General Information
Welcome to the CBITS and Bounce Back Community of Practice!

Alliance for Inclusion and Prevention, Inc. and Center for Trauma Care in Schools welcome you to the CBITS and Bounce Back Community of Practice. We are grateful that you are becoming a part of the community of school-based social workers, school psychologists, school adjustment counselors, and therapists who are working together to improve the delivery of school-based treatment services for children who are experiencing traumatic stress.

This CBITS and Bounce Back Community of Practice Welcome Packet contains all of the information you will need to participate as a trauma group provider within the community. The Welcome Packet contains:

- General Information about AIP, CTCS, Child Trauma, and CBITS/Bounce Back
- CBITS and Bounce Back General Guidelines

When you are ready to implement a CBITS or Bounce Back group, the Welcome Packet also contains:

- Pre-group Activity Guidelines
- Group Implementation Resources
- Resources to Promote Professional Resilience and to Combat Secondary Traumatic Stress

Finally, the appendix contains additional copies of all of the forms that are used within the Community of Practice.

Welcome!
Alliance for Inclusion and Prevention, Inc.

Founded in 1995, Alliance for Inclusion and Prevention, Inc. (AIP) is a private, nonprofit children’s mental health agency with a core mission to help schools create new and better ways to serve the emotional and behavioral health needs of students.

In addition to our consultation and training services, AIP has provided school-based services within Boston Public Schools for more than two decades. These include a school-based therapeutic day program for students with significant emotional and behavioral challenges, therapeutic afterschool and summer learning programs for Boston’s public school students, as well as partnerships to integrate community agency clinical staff into schools on a full-time basis.

AIP has a strong commitment to workforce development through its training of teachers and clinicians as well as social work and counseling interns using the best evidence-based practices in schools. AIP facilitates partnerships between the schools of social work, community partners and public schools to create the school climate and staff skill sets to promote the social and emotional wellness and academic achievement of students. AIP’s work has been widely recognized for its innovation and effectiveness.

Center for Trauma Care in Schools

In 2016, AIP received a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to create the Center for Trauma Care in Schools (CTCS), a member of the National Child Traumatic Stress Network (NCTSN). The goals of CTCS are to increase access to trauma-informed services through school-based interventions, to improve the quality of services through the provision of a continuum of evidence-based screening and treatments, and to foster school environments that are more sensitive and responsive to students affected by traumatic stress. Using a community of practice model, CTCS provides training, consultation, and supervision in the implementation of trauma-informed practices to help schools address the learning and behavioral impacts that traumatic stress has on children.
Child Traumatic Stress
and its Impact on Teaching and Learning

Numerous studies have documented the very high prevalence of exposure of children to traumatic events. In particular urban areas, the number can approach 100%. The Adverse Childhood Experiences (ACEs) study has directly related adverse childhood events to numerous adult health problems, culminating in early death.

However, the same body of research also shows that the vast majority of children who are experiencing mental health challenges do not receive treatment for these challenges. This is also true for children who are experiencing traumatic stress.

Child Traumatic Stress can have a profound impact on teaching and learning. Traumatic stress in children can manifest itself as problems with attendance, school performance and grades, regulation of emotions, and relationships with peers and school staff. Traumatic stress can lead to problems engaging in learning and attending to classwork, withdrawal, symptoms of depression and anxiety, impulsivity, and aggression and defiance; and can lead to dramatically diminished life outcomes.

Multiple studies have found that children referred for clinic-based mental health services drop out after attending only a few sessions. Studies have found that only 9% of children remain in treatment after 12 weeks and that the average number of sessions that children receive is 4. However, following Hurricane Katrina, a study found that 91% of students completed treatment for symptoms of traumatic stress when it was offered in schools compared to 15% when the services were offered in community-based clinics.

These findings strongly suggest that in order for students to have access to needed behavioral health treatment, it must be available in schools.

The following two documents are from the National Child Traumatic Stress Network. The first is a general article about child traumatic stress. The second is a list of resources regarding trauma specifically for school personnel.
What is child traumatic stress, how does it develop, and what are the symptoms?
To answer these questions, we first have to understand what trauma is.

From a psychological perspective, trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being.

Trauma can be the result of exposure to a natural disaster such as a hurricane or flood or to events such as war and terrorism. Witnessing or being the victim of violence, serious injury, or physical or sexual abuse can be traumatic. Accidents or medical procedures can result in trauma, too. Sadly, about one of every four children will experience a traumatic event before the age of 16.

When children have a traumatic experience, they react in both physiological and psychological ways. Their heart rate may increase, and they may begin to sweat, to feel agitated and hyperalert, to feel “butterflies” in their stomach, and to become emotionally upset. These reactions are distressing, but in fact they’re normal — they’re our bodies’ way of protecting us and preparing us to confront danger. However, some children who have experienced a traumatic event will have longer lasting reactions that can interfere with their physical and emotional health.

Children who suffer from child traumatic stress are those children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended. Traumatic reactions can include a variety of responses, including intense and ongoing emotional upset, depressive symptoms, anxiety, behavioral changes, difficulties with attention, academic difficulties, nightmares, physical symptoms such as difficulty sleeping and eating, and aches and pains, among others. Children who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event. Although many of us may experience these reactions from time to time, when a child is experiencing child traumatic stress, they interfere with the child’s daily life and ability to function and interact with others.

Some of these children may develop ongoing symptoms that are diagnosed as post-traumatic stress disorder (PTSD). When we talk about child traumatic stress, we’re talking about the stress of anychild who’s had a traumatic experience and is having difficulties moving forward with his or her life. When we talk about PTSD, we’re talking about a disorder defined by the American Psychiatric Association as having specific symptoms: the child continues to re-experience the event through nightmares, flashbacks, or other
symptoms for more than a month after the original experience; the child has what we call avoidance or numbing symptoms—he or she won’t think about the event, has memory lapses, or maybe feels numb in connection with the events—and the child has feelings of arousal, such as increased irritability, difficulty sleeping, or others. Every child diagnosed with PTSD is experiencing child traumatic stress, but not every child experiencing child traumatic stress has all the symptoms for a PTSD diagnosis.

