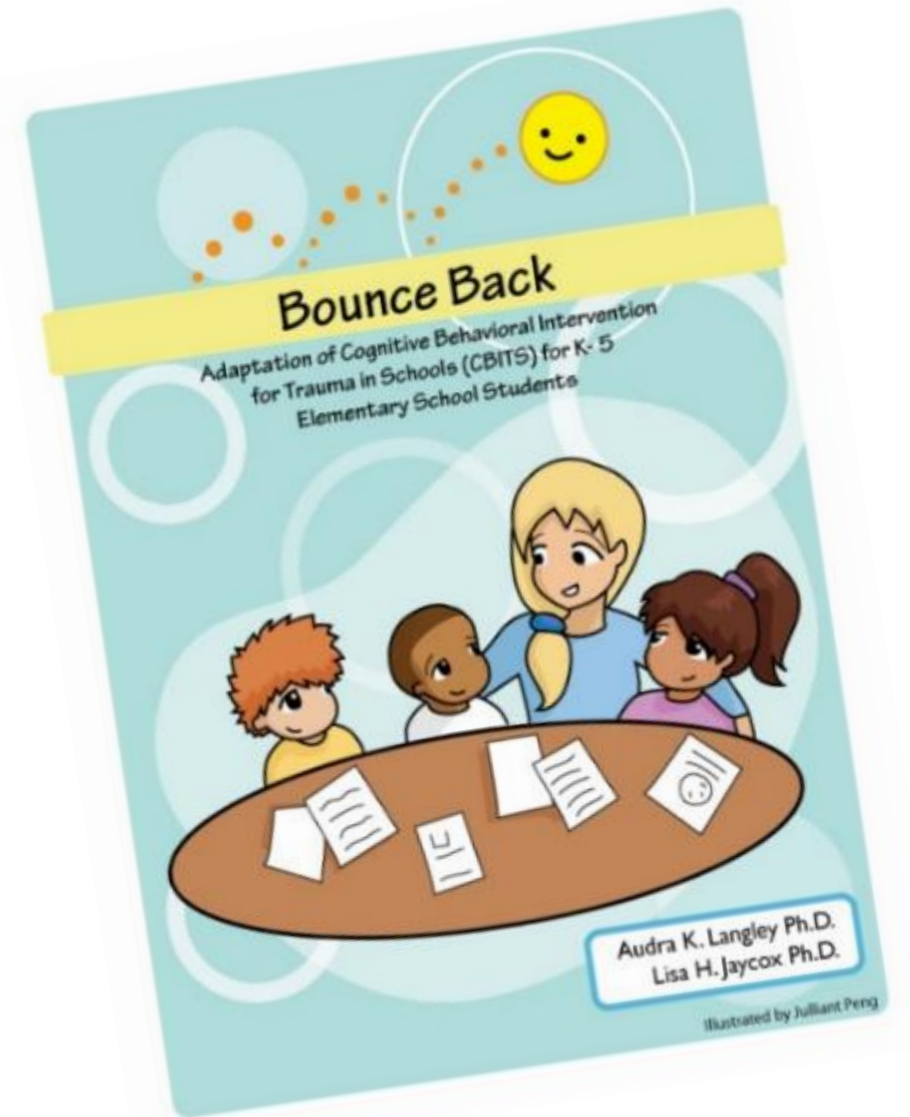Exclusion criteria included:
Children not 'group ready,' involved in other intensive interventions, immature or attention/behavior issue, language issue

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Bounce Back
Intervention Components

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# Bounce Back group session topics

1. Introduction and Psychoeducation
2. Normalizing Common Reactions
3. Body Feelings and Relaxation Training
4. Using Helpful Thoughts
5. "I Can Do It" Ladder: Real-Life Exposure
6. Review Coping Skills
7. Social Support and Problem Solving
8. Social Support and Problem Solving
9. Review and Relapse Prevention
10. Graduation and Celebration

 * Individual sessions occur between group sessions 3-5.

Bounce Back

Adaptation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for K- 5 Elementary School Students

Audra K. Langley Ph.D.
Lisa H. Jaycox Ph.D.

