

Purpose: This toolkit aims to provide resources and lessons learned on how school-based health centers (SBHCs) can increase trauma-informed practices and student resilience. It is divided into seven categories: Staff Wellness, Family Support, Trauma-Informed Clinics, School Culture: Student Interventions, School Culture: Staff Development, Trauma Screening and Trauma Intervention. Each section includes a description of the focus area, project highlights, resources from the two projects, and examples of how SBHCs and schools can implement effective practices to support students with trauma exposure. Becoming a more trauma-informed system that increases student resilience is more than a one-time intervention or training. It involves a perspective and culture shift that requires commitment and time.

Background: From 2015 to 2020, the California School Based Health Alliance (CSHA) helped develop and support two important projects designed to improve the ways schools and SBHCs address the impacts of trauma on students and schools. This toolkit is a collection of lessons learned from these projects together with resources to help SBHCs across California more effectively support schools and students in addressing trauma and chronic stress.

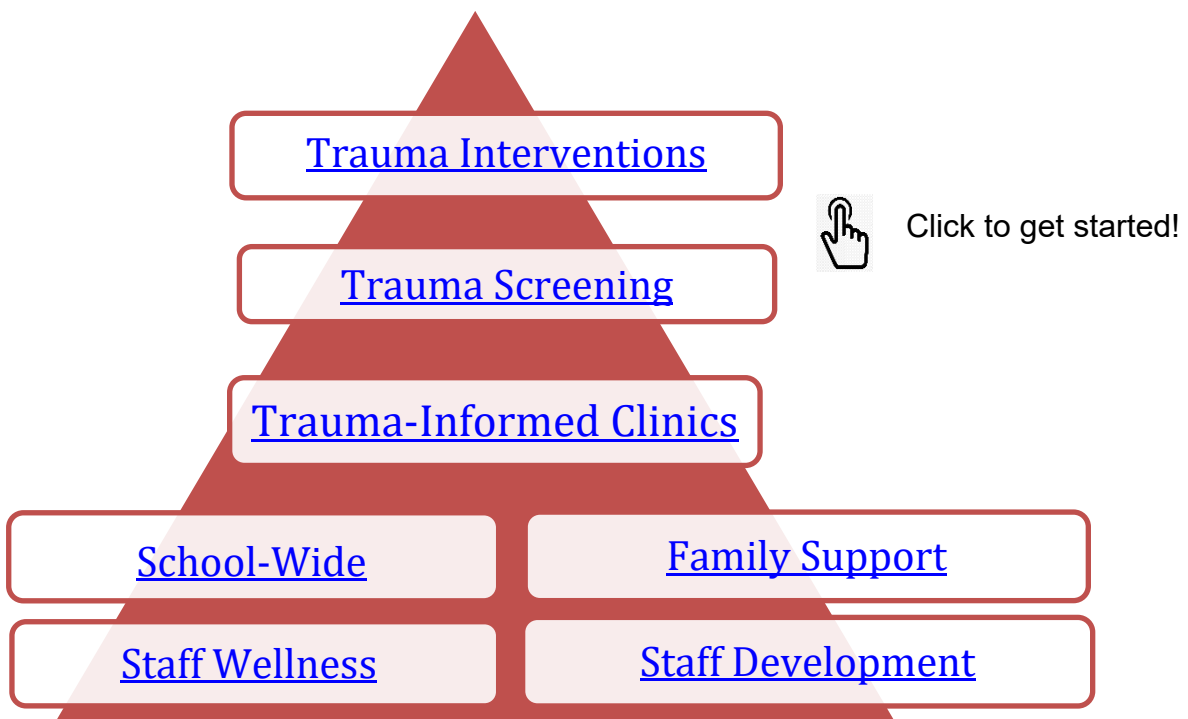
- The **Young Men’s Empowerment Collaborative (YMEC)**, through a series of interventions at SBHCs in West Contra Costa Unified School District, aimed to help young men of color who had witnessed or been exposed to violence. Funded by the U.S. Office of Juvenile Justice.
- The **Oakland Opportunity Fund (OOF)**, through SBHCs in Oakland Unified School District, aimed to mitigate the impacts of trauma in students and school environments by increasing trauma screening and intervention and improving school culture and climate to be more trauma-informed. Funded by The San Francisco Foundation.