And not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not your child does depends on a range of factors. These include his or her history of previous trauma exposure, because children who have experienced prior traumas are more likely to develop symptoms after a recent event. They also include an individual child’s mental and emotional strengths and weaknesses and what kind of support he or she has at home and elsewhere. In some instances, when two children encounter the same situation, one will develop ongoing difficulties and the other will not. Children are unique individuals, and it’s unwise to make sweeping assumptions about whether they will or will not experience ongoing troubles following a traumatic event.

For children who do experience traumatic stress, there are a wide variety of potential consequences. In addition to causing the symptoms listed earlier, the experience can have a direct impact on the development of children’s brains and bodies. Traumatic stress can interfere with children’s ability to concentrate, learn, and perform in school. It can change how children view the world and their futures, and can lead to future employment problems. It can also take a tremendous toll on the entire family.

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\begin{align*}
\text{Not every child who experiences a traumatic event will develop symptoms of child traumatic stress. Whether or not your child does depends on a range of factors.}
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The way that traumatic stress appears will vary from child to child and will depend on the child’s age and developmental level. The good news is that over the past decade the mental health community has developed treatments that can help children suffering from traumatic stress. It’s important to seek help from someone who has experience working with children and knows how to access resources in your community.

Although not every child will experience traumatic stress, it’s unlikely that any of us are immune from exposure to trauma. To learn more about child traumatic stress, please visit the National Child Traumatic Stress Network website at www.NCTSN.org.

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This article first appeared in the fall 2003 issue of Claiming Children, the newsletter of the Federation of Families for Children’s Mental Health, www.ffcmh.org, which was co-produced by the Federation and the NCTSN.
Back to School Resources
for School Personnel

Sponsored by the NCTSN Schools Committee

As the school year begins, we would like to offer all school personnel (including educators, administrators, counselors and support staff) the opportunity to use our many resources for schools!

Our resources were created to highlight issues related to trauma, to explain how trauma can affect children and adolescents, and to help schools support students and families who have been impacted by trauma. The materials range from basic informational fact sheets to webinars describing interventions for trauma in schools. They cover a variety of trauma types, are applicable for youth from the preschool to high school years.

Our resources are easily accessible on the NCTSN website and the NCTSN Learning Center for Child and Adolescent Trauma

These resources are free and can be downloaded at any time!
Print Materials

• Creating, Supporting and Sustaining Trauma-Informed Schools: A Schools Framework
• Addressing Race and Trauma in the Classroom: A Resource for Educators
• Child Trauma Toolkit for Educators
• Child Trauma Toolkit for Educators – Spanish version
• Psychological First Aid for Schools
• Is it ADHD or Child Traumatic Stress: A Guide for Clinicians
• When a Child Alleges Sexual Abuse by an Educator of Other School Staff: An Educator’s Guide to Appropriate Response and Support
• Complex Trauma: Facts for Educators
• Coping in Hard Times: Fact Sheet for School Staff
• Psychological and Behavioral Impact of Trauma: Preschool Children
• Psychological and Behavioral Impact of Trauma: Elementary School Students
• Psychological and Behavioral Impact of Trauma: Middle School Students
• Psychological and Behavioral Impact of Trauma: High School Students
• Responding to a School Crisis
• Self Care for Educators: Dealing with Secondary Traumatic Stress
• Understanding Refugee Trauma: For School Personnel
• Traumatic Grief in Military Children: Information for Educators
• Helping Military Children with Traumatic Grief
• Age-Related Reactions to a Traumatic Event
• What it Child Traumatic Stress?
• Brief Information on Childhood Traumatic Grief For School Personnel
• Resources for School Personnel on School Shootings
• Resources for School Personnel on Mass Violence
• Teacher Guidelines for Helping Students after Disasters
Webinars and Videos

- Understanding the Intersection Between Cyberbullying and Trauma
- Trauma-Informed IEPs: Differential Diagnosis and Trauma-Informed Assessment in Schools
- Response and Recovery After School Violence
- Educator Sexual Misconduct in Schools: Guidelines for Staff, Volunteers, and Community Partners
- Preparing Our Children for Emergencies
- Sudden Death on a School Campus: Impact and Response
- Sticks and Stones Will Break my Bones . . . And Words Can Hurt Me: A Trauma-Informed Understanding of Bullying
- Schools and Grief: Helping Student Cope with Death
- Children of War: A Video for Educators
- Secondary Traumatic Stress for Educators

For more resources for School Personnel
Visit www.nctsn.org/audiences/school-personnel
What are CBITS and Bounce Back?

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a group treatment model designed for use with students from fifth to twelfth grade who have experienced or witnessed stressful life events such as community violence, physical accidents, physical abuse, domestic violence, and natural or manmade disasters. It is a 10-week, school-based, group treatment model that includes an individual component as well as family engagement. CBITS uses cognitive-behavioral techniques such as psycho-education, relaxation, cognitive restructuring, exposure, and social problem solving. It is an evidence-based treatment that is listed on Blueprints for Healthy Youth Development, California Evidence-based Clearinghouse for Child Welfare, National Child Traumatic Stress Network, and U.S. Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices.

Bounce Back is an adaptation of CBITS designed for use by clinicians with elementary school-aged students, with activities that are designed specifically for younger children.