Illustrated by Juiliant Peng

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Conceptual model for Bounce Back participants: "The Triangle"

Our thoughts, feelings, and actions are all connected

What we think

**What we do**

How we feel
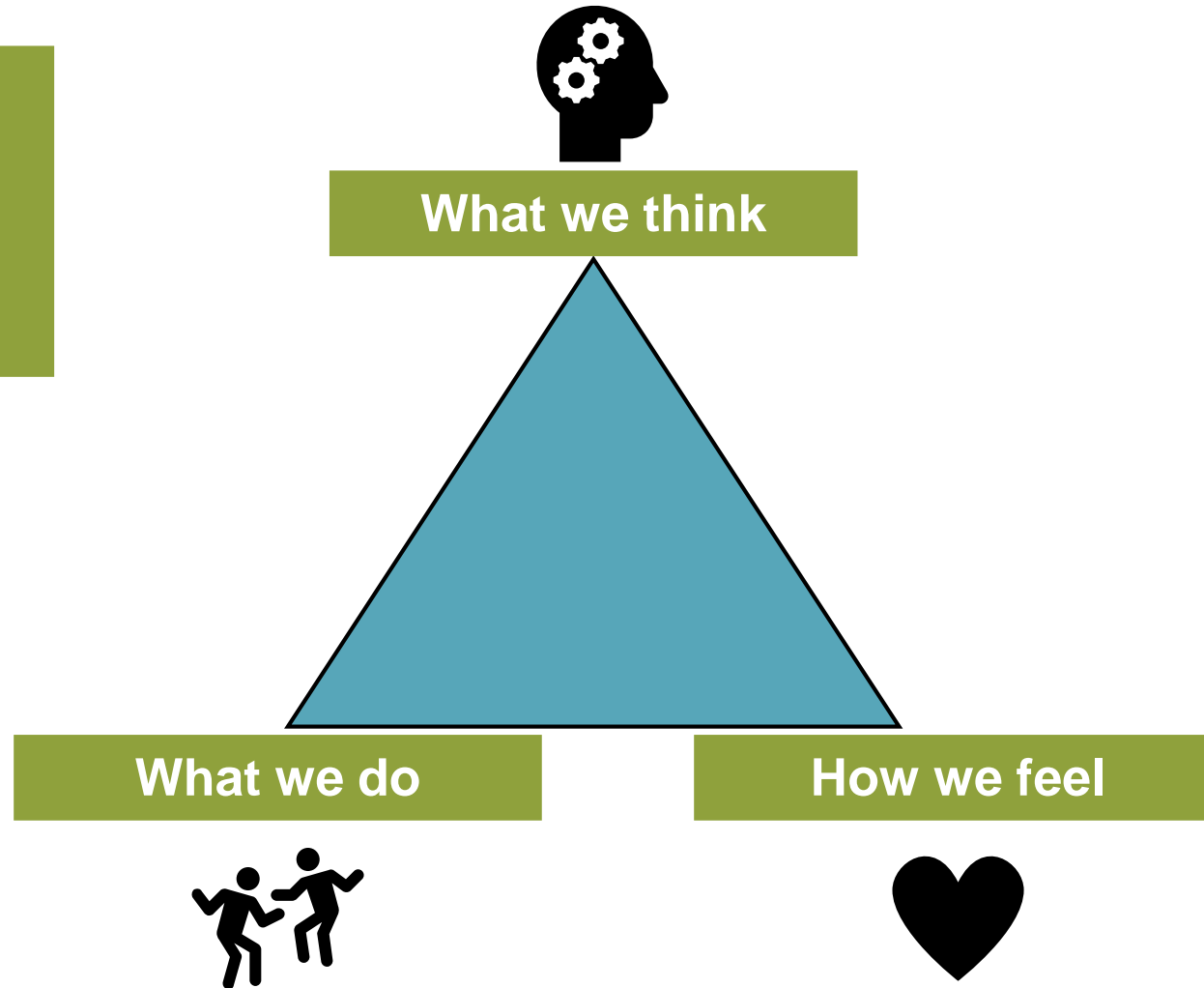
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Psychoeducation

- Purpose:
  - Reduce stigma about trauma-related symptoms
  - Build peer and parent support
  - Increase parent-child communication about problems
- Methods:
  - Structured group discussion about common reactions to stress
  - *A Terrible Thing Happened* book reading
  - Practice sheets; share and discuss with parents
- Principles
  - Normalize; keep tone educational and stress commonalities
  - Follow core concepts and be creative with language and culturally relevant, developmentally appropriate examples
  - Model good coping; provide hope for how group can help