As a **framework for trauma**, CSHA recognizes sociocultural trauma such as oppression, racism, sexism, inequity, homophobia, implicit bias, micro aggression, ableism, xenophobia and classism that students experience in their environments informs their daily lives. These cultural contexts can compound the effects of more commonly thought of trauma such as violence, sexual assault, natural disaster, loss, medical trauma, child abuse and neglect, and forced displacement. When creating more trauma-informed schools it is necessary to address all the ways that trauma can affect students, families, and communities and to approach the work with cultural humility and deep self-reflection of power and privilege.

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Resource: [Cultural Responsiveness to Racial Trauma from the National Child Traumatic Stress Network](#)

Main Menu: The categories are arranged in a pyramid to illustrate how the practices could fall into a multi-tiered system of support. Trauma-Informed Clinics, Staff Wellness and Development, and Family Support are universal and a necessary foundation to increasing trauma-informed practices.



Staff Wellness

Staff wellness is foundational to trauma-informed schools because it creates a context where staff are equipped to manage stress and overwhelm. Both education and healthcare career paths carry a lot of stress and involve caring for the wellbeing of students. Trauma-informed schools recognize that adult wellbeing is a necessary component for student wellbeing. SBHCs can help school systems develop communities that value wellness and supportive relationships.

Teacher Feedback

Incorporating teacher perspective in building staff wellness is a key component as staff know what is and is not working. Having staff feedback inform decisions, allows them to be a part of the process, which increases participation. Below are formal assessments that staff can complete. It is also a possibility to create more informal assessments that address specific school site questions.

- [Teacher Subjective Wellbeing Questionnaire](#)
- [PERMAH Wellbeing Survey](#)
- [Professional Quality of Life Scale \(ProQOL\)](#)

Self-Soothing and Self-Care

Wellness has different components. It can be helpful to differentiate between self-soothing and self-care. **Self-soothing** is what people do in order to provide comfort to themselves and help to regulate themselves during stressful and overwhelming times. This is a very important part of self-care and necessary to be able to create safe and stable relationships with students. **Self-care** practice is what people do to maintain their mental health, stay grounded and connected to themselves, and support their growth. These practices can be intertwined and both are important for wellbeing.

Practices to Increase Staff Wellness

SBHCs can host Teacher Wellness Days with **self-soothing** activities:

- Offering massage stations at wellness events
- Offering staff yoga classes
- Creating goodie bags with soothing treats such as tea and chapstick
- Giving fresh flowers to teachers on wellness days



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SBHC staff can support educators' **self-care** by helping them to create their own wellness programs and finding ways educators can commit to their own wellbeing. Some SBHCs offered raffle incentives to educators who participated in wellness activities for themselves 30 minutes a day. The wellness activity was determined by the educator and could include mindfulness practice, taking a walk, eating a healthy lunch, drinking enough water, reaching out to a colleague for help, etc. The raffle incentivized staff creating healthy rituals and building consistent caring for themselves habits.

Resources

CSHA Toolkit: [How School Based Health Centers Can Support Staff Wellness](#)

CSHA Webinar: [Self Care During Our Current Pandemics](#)

Alliance for a Healthier Generation: [Ready, Set, Rise! Building Resilient Communities](#)

SAMHSA: [Creating A Healthier Life: A Step by Step Guide to Wellness](#)

Dovetail Learning: [Practices to Increase Resilience](#)

Community Care

Trauma-informed work is relational at its core and community care speaks to the importance of supportive adult relationships. SBHC staff can help to build resilient communities by helping to nurture connectedness amongst staff. Having a more resilience-centered staff includes having supportive and connected relationships on campus and a community of care for one another. Some ways to increase community care include creating intentional spaces for staff to support one another, attune to each other's emotional states, and increase connectedness.

Practices to Increase Community Care

- Teacher affinity groups where staff meet on a consistent basis according to parts of their identity with the intention of supporting one another.
- Healing centered support groups to allow staff time to learn and reflect on how their stress responses show up in the classroom and give them tools to recognize when they are stressed and how they can support themselves and one another.
- Wellness groups where staff meet consistently to check in on one another's wellbeing and create accountability plans with each other.
- Creating space for gratitude and appreciations through a visual wall or digital communication.