The group treatment programs are designed to help students improve school performance, such as grades, attendance and relationships with peers and adults. Students are screened prior to the treatment to determine eligibility.
Bounce Back At a Glance
CBITS
Cognitive-Behavioral Intervention for Trauma in Schools

PROGRAM COMPONENTS

GROUP SESSIONS (10 Weeks)

Group Session 1: Introductions
- Introduction of group members
- Confidentiality
- Group procedures
- Explanation of CBITS
  - Discussion of reasons for participation

Group Session 2: Education and Relaxation
- Education about common reactions to stress or trauma
- Feeling Thermometer
- Relaxation training to combat anxiety

Group Sessions 3 & 4: Introduction to Cognitive Therapy/Combating Unhelpful Thoughts
- Linkage between thoughts and feelings
- Combating negative thoughts
- HOT Seat

Group Session 5: Introduction to Real-life Exposure
- Avoidance and Coping
- Construction of ‘Steps to Facing Your Fears’
- Alternative coping strategies

Group Sessions 6 & 7: Exposure to Stress or Trauma Memory
- Exposure to stress or trauma memory through imagination, drawing/writing and sharing

Group Session 8 & 9: Social Problem-Solving
- Link between unhelpful thoughts and actions
- Brainstorming solutions
- Decision making: pros and cons
- Practice with problem-solving and HOT Seat

Group Session 10: Relapse Prevention and Graduation
INDIVIDUAL SESSIONS (Between Group Session 2 and Session 6)
(More than one individual session may be necessary depending on the students’ needs)
  o  Trauma narrative: Processing the trauma memory
  o  Planning for group support

CAREGIVER EDUCATION
Session 1 (Before Group Session 3)
  o  Education about reactions to trauma
  o  Explanation of CBITS
  o  Teaching your child to measure feelings
  o  How to help your child to relax

Session 2 (Before Group Session 5)
  o  Teaching children to look at their thoughts
  o  Teaching children to face their fears
  o  Teaching children to digest what happened to them
  o  Teaching children to solve everyday problems

TEACHER EDUCATION
  o  Education about common reactions to trauma
  o  Explanation of CBITS
  o  Tips for teaching students who have been traumatized
Bounce Back
PROGRAM COMPONENTS

GROUP SESSIONS (10 Weeks)

Group Session 1:
- Program Expectations, Group Rules, Confidentiality, and Incentives
- Initial Psychoeducation

Group Session 2:
- CBT Triangle and Treatment Rationale
- Identifying and Naming Feelings
- Common Reactions to Stress
- Positive Activities

Group Sessions 3:
- Feeling Thermometer
- Body Feelings
- Relaxation

Group Session 4:
- Identifying Thoughts
- Connection Between Thoughts and Feelings
- Introduction of Helpful Thoughts (Courage Cards)

Group Sessions 5:
- Psychoeducation Related to Avoidance
- Constructing Fear Hierarchies (“I Can Do It Ladders”)

Group Session 6:
- Review of Content

Group Session 7:
- Identifying Social Supports
- Identifying Coping Strategies

Group Session 8:
- Social Problem Solving

Group Session 9:
- Review of Content and Relapse Prevention

Group Session 10:
- Graduation
**INDIVIDUAL SESSIONS** (Between Group Session 3 and Session 5)

**Individual Session 1:**
- Rationale for Trauma Narrative
- Exposure to Trauma Memory

**Individual Session 2:**
- Continued Exposure to Trauma Memory
- Preparation for Joint Session

**Conjoint Session:**
- Preparation for Meeting with Family Member
- Sharing of Trauma Memory with Family Member

**PARENT EDUCATION SESSIONS**

**Parent Education Session 1:**
- Psychoeducation
- Explanation of CBT Triangle/Connection Between Thoughts, Feelings, and Actions
- Identification of Feelings
- Relaxation

**Parent Education Session 2:**
- Connection Between Thoughts and Feelings
- Helpful Thoughts/Courage Cards
- Rationale for Individual Meetings
- Psychoeducation Regarding Avoidance
- Explanation of Fear Hierarchies

**Parent Education Session 3:**
- Social Support
- Coping Strategies
CBITS and Bounce Back Groups General Guide
CBITS and Bounce Back General Guidelines

STEP-BY-STEP GUIDE

The Step-by-Step Guide contains all of the guidelines for the CBITS and Bounce Back group implementation process, from pre-group activities, through the group treatment process and post-group activities. It is the most concise and complete source of information about how to implement CBITS and Bounce Back groups. More detailed information about the pre-group activities, group process, and post-group activities (including copies of forms and related instructions) are available in those sections of the Welcome Packet, but refer to the Step-by-Step Guide as the source for concise implementation guidelines for the CBITS and Bounce Back group treatment process.

CBITS/BOUNCE BACK FLOWCHART

The CBITS/Bounce Back Flowchart is a one-page graphic that highlights all of the important elements of the group treatment process.

CBITS/BOUNCE BACK SAMPLE SCHEDULE

The CBITS/Bounce Back Sample Schedule offers a sample guide to how a 10-week group treatment might be implemented. The schedule includes prep time for gathering consents and screening students, and incorporates school vacation and standardized testing that often needs to be considered when scheduling for the group. It is only a guideline and your actual schedule may be shorter or longer depending on a variety of factors.

CTCS CONSULTATION AND SUPPORT

This document describes ongoing implementation support offered by Center for Trauma Care in Schools. This includes Community of Practice Consultation Calls, Booster Training Sessions, as well as access to trainers for direct support.
CBITS/Bounce Back Step-by-Step Guide

PROGRAM DOCUMENTS
All necessary CBITS and Bounce Back documents will be provided to you at the training and will be available electronically. These will be discussed at the training:

- Trauma Exposure Checklist (Screening Tool Part A)
- Child PTSD Symptom Checklist (Screening Tool Part B)
- Individual Meeting Form
- Group Registration Form
- Bounce Back Lending Library Form
- Group Attendance Sheet
- Group Evaluation Form
- Group Reimbursement Voucher

PROGRAM TOOLKITS
CBITS and Bounce Back Manuals and Workbooks are available online. They will be provided at the training and/or will be sent to you electronically.