A Terrible Thing Happened

By Margaret M. Holmes   Illustrated by Cary Pillo

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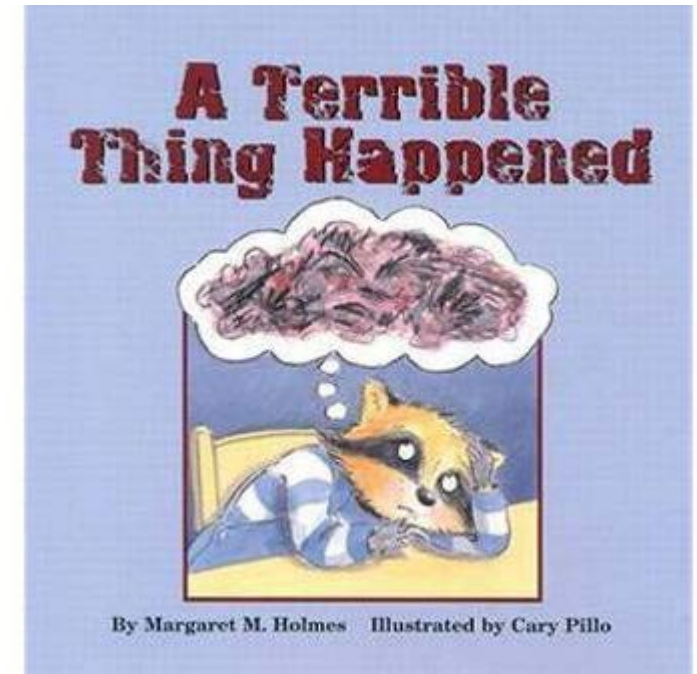
Relaxation training

- Purpose:
  - Enable child to reduce anxiety and gain a sense of control over symptoms
  - Provide a tool to help students "calm their bodies down"

- Methods:
  - Introduce the "feelings thermometer" as a common language to describe their feelings and degree of anxiety
  - Combine positive imagery, slow and deep breathing, and progressive muscle relaxation
  - Encourage students to practice at home

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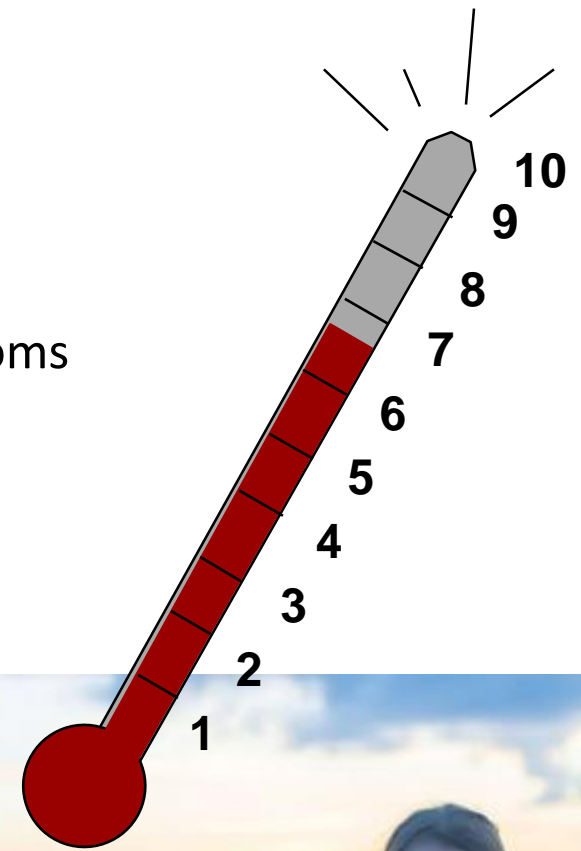
Using helpful thoughts

- Goal: to teach children to challenge their negative thinking; use more helpful thinking to replace thoughts that are getting in their way

- Methods:
  - Review the Triangle
  - Use **Courage Cards**
    - I can do this
    - Nothing bad will happen
    - I will try my best
    - Give it a chance
    - I can ask for help
  - Practice

- Important considerations:
  - Target **MALADAPTIVE** thinking: don't cognitively restructure real threats and adaptive fear
  - Do not shift to overly positive or unrealistic thoughts

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Individual meetings: Trauma narrative

- First exposure to trauma memory occurs in the privacy of the individual session
- Why a trauma narrative?
  - To decrease child's anxiety when thinking about the trauma
  - To help child "process" or "digest" what happened to them
  - To help child use new cognitive skills to think about the event
- Methods:
  - Individual sessions where child recounts the trauma story
  - Joint sessions with parent/caregiver
  - Sharing of story with child's parent/trusted adult
  - Encouragement to talk about the trauma with trusted others