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Resources

CSHA webinar: [Herd Immunity: Exploring Collective Care](#)

National School Based Health Alliance Toolkit: [Creating a School-Wide Culture of Wellness](#)

Article: [The Unspoken Complexity of Self Care](#)

Project Highlights

- One site hired a wellness consultant who regularly meets with teachers regarding their wellness and provides consultation. This person works with staff to create tailored wellness plans and encourages follow through on staff commitments. The staff member runs mini professional developments on vicarious trauma and burnout and how to have trauma-informed classrooms. Teachers have reported that the support for themselves has allowed them to be more present for their students' needs and move from a punitive discipline to a more trauma-informed approach.
- It is important for staff to have a place that feels supportive and relaxing to be able to recharge. SBHC staff can support the revamp of staff lounge spaces with color conscious design and comfortable furniture to create a space that feels calming. It is also helpful to ensure staff have access to drinking water, healthy snacks and tea to help increase staff sense of wellbeing and it is more likely staff will take moments to recharge and connect with themselves and one another.
- At one site, staff administered the ProQOL measure to the staff. After reviewing the results with education staff, it was clear that staff felt inadequately supported in addressing their own prolonged exposures to stress and meeting the needs of students in crisis. The SBHC staff were able to identify a training to address these issues, the [Life Space Crisis Intervention](#), and offered it as a professional development opportunity.



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Family Support

Families are foundational for students' health and wellness. Integrating support for caregivers and families is a part of creating a trauma-informed school. When caregivers feel that they are respected as members of the school community and that the needs of families are valued, schools and caregivers can have more collaborative relationships. There are many ways that SBHCs can play a vital role in supporting families. When creating trauma-informed supports, addressing whole child needs such as food, housing and safety help to create a foundation that increases student capacity for healing.

Practices to Increase Family Engagement:

- Childcare is very helpful for parents to be able to attend anything outside of school hours.
- Standalone workshops can be easier for parents to fit into their schedules than a series of workshops.
- Community Health Workers can help families navigate challenging systems.

Resource

ACEs Aware [Handouts for Parents on Impacts of Toxic Stress](#)

Project Highlights

- Hosting Parent Education Workshops on mindfulness and trauma-informed parenting practices. Students can experience more consistency and families can feel empowered to navigate challenging situations when both schools and home are utilizing trauma-informed practices.
- Offering Self Defense Classes and discussions of trauma, impacts of trauma, domestic violence and connected people with resources. Childcare was provided and the classes were held in English and Spanish.
- Creating food pantries to help address the food insecurity showing up in their communities. Families were able to come and get fresh food every week and connect informally with SBHC staff.
- Hosting immigration clinics where families were able to come get support from agencies that support immigration as well as from immigration lawyers. Feeling safe is a foundation for healing trauma and supporting families to feel more safe in their homes can create large impacts.



School Culture & Climate: Student Interventions

Trauma-informed schools recognize that trauma and chronic stress affect all members of a community and the importance of support for all students. In implementing trauma-informed practices that serve all students, schools can create environments that help to increase student's resiliency and abilities to thrive and learn. School-wide trauma-informed practices help increase students overall experience of wellbeing and connection to systems of support for students with higher levels of need.

SBHC Practices for School-Wide Student Interventions

- Starting every school day with “Mindful Moments” over the loudspeaker to help students and staff ground themselves and increase self-regulation.
- Hosting “Wellness Wednesdays” at lunch, where staff set up tables with music, games, healthy snacks and stress management activities such as making stress balls, deep breathing exercises, etc.
- Holding classes for youth on yoga and mindfulness.
- Training educators on how to create classroom space for nervous system regulation that can go by any name, i.e. “Calm Corners” or “Peace Corners.” This is a cool-down space within the school or classroom for students to go when they feel activated. These spaces promote self-awareness and self-regulation with items such as sensory toys (stress balls, squishy toys for helping students focus); mindfulness activities (helps with emotional regulation and calming); art supplies (helps with emotional regulation, calming and re-focusing); and the opportunity for students to check-in with their own bodies and feelings apart from peers and school staff.

Resources

- Cool Down Corners in the Classroom: [PowerPoint for Teachers](#)
- [Emotions Worksheet](#) for Calm Corners
- [Trauma-Informed School Case Study 2019](#)
- UCSF HEARTS: [Core Guiding Principles for a Trauma-Informed School](#)

Project Highlights

- A teacher said that after they implemented the calm corner in their classroom, the amount of students that would walk out of the classroom has decreased by



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half as well as teacher referrals for out of the classroom intervention. The teacher said that by shifting the focus on how to support the students' regulation rather than punishing them, students were more likely to be able to stay in the classrooms.