PRE-GROUP ACTIVITIES
☐ Complete CBITS and/or Bounce Back Registration
This will give you access to the online courses, manuals, and other program materials.
http://cbitsprogram.org/
http://bouncebackprogram.org/

☐ Attend Booster Training Session for a Refresher
If it has been a while since you were trained or since you ran your last group, consider attending one of the Booster Training Sessions offered periodically by CTCS. This is an excellent way to refamiliarize yourself with the curriculum and to ask questions regarding implementation to the CBITS and Bounce Back trainers.
☐ Obtain Active Parental Consent for Screening of Students and Treatment

Active consent must be granted before any individual student can be screened or provided group treatment. Only approved consent forms from your respective agencies can be used for parental consent. Parents must sign the form. Consent granted over the phone is not sufficient.

☐ Conduct Screenings and Individual Interviews and Make Contact with Caregivers

Screenings for the CBITS and Bounce Back program utilize the Trauma Exposure Checklist (Part A) and the Child PTSD Symptom Scale (Part B). Parts A and B are both used for Pre-group and only Part B is used for Post-group. A score of 14 or higher on Part B for those students who endorsed at least 1 item of traumatic exposure is generally considered appropriate for the group, although clinical judgment can be used. Directions for the use of the screener are provided with the screening tool as well as guidelines for the individual interviews that are used to explain the group treatment for trauma that is being offered to the student, to ensure that the child is appropriate for group treatment and willing to participate, and to focus the child on the particular endorsed trauma that he/she will be focusing on in treatment groups. Contact caregivers of screened students to inform them of the outcome of the screening, describe your recommendations, offer referrals as needed, and, for caregivers of students who will be in the group, describe the group further, emphasizing the importance of caregiver participation.

☐ Complete Logistical Planning

Ensure that all logistics have been addressed such as informing the principal about the group treatment, finding time and space for group meetings, organizing necessary group materials, consulting individual student schedules, incorporating school vacations and standardized testing schedules into the group treatment schedule, etc. Use the Logistical Planning Checklist.

☐ Complete Group Registration Form

Once you have been trained, you will be sent email alerts that contain a URL link to the Group Registration Form. The form asks for information about the group leader(s) and 5 questions about the group. Once complete, there is no need to return to the link to provide updates.
GROUP TREATMENT ACTIVITIES

☐ Provide Group Treatment, Individual Sessions and Parental Outreach
Use the CBITS and Bounce Back Manuals and Workbooks to provide the group treatment with fidelity to the model. The minimum number of students for a group is 3. The ideal number of students for CBITS is 5-8. The ideal number of students for Bounce Back is 4-6. Use all components of each program in providing the treatment. Provide ten group treatment sessions. Provide at least one individual session for each student between sessions three and six. Provide ongoing caregiver outreach and education. Use CBITS and Bounce Back Manuals to prepare for each group session. Use Workbooks to prepare the necessary group materials for each group. Use the Group Attendance Sheet to keep track of group attendance for reporting purposes. It is recommended that CBITS and Bounce Back groups are co-led. Group co-leaders do not need to be trained in CBITS or Bounce Back as long as the group leader has been trained. It may be helpful for co-leaders to complete the online course.

☐ Participate in Consultation Phone Calls
CTCS provides ongoing phone consultation with CBITS and Bounce Back experts at no charge. Participation in these consultation phone calls is voluntary, but is highly encouraged. CTCS makes every effort to make participation as easy as possible. You will be notified at your CBITS and Bounce Back training about the days and times of the calls. Please note that these calls can be billed through FLEX funds if your agency is authorized to use them. Speak to your supervisor for more information.

☐ Watch for the CBITS Dispatch
CTCS will email an occasional CBITS newsletter to all trainees. It is filled with information, advice, as well as updates from the field and spotlights on specific schools. We will be soliciting feedback from clinicians providing groups to include in later editions of the newsletter.

☐ Use Online Resources
Use resources from the CBITS and Bounce Back websites. The online training can be useful for review in order to prepare for specific groups. The sites also contain many other helpful resources and expert advice.
☐ Complete Group Evaluation Forms (optional)

Have each group participant complete a Group Evaluation Form. This allows CTCS to have valuable feedback about how the group treatment program is being received by the students. They are anonymous and that is why there are no places for students to write identifying information. This can be incorporated into the final group session if you feel that it is clinically appropriate for your particular group.

Mail the completed evaluations to: Lisa Baron, AIP, 31 Heath Street, Boston, MA 02130
Scan and email to: LBaron@aipinc.org
Fax to: 617-849-7414

☐ Complete and Submit the Group Reimbursement Voucher (optional)

If you would like to be reimbursed for providing snacks and a final group celebration, complete and submit a Group Reimbursement Voucher. For each group, clinicians will be reimbursed a maximum of $5.00 per student for snacks and $2.50 per student for items for a final group celebration upon completion of the CBITS/Bounce Back group. Receipts must accompany each reimbursement voucher. Reimbursement will only be provided to clinicians who have completed their Group Registration.

Please mail the completed form and receipts to: Lisa Baron, AIP, 31 Heath Street, Boston, MA 02130
Scan and email to: LBaron@aipinc.org

Revised 8/2019
CBITS/Bounce Back Flowchart

Obtain Active Consent from Caregiver per your agency’s existing procedures

Trauma Screening using the Trauma Exposure Checklist and Child PTSD Symptom Scale

Eligible for Group?

Yes

Individual Student Pre-group Orientation Meetings (if not included in screening meeting)

No

No Treatment for various reasons (e.g. student already in treatment elsewhere, parent refuses group, etc.)