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"I Can Do It" ladder: Real life exposure

- **Avoidance** is one form of coping with anxiety-provoking events, but it usually creates more problems than it solves.
- Purpose:
  - Teach children that anxiety is tolerable and does not last forever
  - Help support children in doing all the things they want and need to do
  - Build confidence and mastery
- Methods:
  - Creating an "I Can Do It" ladder
  - Identifying things children are avoiding related to the trauma, that are safe to do
  - Making a plan for decreasing that avoidance in gradual steps; identifying a concrete behavioral goal
  - Practicing approaching those situations and staying long enough for anxiety to decrease or go away

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Caregiver education sessions

- Objectives:
  - Reduce stigma related to trauma exposure
  - Lay groundwork for improving caregiver-child communication
  - Educate caregivers about common reactions to trauma
  - Educate caregivers about techniques used in program (e.g., CBT triangle)
  - Enable caregivers to support children during program
  - Provide handouts, such as "Common Reactions to Stress or Trauma," and ideas for positive activities (things to do together to feel happy: music, play, talk to relatives, hug, outdoors)
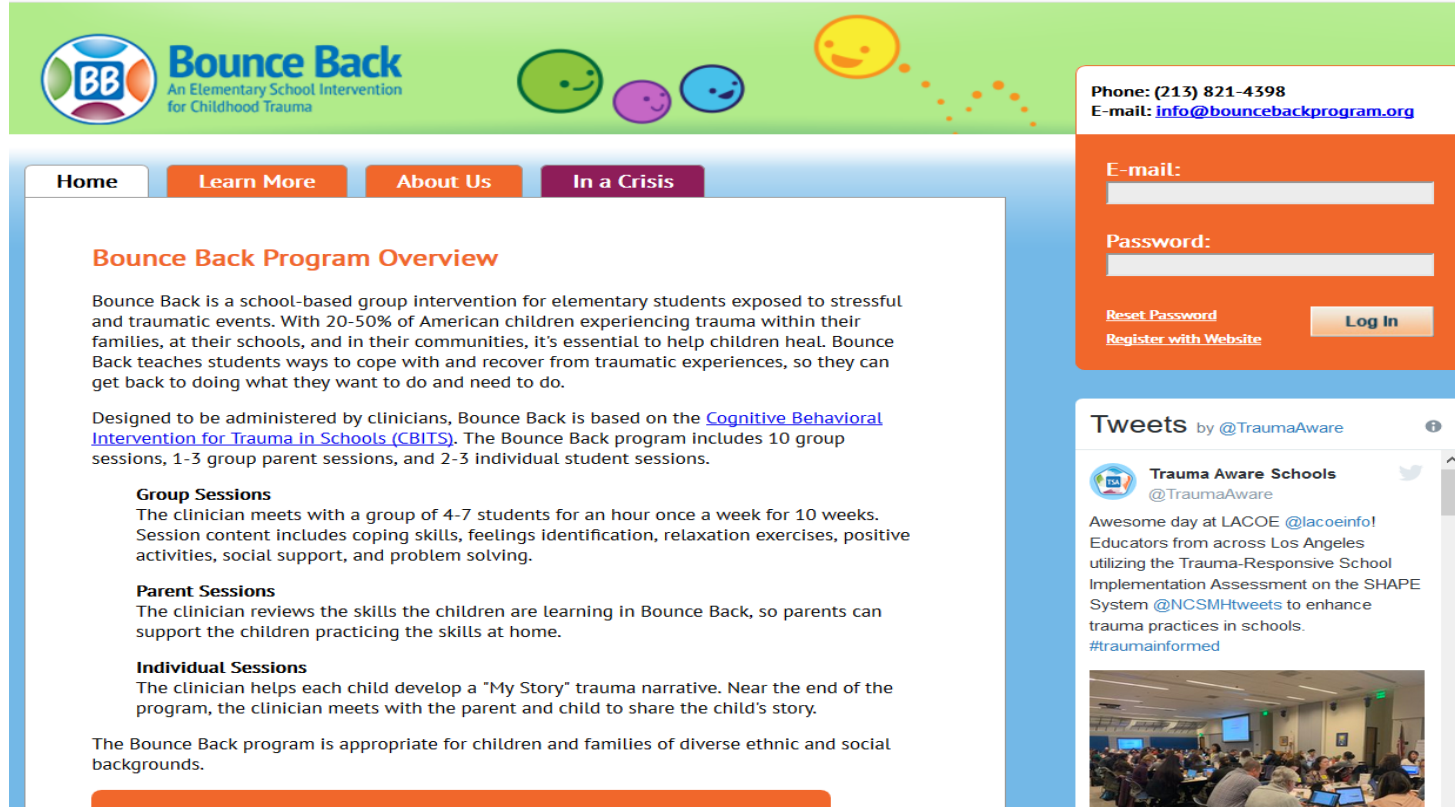
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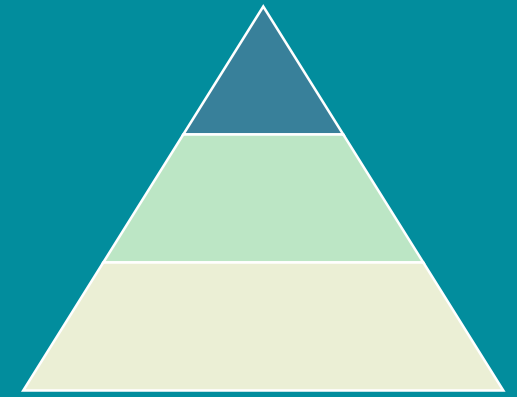# Bounce Back resources