- Hosting weekly wellness events created avenues for SBHC staff to connect with students and school staff in meaningful ways and be seen as a resource for the school community. SBHC staff said this increase in visibility helped to increase referrals for students to the SBHC and requests for SBHC staff to participate in meaningful school activities such as school-wide training on the impacts of trauma and self-care.
- Implementing peer health education classes during the school day that included various social, emotional, wellness, mental health and social justice topics. These classes created spaces where many of the students were able to bring up their current needs, and identify their own traumas as well as their resiliency.



School Culture & Climate: Staff Development

In creating trauma-informed schools, the context and the environment the school creates for the students are a part of the solution. It is not enough to look at a student's individual experience of trauma and focus on the student's symptoms. The environment and climate that the student participates in every day must be addressed. Shifting a school culture and climate to be more trauma-informed includes increasing all staff capacity to utilize a trauma-informed, socially just, anti-racist, and equitable lens across all the systems and supports with which students and families interact.

This work takes deep commitment and does not happen overnight. Improving school culture requires significant investment from school leadership, particularly around staff professional development. The lessons from the OOF project shows that school culture and climate shifted when schools implemented intensive professional development, consultation and coaching for staff around trauma-informed practices and wellbeing.

Assessments

It is important to know the current school climate before creating and implementing a plan to shift it. Conducting assessments that look at what schools are currently doing well and where there are areas for improvement allows for creating plans that meet the needs of the particular school community.

- [Restorative, Trauma-Informed School-Wide Assessment](#) (RTIPS)
The intention of this assessment tool is to support school leaders and staff in assessing their use of restorative, trauma-informed practices and to identify the strengths and areas of improvement for cultivating a restorative, trauma-informed school. The term restorative reflects an integration of restorative practices.
- [School Health Assessment and Performance Evaluation](#) (SHAPE)
A free interactive tool to assess mental health in schools and create plans for improving.
- [Trauma Transformed Resources](#)
Collection of agency and environments trauma-informed assessments.

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Professional Development Topics to Move Towards a Trauma-Informed School

This is a list of the topics recommended by SBHC staff and experts to help create a more trauma-informed, healing centered environment.

Topic	Resource
Becoming Healing Centered and Trauma-Informed	Prop 64 Roadmap for Training and Capacity Building Resources
Introduction to Trauma-Informed Care Principles	Trauma Transformed Tovi Schruggs
Trauma-Informed Classroom Management Strategies	Handbook From Chaos to Calm
Healing Centered Design of Classrooms	Healing Centered Design of Classrooms
Vicarious Trauma 101	Trauma Stewardship
Mindfulness	Dynamic Mindfulness
Trauma and the Brain	UCSF: HEARTS
De-Escalation Techniques	Powerpoint Presentation on De-Escalation
Culturally Responsive Teaching and Education Practices	Culturally Responsive Teaching and the Brain Zaretta Hammond Shawn Ginwright Darrick Smith “A Humanizing Approach to Improving School Disciplinary Culture” Jeff Duncan-Andrade
Impacts of Racial Trauma	Kenneth Hardy

Practices to Support Staff Development

- For SBHC staff and wellness professionals, it can take years for a wellness provider to be integrated into the school site and to establish the trust necessary to have larger impacts on the school culture and climate. Many providers suggest attending as many professional developments as possible, checking in with



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teachers 1:1, scheduling meetings with administrators, becoming a part of the school culture and having a visible presence on campus.

- Incentivize teacher participation when asking for their time and share results with teachers to enhance buy in for any training and/or assessment work.
- It is important to include all adults that work on a school campus and may interact with students in trauma-informed professional development. A school is more likely to have a trauma-informed culture when all adults are empowered with the knowledge of the impacts of trauma and are included as a part of the community; this includes security staff, school line staff and community partners.

Project Highlights

- SBHC staff conducted the school-wide SHAPE assessment and the results indicated that staff felt they did not have enough training on mental health for youth and how to support students impacted by trauma. This data allowed the SBHC staff to collaborate with the education administrators on providing more professional development for staff in these areas, allowing staff to more effectively support students' mental health.
- By focusing on increasing relationships with education staff and providing resources for trauma-informed practices such as “Peace Corners” in classrooms, one SBHC staff member was asked to participate in the School Culture and Climate Teams on campus. This enabled them to participate in creating school-wide interventions and supports.