Group Registration completed, documenting students who have been screened but will not receive group treatment

CBITS/Bounce Back Group Treatment

- Register Your Group Online
- 10-week Group Treatment
- Individual Student Sessions
- Caregiver Education
- Teacher Education

Stay organized

Revised August 2019
# CBITS/Bounce Back Sample Schedule

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<tr>
<th>WEEK</th>
<th>ACTIVITY</th>
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<tr>
<td>Week 1</td>
<td>CBITS/Bounce Back Training</td>
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<tr>
<td>Week 2</td>
<td>Active Consents/Student Screenings and Interviews</td>
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<td>Week 3</td>
<td>Active Consents/Student Screenings and Interviews</td>
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<td>Week 4</td>
<td>Active Consents/Student Screenings and Interviews</td>
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<td>Week 5</td>
<td>Active Consents/Student Screenings and Interviews</td>
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<tr>
<td>Week 6</td>
<td>Active Consents/Student Screenings and Interviews</td>
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<td>Week 7</td>
<td>Final Logistics and Planning</td>
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<td>Week 8</td>
<td>Group #1</td>
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<td>Week 9</td>
<td>Group #2</td>
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<td>Week 10</td>
<td>Group #3/Individual Meetings</td>
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<td>Week 11</td>
<td>Group #4/Individual Meetings</td>
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<tr>
<td>Week 12</td>
<td>Group #5/Individual Meetings</td>
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<td>Week 13</td>
<td>School Break</td>
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<td>Week 14</td>
<td>Group #6</td>
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<td>Week 15</td>
<td>Group #7</td>
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<td>Week 16</td>
<td>MCAS/PARCC</td>
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<td>Week 17</td>
<td>Group #8</td>
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<td>Week 18</td>
<td>Group #9</td>
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<td>Week 19</td>
<td>Group #10</td>
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<td>Week 20</td>
<td>Post-group Screenings</td>
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This is a sample CBITS/Bounce Back Schedule only. It is intended to be a general guide and the group you are running may not conform exactly to it. You may be able to obtain active consents and complete student screenings in less time, or it may take longer in some cases. It is not mandatory that you devote 20 weeks to your CBITS or Bounce Back group.

Revised 12/2018
CTCS Consultation and Support

COMMUNITY OF PRACTICE CONSULTATION CALLS

At the time of your registration for CBITS and/or Bounce Back training, you will receive information regarding the schedule of CTCS Community of Practice Consultation Calls. These conference calls with CBITS and Bounce Back trainers provide guidance in response to the challenges that implementers face regarding particular components of the group treatment model.

Your school district or agency have come to an agreement with CTCS about the commitment that clinicians need to make to a specific level of participation in Community of Practice Calls during your first year of CBITS or Bounce Back implementation. Consultation Calls in following years are voluntary. This school year, you are committed to attending 2 Consultation Calls. Please speak with your supervisor if you need clarification about these expectations or if you feel that you will be unable to meet your obligation.

The calls are a good way to get support for specific challenges you are facing, are a mechanism for sharing of implementation successes and best practices among colleagues, and builds a stronger community of practice in order to consistently provide high-quality treatment to students experiencing traumatic stress.

BOOSTER TRAINING SESSIONS

CTCS offers periodic Booster Training Sessions for clinicians who need a refresher regarding the implementation of CBITS or Bounce Back. They can be especially helpful to clinicians for whom there has been a gap between training and implementation or who are planning on running a group after a period of time in which they have not. Look for a CTCS email regarding the periodic scheduling of these Booster Training Sessions for both CBITS and Bounce Back.

ONGOING IMPLEMENTATION SUPPORT

CTCS staff are also available to answer ongoing questions regarding implementation of CBITS and Bounce Back groups. For questions regarding CBITS, please contact Paul Reinert, 617-469-0074, preinert@aipinc.org. For questions regarding Bounce Back, please contact Susan Lovett, 617-469-0074, slovett@aipinc.org.
Pre-group Guidelines

The Step-by-Step Guide in the previous section offers general information about guidelines for completing pre-group activities. The documents in this section include the specific, mandatory forms to be used; instructions for how to use them; as well as other helpful, organizational documents.

The following forms and accompanying instructions/checklists are related to the steps described in the Step-by-Step Guide for Pre-group Activities:

- How to Obtain Active Parental Consent
- How to Use the CBITS and Bounce Back Screening Tools
- Trauma Exposure Checklist (Screening Part A)
- Child PTSD Symptom Scale (Screening Tool Part B)
- Outline for Individual Meetings with Students Who are Eligible for CBITS or Bounce Back Groups
- Individual Meeting Form (Optional)
- Logistical Planning Checklist
- How to Register Your CBITS or Bounce Back Group
- CBITS/Bounce Back Group Registration (Sample)
How to Obtain Active Parental Consent

Active consent must be granted by caregivers before any student can be screened or provided group treatment for symptoms of traumatic stress. Only the consent form which has been approved by your respective agency or school district can be used for obtaining active parental consent. Caregivers must complete and sign whatever form is used by your agency or district. Consent granted verbally, either in person or by phone, is not sufficient. Caregivers may not be asked to “opt-out” of consent (passive consent).

Only caregivers who have the legal authority to grant consent for screening or treatment for symptoms of traumatic stress may sign the consent form.

Consent forms may be sent to parents via mail, email, or their child’s backpack. It is helpful to inform the parent to expect the consent form before sending. It is also helpful to highlight any necessary checkboxes and signature/date fields to ensure they fill out the form completely.

If you are giving the form to a child to bring to a caregiver, make a plan with the child and school for return of the consent, understanding that it may be helpful for the child to return the form to the front office, informing school staff as necessary.

Utilize whatever parent engagement infrastructure is available at your school, if needed, to help with the process.
How to Use the CBITS and Bounce Back Screening Tools

For students to be eligible for CBITS or Bounce Back group treatment, students must demonstrate through the screening tools:

- 1 or more (not zero) exposures to traumatic events
- Symptoms of traumatic stress that are at a moderate to severe level

PART A: Trauma Exposure Checklist

This tool measures the exposure that students have had in their lifetime to traumatic events. Read the directions aloud to the student and, if appropriate, have them do the practice question to ensure they understand. Read the individual items aloud to elementary-aged students or students for whom literacy may a possible issue. Older students, or students with no issues with literacy may also benefit from having the items read aloud, but can also complete the checklist themselves. The items refer to events that occurred ever in their lifetime, not within a specified time period. Traumatic events to be addressed in group treatment should have occurred not less than 3 months prior. The reason for this is to allow time for natural resiliency to help restore functioning, which very often will occur.