www.bouncebackprogram.org
Registration is **free**

- On-line training
- Sample materials and forms
- Implementation assistance
- Video clips
- On-line community of experts and colleagues
  - Advice, networking, sharing materials

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Preliminary Results

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Second Step: Implementation

Question	Low	Average	High
Time implementing lesson/week (Low < 15 mins., High > 30 mins.)	17%	**42%**	**42%**
Adherence to lesson plan	6%	**59%**	**36%**
Student engagement in lesson	7%	**57%**	**36%**
Lesson's contribution to students' SEL	7%	**60%**	**32%**

- Each teacher in *Second Step* schools is invited to complete a survey in the fall and spring
- Cohort 1 (2017-18) + Cohort 2 (2018-19) = ~200 teacher respondents

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Bounce Back: Implementation fidelity

Implementation evaluation methods:

- SSWs self-assess their adherence to Bounce Back manual after each session.

- Survey includes ~6 "**content**" questions (tailored to specific lesson plan content) and 8 "**process**" questions consistent across sessions. Processes include:
  - Lesson/agenda review
  - CBT framework
  - Group management and motivation
  - Group participation and comprehension

- Preliminary data include 2 cohorts (20 SSWs)

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Bounce Back: Implementation fidelity

Content	
Session	% Elements Covered
1	94.2%
2	84.3%
3	80.8%
4	85.0%
5	72.5%
6	63.3%
7	65.0%
8	69.0%
9	59.2%
10	69.0%

Process	
Question	% Completed
Did you present the agenda for the lesson at the beginning, and review the lesson at the end?	84.0%
Did you ask the group to summarize part of the lesson, or ask if they understand the material presented?	91.5%
Did you convey empathy to the children?	93.0%
Did you work within a cognitive-behavioral framework?	83.5%
Were you able to manage the group?	88.5%
What was the overall level of group motivation?	88.5%
What was the overall level of comprehension of material in the group?	84.5%
What was the overall group participation level?	79.5%

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Bounce Back student outcomes: 4 group model

Reminders:

- Model allows us to examine **main effects** for *Bounce Back* and **interaction effects** (*Bounce Back + Second Step*)
- Only 2 (out of 3) cohorts have completed data collection

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Bounce Back student outcomes: Anxiety total score

Mixed model posttest treatment effect covarying baseline split plot including *Second Step*

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Bounce Back student outcomes: Anxiety subscales

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Bounce Back student outcomes: Social Adjustment total score

Mixed model posttest treatment effect covarying baseline split plot including *Second Step*

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Bounce Back student outcomes: Social Adjustment subscales

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Questions and Comments

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Student Behavior Blog

- Purpose: To help stakeholders learn about **evidence-based** approaches to support all students' **positive behavior**, **mental health**, and **well-being**.
- Includes tips and findings from our research, evaluation, and TA work.
  - Perspectives from our partners on the ground, too!
- Send comments and inquiries about partnering or working with us to: studentbehaviorblog@sri.com

Visit us at:

studentbehaviorblog.org

Our SRI team and partners: Thank you!

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