Example of a wellness space for school staff.

Trauma-Informed Clinics

There are different models of what it means to be a trauma-informed clinic and utilizing healing and resilience building practices. The school based clinics in these projects pulled from SAMHSA, the National Council for Behavioral Health, Trauma Transformed and the Sanctuary Model to determine how to create more trauma-informed, healing centered clinics. Creating a trauma-informed clinic takes time and commitment from all levels of leadership within an organization. It is important to start with a team of people committed to ensuring that there is a shift in the entire system serving the students.

Assessments

Completing an assessment on how the clinic is currently operating in terms of trauma-informed and healing-centered practices can be instrumental in determining what is working well and creating an improvement plan. Below is one example of a possible assessment tool and a description of more healing organizations.

- National Council for Behavioral Health- [Organizational Self-Assessment: Adoption of Trauma-Informed Approaches in a Primary Care Setting](#)



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Practices for Trauma-Informed Clinics

Below is a table of principles and aligned practices to increase trauma-informed, healing-centered practices in clinics. The principles here are from Trauma Transformed and the descriptions and practices are a collection from SAHMSA, National Council for Behavioral Health and direct SBHC clinic experience.

Trauma Transformed: [Principles of a Trauma-Informed System](#)

Principle	Practices
<p>1. Understanding Stress and Trauma</p> <p>Shift perspective from “What is wrong with you” To “What has happened to you” To <i>“What is right with you?”</i></p>	<ul style="list-style-type: none">● All staff are trained on stress, trauma and resilience from front desk staff to top levels of leadership● Provide universal psychoeducation on stress, trauma, resilience and self-regulation to all staff, patients and students● Flexibility in staff work schedules in order to support staff caring for their work/life balance● Morning huddles with team to increase connection and mindfulness● Include relational supervision for staff directly involved with patients, i.e. for medical assistants providing screening
<p>2. Cultural Humility and Equity</p> <p>The organization values the healing value of traditional cultural connections and recognizes and addresses historical trauma and resilience and creates policies that are responsive to the cultural needs of clients served.</p>	<ul style="list-style-type: none">● All staff reflect on biases and the ways racial, cultural and social identity inform thinking and actions● Hire professionals that reflect the patient population and are committed to cultural humility and continued self-reflection● Understand how sociocultural factors and structural adversities such as racism impact a person’s experience and stress response● Ensure signs and forms are inclusive of gender identity

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<p>3. Safety and Stability</p> <p>Client Physical and Emotional safety are prioritized and the client description of feeling safe determines the practices.</p>	<ul style="list-style-type: none">● Ensure patient understands their choice in all decisions and paperwork● Use positive and welcoming signs● Clearly lay out directions and expectations, i.e. “check in here” and how the appointment will go and who will be seen● Confidential and private space for filling out forms and discussing material● Adolescent confidentiality rules displayed in exam rooms● Safe space signage clearly displayed
<p>4. Compassion and Dependability</p> <p>Makes decisions with transparency and with the goal of building trust with the staff, patients, families and communities served.</p>	<ul style="list-style-type: none">● Organizational culture that supports providers and attends to stress and burnout● Train all staff on how to recognize and build upon patient strengths and provide welcoming space● Use a non-judgmental approach and establish routines and predictability when coming to the clinics● Show you are available and schedule follow ups appointments● Clear descriptions for what the patient will experience to minimize anxiety● Informed consent policies given up front
<p>5. Collaboration and Empowerment</p> <p>Healing happens in relationships and that means it is important to share power in decision making between provider and patient and all staff.</p>	<ul style="list-style-type: none">● Solicit and incorporate family and patient voices into practices and policies● Implement interprofessional collaboration● Offer choices throughout the visit, such as informing them answering questions on screeners is optional● Include patients in planning and evaluating services