Have students respond to all 17 items in the checklist. It is okay to ask clarifying questions or to offer empathic response to their disclosure of traumatic events as they move through the items. This will potentially be helpful later on when you are speaking to the child about the group treatment if the child is found to be eligible.

Total Score of 0 = Stop and Do Not Administer Part B
Total Score of 1+ = Administer Part B

PART B: Child PTSD Symptom Scale

This tool measures the level of severity of symptoms of traumatic stress that the student is experiencing. Read the directions to students, emphasizing that their responses to each item is based on the time period of the previous 2 weeks. As above, choose whether or not to read each of the items aloud to the student.

Have students respond to all 17 items, using the rating scale of: Not at all = 0, Once in a while = 1, Half the time = 2, Almost always = 3. Add up the numerical response to each of the 17 items. Students whose score totals 14 or above are considered to have moderate to severe symptoms of traumatic stress. This is considered a very good measure of eligibility for group treatment.

However, use your clinical judgment if students score below 14. If their life circumstances (such as homelessness or foster care) put them at risk for chronic stress they may be considered if the skills they will learn would be particularly beneficial. Also, if there are other factors related to school, home or community that are known to exist, the student may also be considered. Balance these factors against the need for students to have a significant event and resultant stress to work on during group sessions.
Part A. **TRAUMA EXPOSURE CHECKLIST**

People may have stressful events happen to them. Read the list of stressful things below and circle YES for each of them that have EVER happened TO YOU. Circle NO if it has never happened to you.

Do not include things you may have only heard about from other people or from the TV, radio, news, or the movies. Only answer what has happened to you in real life. Some questions ask about what you SAW happen to someone else. And other questions ask about what actually happened to YOU.

SAMPLE:

<table>
<thead>
<tr>
<th>a. Have you EVER gone to a basketball game? <em>(Circle YES or NO)</em></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Have any of the following events EVER happened to you? (Circle Yes or No)**

| 1. Have you **been in** a serious accident, where you could have been badly hurt or could have been killed? | Yes | No |
| 2. Have you **seen** a serious accident, where someone could have been (or was) badly hurt or died? | Yes | No |
| 3. Have you thought that **you or someone you know** would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake? | Yes | No |
| 4. Has **anyone close to you** been very sick or injured? | Yes | No |
| 5. Has **anyone close to you** died? | Yes | No |
| 6. Have **you** had a serious illness or injury, or had to be rushed to the hospital? | Yes | No |
| 7. Have **you** had to be separated from your parent or someone you depend on for more than a few days when you didn’t want to be? | Yes | No |
| 8. Have **you** been attacked by a dog or other animal? | Yes | No |
| 9. Has anyone told **you** they were going to hurt you? | Yes | No |
| 10. Have you seen **someone else** being told they were going to be hurt? | Yes | No |
| 11. Have you **yourself** been slapped, punched, or hit by someone? | Yes | No |
| 12. Have you seen **someone else** being slapped, punched, or hit by someone? | Yes | No |
| 13. Have **you** been beaten up? | Yes | No |
| 14. Have you seen **someone else** getting beaten up? | Yes | No |
| 15. Have you seen **someone else** being attacked or stabbed with a knife? | Yes | No |
| 16. Have you seen someone pointing a **real** gun at **someone else**? | Yes | No |
| 17. Have you seen **someone else** being shot at or shot with a **real** gun? | Yes | No |
PART B: **CHILD PTSD SYMPTOM SCALE**

Below is a list of problems that kids sometimes have after experiencing something scary like we were just talking about. Of all the things that we just talked about, try to remember the thing that bothers you the most.

Now these next questions ask about the thing that bothers you most (whether it was getting hit, beaten up, threatened, or anything else). Listen carefully and circle the word that best describes how often these problems have bothered you IN THE PAST TWO WEEKS.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had upsetting thoughts or images about the event that came into your head when you didn’t want them to?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>2. Have you had bad dreams or nightmares?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>3. Have you been acting or feeling as if the event was happening again (for example, hearing something or seeing a picture about it and feeling as if you were there again)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>4. Have you been feeling upset when you think about or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>5. Have you had feelings in your body when you think about or hear about the event (for example, breaking out in a sweat, heart beating fast)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>6. Have you been trying not to think about, talk about, or have feelings about the event?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>7. Have you been trying to avoid activities, people, or places that remind you of the event (for example, not wanting to play outside or go to school)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
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<tr>
<td>8</td>
<td>Have you not been able to remember an important part of the event?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>9</td>
<td>Have you had much less interest or not wanting to do things you used to do?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>10</td>
<td>Have you not felt close to people around you?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>11</td>
<td>Have you not been able to have strong feelings (for example, being unable to feel very happy)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>12</td>
<td>Have you been feeling as if your future plans or hopes will not come true (for example, you will not go to high school, have a job, get married, have kids)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>13</td>
<td>Have you had trouble falling or staying asleep?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>14</td>
<td>Have you been feeling irritable or having fits of anger?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>15</td>
<td>Have you had trouble concentrating (for example, losing track of a story on television, forgetting what you read, or not being able to pay attention in class)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>16</td>
<td>Have you been overly careful (for example, checking to see who is around you and what is around you)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
<tr>
<td>17</td>
<td>Have you been jumpy or easily startled (for example, when someone walks up behind you)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
</tr>
</tbody>
</table>
Outline for Individual Meetings with Students Who are Eligible for CBITS or Bounce Back Groups

This is a general outline of individual meetings with students who are eligible for CBITS or Bounce Back Groups. These meetings can take many forms; can be a part of the meeting used to screen the student, can be a separate meeting set up solely to discuss participation in the group, etc. However, the items serve as a guide to the information that is addressed at this time.