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	<ul style="list-style-type: none">● Create an atmosphere that allows patients to feel validated and affirmed at each contact
<p>6. Resilience and Recovery</p> <p>Understanding that all people, staff and patients, may have experiences of trauma as well as the innate ability to heal and grow and resilience. Staff are facilitators of recovery and patients are supported in self-advocacy in their own healing.</p>	<ul style="list-style-type: none">● Facilitate group interactions for sharing healing, resilience and lived experiences● Include peer supports as a part of the team of health professionals● Include patient voice in treatment planning and draw upon strengths in treatment plan● Ensure all staff are trained in the impacts of toxic stress and burnout and supported organizationally to care for themselves

Resources

- SAMHSA's [Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
This toolkit gives guidance on the principles and the ten implementation domains to create a trauma-informed clinic.
- National Council for Behavioral Health [Fostering Resilience Change Package](#)
This toolkit has resources and guidance for implementing trauma-informed practices in clinics.
- ACEs Aware [Trauma-Informed Care Overview](#)
This toolkit explains trauma-informed care and implementation inclusive of screening for ACEs.
- [The Sanctuary Model](#)
This describes an evidence-based, trauma-informed organizational system.

Trauma Screening

Screening students for trauma is complex and there are many considerations to take in order to effectively screen. Screening identifies students who may need help and can be connecting to services and supports to relieve their suffering. It takes time and resources to implement trauma-informed screening that addresses needs.

Considerations for Trauma Screening

- **Is the clinic using trauma-informed practices?**

Trauma-informed practices in a clinic setting means a clinic is a safe space where all staff understand the impacts of trauma and how to create nurturing environments.
- **What is the screening tool designed to identify?**

Some trauma screening tools identify symptoms and severity of symptoms of PTSD according to the DSM 5. Some trauma screening tools screen for whether or not a youth has experienced traumatic events. Some tools screen for both. There are also tools that screen for other risk factors such as substance use, depression and anxiety. Some tools screen for environmental factors and social determinants of health. Additionally, there are screening tools that can be helpful in identifying resilience and protective factors in young people's lives.
- **Who will be screened? Individual students coming into the health center, classrooms of students, or grade levels?**

The capacity of providers to meet the needs identified should determine the ongoing processes for screening. Putting into place active MOUs with referral sources to community providers can increase access to care and the amount of screening that can be conducted.
- **What will be done with the results?**

It is important to have plans in place prior to screening students for how students will be followed up with regarding the screening results. If a classroom of students is screened for trauma symptoms, it is important to have the policies in place for the process of who will follow up with the students and how the student will be connected to services.
- **What services are available for students who have needs identified and what are the policies and practices for connecting students to needed services?**



Practices to Increase Healing & Trauma-Informed Services at SBHCs

Before conducting large-scale screenings, it is helpful to have identified the service providers in the area and whether they have openings, what the referral processes are like, and how accessible the services are to the students. It is important to have all staff in the SBHC trained in how to connect students to services that may be identified as needs before conducting screenings.

Tables of screening tools implemented by SBHCs in these projects.

Trauma Screener	What does it screen for?
PC-PTSD-5 PCL-5	Screens for students experiencing PTSD symptoms according to DSM 5
CBITS: Trauma Exposure Checklist and PTSD Screener UCLA: PTSD Index	Screens for students experiencing PTSD symptoms according to DSM 5 and events experienced
PEARLS (Pediatrics ACEs and Related Life Events Screener)	Screens for life events students have experienced

Health and Social Influencers of Health Screener	What does it screen for?
RAAPS (Rapid Adolescent Prevention Screening)	Screens for individual and environmental factors that inhibit the wellbeing of adolescents
Staying Healthy Assessment	Screens for behavioral risk in 7 categories
CANS (Child and Adolescent Needs and Strengths)	Screens for strengths and needs

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Substance Use Screener	What does it screen for?
CRAFFT	Screens for substance use in adolescents

Mental Health Screeners	What does it screen for?
GAD-7	Screens for Generalized Anxiety Disorder
PHQ-2 and PHQ-9	Screens for Major Depressive Disorder

Resilience Screeners	What does it screen for?
CYRM (Child and Youth Resilience Measure)	Measures of social-ecological resilience
Resilience Surveys	Collection of Resilience Screeners

Practices for Screening Students

There are many ways to integrate screening into practice. It is important to identify the resources, staff available, and level of preparedness to help determine the best process. Below are some examples of screening protocols:

- PC-PTSD 5 is administered as a part of the annual intake screen by the Medical Assistant at least once a year. Results are reviewed by the Medical Provider who is then expected to discuss any positive screens with the patient during the medical visit. Referral or warm handoffs can be made to behavioral health as needed.
- With the goal of reaching the whole school, the CBITS classroom screener administered in classrooms as often as possible if there is provider availability to respond to identified needs. Students scoring positive meet individually with behavioral health providers and those who opt in to receive group services participate in a 10-session CBITS group. Students with low risk are invited to participate in a classroom presentation with the Wellness Coordinator to learn about trauma signs, symptoms and supports.
- When students are referred for services, screen for both protective factors and trauma symptoms using the Child and Youth Resilience Measure and the PTSD-Reaction Index 12-Item.

Project Highlight

- One school site administered the RAAPS screening in one classroom at a time with the goal of reaching the whole 6th grade. The screening of one classroom at a time ensured the providers had the capacity to follow up with all the students and connect them to services. After screening the 6th grade, a need for anger management among the 6th grade girls was identified. The providers were able to shift their planned support to meet the newly identified needs and they started offering a group on managing anger for the 6th grade students.
- Youth reported feeling more comfortable completing screeners when resilience measures were part of the screening tool. They said it feels more respectful to look at their strengths as well as their challenges. **It is recommended to assess the entirety of the screens that students will be asked to complete and ensure that their strengths and protective factors are identified.**



Therapeutic Trauma Interventions

In creating trauma-informed schools, ideally all students are being educated in safe and supportive ways that nurture their abilities to thrive. In addition, the realities of the world indicate that students will experience trauma and some will struggle with the impacts. When students have been identified as struggling with the impacts of trauma and experiencing symptoms of PTSD, complex PTSD, depression, anxiety and other mental health concerns, they may benefit from more targeted support services. Support services for students that are experiencing distress can include individual therapy, group therapy, support groups and peer health groups. Below are examples of both evidence-based individual and group interventions with adolescents.

Individual Evidence Based Interventions

[TF:CBT](#) Trauma Focused Cognitive Behavioral Therapy

[ITCT-A](#) Integrative Treatment for Complex Trauma- Adolescents

[ARC](#) Attachment, Self-Regulation and Competency

[EMDR](#) Eye Movement Desensitization and Reprocessing

Group Evidence Based Interventions

[CBITS](#) Cognitive Behavioral Intervention for Trauma in Schools

[TGCTA](#) Trauma and Grief Component Therapy for Adolescents

[S.E.L.F. Group Curriculum](#) Safety, Emotion, Loss and Future

[Circle of Hope](#) A Guide for Conducting Effective Psychoeducational Support Groups from the Washington Coalition of Sexual Assault Programs

Evidence Based Interventions Databases

National Child Traumatic Stress Network Database of [Evidence-Based Trauma Interventions](#)

California [Evidence-Based Clearinghouse](#) for Child Welfare

Practices for Trauma Interventions

- Having consistent meetings and collaboration with school staff regarding timing, location, and the purpose of therapy groups is important to be able to ensure buy-in from the education staff. This allows for more consistency in the services provided.



Practices to Increase Healing & Trauma-Informed Services at SBHCs

- Communicating with the school administrators around plans for screening and trauma interventions creates the opportunity to problem solve potential barriers before they get in the way.
- Students from the YMEC project talked about the importance of having male counselors that were authentic, genuine and interactive. It is recommended that SBHCs hire staff that reflect the students served as much as possible.

Project Highlights

- Students who participated in the CBITS therapy groups in middle schools in Oakland reported the program helped them with a variety of resilience factors and academic behaviors, including feeling safe about talking about their problems, feeling like they had an adult to turn to, learning positive ways to let their feelings out, feeling less nervous or anxious, and staying in school.
- At one site, the Clinic Coordinator prepared and planned social/emotional groups to support students who were unable to receive individual or group support from Frick Health and Wellness Center Behavioral Health Counselor due to the number of students being referred for services and many students being on a waitlist.
- A YMEC Group Participant said “[YMEC] has helped me because whenever I’m stressing, I have someone to talk to and they have helped me focus on my schoolwork.”
- The YMEC staff found that the most successful evidence based intervention for young men of color was the S.E.L.F. Group Curriculum because it was flexible, culturally competent and the components *goal setting, decision making, team building, healing from trauma, life skills and planning for the future*, were able to meet the needs of the students.