- Introduce yourself and your role at the school, if the student is unfamiliar with you
- Explain that the student’s parent/guardian has consented to the meeting
- Explain briefly why you are meeting with the student, that you want to talk about the results of the screening process and about supports that the school offers to students who are experiencing stress
- Review confidentiality and mandated reporting with the student
- Describe the relevance of the student’s response to the screening tool
- Describe the group in greater detail, emphasizing the skills that will be taught to students to help them cope with stress and to improve their school performance
- Assess the student’s readiness for group treatment to address trauma, assessing behavioral issues, developmental issues, etc. that would influence how the student would respond to group treatment
- Talk with the student to motivate participation in the group, Explaining the components of the group, Normalizing the student’s response to stressful events, and Providing Hope that this group treatment model has been proven to help students learn skills to cope better with stress
- Reassure the student about fears regarding group treatment (e.g., issues related to confidentiality, shame related to traumatic experiences, stigma of receiving mental health treatment, etc.)
- If student assents to group treatment, identify which traumatic experience from the screener the student wishes to address in individual sessions and which parts to address in the group and plan for how the student will offer and receive support from peers
- Identify if students have been avoiding certain things since the event
- Ask if there are any particular children at the school who would make it difficult to be in the group (a bullying situation, for example)
- Consider making a referral to other trauma services if the group treatment model seems inappropriate or inadequate
- Let the student know that you will be contacting their caregiver about their participation in the group
Individual Meeting Form

Student Name: _________________________________

Date of Individual Meeting: ______________________

**Results of Screening Tool**

Score of Trauma Exposure Checklist (Part A): ____________

Score of Child PTSD Symptom Scale (Part B): ____________

**Stressful Event to Be Addressed in Individual Sessions:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Parts of Stressful Event to Be Addressed in Group:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Plan for How Students will Offer and Receive Support in Group:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Areas of Avoidance Since the Event that Will Be Addressed in Group:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Plan (check all that apply):**

_____ Contact Parent

_____ Student will Participate in Group

_____ Student Ineligible/Inappropriate for Group, Describe: ________________

______ Student Refuses Group

_____ Referral to: __________________________________________________________
Logistical Planning Checklist

- Inform the school principal about the group treatment program being offered at the school.
- Ensure that a room (ideally the same room each week) is available for the 10 weeks that the group will be held.
- Gather the daily schedules of all the students who will be attending the group in order to schedule a day of the week and period during the day that the group will be held (ideally the same day and period each week).
- Keep in mind whether students are allowed to be taken from academic or non-academic classes for group treatment and be mindful of particular classes that might be a hardship for a specific individual student to miss.
- Be mindful of other pullouts (Speech Therapy, PT, OT, etc.) when designing schedules.
- Set the schedule for the entire 10 weeks of groups that will occur, making sure to include holidays and school vacations when the group will not meet.
- Investigate how standardized testing will interfere with the group schedule, keeping in mind that it may affect students differently depending on their grade.
- Develop a plan for how students will be gathered for group (come to the group on their own, gather students from that period class once they have arrived, call students to the office from their class, etc.).
- Ensure that appropriate school personnel know which students you are meeting with for group and where, in case of emergency.
- Organize all of the materials you will need to conduct your group, using the Materials Organizer and Group Workbooks as organizational aids.
How to Register Your CBITS or Bounce Back Group

Once you have received your CBITS or Bounce Back training, you will be sent email alerts that contain a URL link to the Group Registration Form. When you are ready to start your group, connect to that link in order to complete and submit the Group Registration Form. A copy of what the form will look like is included here, but please only complete the form online.

The form asks for:
- Name of Group Leader
- Group Leader Employer or University (e.g., Boston Public Schools, Home for Little Wanderers, Simmons University, etc.)
- Group Leader Email Address
- School District in Which the Group is Run
- Name of School in Which the Group is Run

If the group has a co-leader, the form also asks for:
- Name of Group Co-Leader
- Co-Leader Employer or University
- Co-Leader Email Address

GROUP INFORMATION
The form asks 5 questions about the group:
- Total Number of Students Participating in the Group
- Total Number of Students Screened (including students who did not receive group treatment)
- To the best of your knowledge, how many of the students in the group are, or ever were, Unaccompanied Immigrant Children?
- Type of Group (CBITS or Bounce Back)
- Group Start Date
Center For Trauma Care in Schools: CBITS/Bounce Back Group Registration - School Year 2018-2019

This form is used for the purpose of helping us collect information about the groups, so we know who is leading a group to ensure you have the support you need.

Once you submit the form, Lisa Baron will reach out to you to offer additional support. If you are leading a Bounce Back group, Lisa will arrange for you to receive the requisite children's books to be used for the group.

If you have any questions, feel free to reach out to your supervisor, or to us directly at lbaron@aipinc.org

1. Name of Group Leader *

2. Group Leader Employer or University *

3. Group Leader Email Address *

4. School District in Which the Group is Run *

5. Name of School in Which the Group is Run *
6. Name of Group Co-Leader (if any)

7. Co-Leader Employer or University

8. Co-Leader Email Address

GROUP INFORMATION

9. Total Number of Students Participating in Group *

10. Total Number of Students Screened (including students who did not receive group treatment) *

11. To the best of your knowledge, how many of the students in the group are, or ever were, Unaccompanied Immigrant Children? *

12. Type of Group *
   Mark only one oval.

   ○ CBITs

   ○ Bounce Back

13. Group Start Date *
   
   Example: December 15, 2012
Group Implementation Resources Available Through CTCS
Group Implementation Resources

CBITS and Bounce Back Materials Organizers
The CBITS Materials Organizer and the Bounce Back Materials Organizers, session-by-session lists of materials required for each group session (also available in the CBITS and Bounce Back Session-by-Session Workbooks) are included here. They are a valuable tool to stay organized with materials needed for each group session as well as individual sessions, caregiver education, and teacher education.

Bounce Back Lending Library
All of the books that are needed for Bounce Back groups are available for borrowing from the CTCS Bounce Back Lending Library. Once Bounce Back groups are registered online, CTCS staff will contact you to help arrange for borrowing of books, if necessary. The Lending Library Form is included here. The library includes “Sometimes I’m a Pillow”, written by CTCS staff Susan Lovett.

CBITS and Bounce Back Manuals and Workbooks
The CBITS and Bounce Back manuals are both available online for free download. They will also be made available to you electronically and at your training. Instructions for downloading the manuals are included here.

A CTCS CBITS Session-by-Session Workbook will be provided to you at your training.

The Bounce Back workbook is available online for free download. Instructions for downloading the workbook are included here. The workbook will also be made available to you electronically and at your training.

CBITS Manual is available at cbitsprogram.org.
Bounce Back Manual and Workbook is available at bouncebackprogram.org.

Group Attendance Sheet (Optional)
Although not mandatory, the group attendance sheet is a helpful tool to track session-by-session attendance for your group. This is important when reporting session attendance on the Student Face Sheet.
**Group Evaluation Form (Optional)**
The Group Evaluation Form can be completed during the last group session, if it is clinically appropriate. They are anonymous and that is why there are no places for students to write identifying information. Although the Group Evaluation Form is optional, CTCS greatly appreciates the clinicians who use the form to get feedback about the group process. It is helpful to clinicians, to schools and districts, to CTCS staff, as well as to funders.

Mail the completed Group Evaluation Forms to:
Lisa Baron, AIP, 31 Heath Street, Boston, MA 02130
Scan and email to: LBaron@aipinc.org
Fax to: 617-849-7414

**Group Reimbursement Voucher (Optional)**
If you wish to be reimbursed for snacks and/or a final group celebration, please follow the directions on the Group Reimbursement Voucher form. Please note the limits on reimbursement and that accompanying receipts are required.

Mail the completed Group Reimbursement Vouchers (and accompanying receipts) to:
Lisa Baron, AIP, 31 Heath Street, Boston, MA 02130
Scan and email to: LBaron@aipinc.org
CBITS Materials Organizer

Materials such as pencils, pens, markers, highlighters, newsprint, tape, snacks, water, hall passes, etc. are needed throughout. Materials in italics listed below are specifically developed by Alliance for Inclusion and Prevention and are included in the Session-by-Session Workbook and are not included in the CBITS Manual.

### Session 1 (Introductions)

<table>
<thead>
<tr>
<th>TO BRING</th>
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</tr>
</thead>
</table>
| • Session 1 Manual  
  • M&Ms (multi-colored)  
  • ‘Individual Meeting Form’ or Other Pre-group Orientation Meeting Information | • Ice Breaker Index Cards  
  • Schedule of Meetings | • Agenda  
  • Confidentiality Agreement  
  • Thinking-Feeling-Doing Triangle  
  • ‘Goals’ Home Practice |

### Session 2 (Education and Relaxation)

<table>
<thead>
<tr>
<th>TO BRING</th>
<th>TO MAKE</th>
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</thead>
</table>
| • Session 2 Manual  
  • Stuffed Animals or Toys for Belly Breathing  
  • Thinking-Feeling-Doing Triangle | • Index Cards/Slips of Paper of Common Reactions  
  • Bag to Draw From | • Agenda  
  • Feeling Thermometers  
  • Relaxation Scripts  
  • ‘Education and Relaxation’ Home Practice  
  • ‘Common Reactions to Stress or Trauma’ Handout for Parents |

### Session 3 (Introduction to Cognitive Therapy)

<table>
<thead>
<tr>
<th>TO BRING</th>
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</thead>
</table>
| • Session 3 Manual  
  • Thinking-Feeling-Doing Triangle  
  • Feeling Thermometer  
  • Relaxation Scripts  
  • Stuffed Animals or Toys for Belly Breathing | • Decorations for Hot Seat or Hot Seat Flames | • Agenda  
  • ‘Hot Seat Activity’ Sheet  
  • ‘Hot Seat Exercise’ Home Practice  
  • ‘Hot Seat Exercise (Example)’ Sheet  
  • ‘Relaxation Home Practice’ |

### Session 4 (Combating Unhelpful Negative Thoughts)

<table>
<thead>
<tr>
<th>TO BRING</th>
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</thead>
</table>
| • Session 4 Manual  
  • Thinking-Feeling-Doing Triangle  
  • Feeling Thermometer  
  • Relaxation Scripts  
  • Stuffed Animals or Toys for Belly Breathing | • Decorations for Hot Seat or Hot Seat Flames | • Agenda  
  • ‘Hot Seat Activity’ Sheet  
  • ‘Hot Seat Exercise’ Home Practice  
  • ‘Relaxation Home Practice’ |
### Session 5 (Introduction to Real-Life Exposure)

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<thead>
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</table>
| • Session 5 Manual  
  • Thinking-Feeling-Doing Triangle  
  • Feeling Thermometer  
  • Relaxation Scripts  
  • ‘Hot Seat Questions’ Sheet  
  • Stuffed Animals or Toys for Belly Breathing | | • Agenda  
  • ‘Facing Your Fears’ Sheet  
  • ‘Steps Toward Facing Your Fears’ Activity  
  • ‘Assignment’ Home Practice  
  • ‘Relaxation Home Practice’ |

### Session 6 (Exposure to Stress or Trauma Memory)

<table>
<thead>
<tr>
<th>TO BRING</th>
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</thead>
</table>
| • Session 6 Manual  
  • Various Art and Writing Materials  
  • ‘Individual Session Narrative Worksheet’ and/or ‘Individual Session Group Meeting Plan’ or Other Individual Session Information  
  • Thinking-Feeling-Doing Triangle  
  • Feeling Thermometer  
  • Relaxation Scripts  
  • ‘Hot Seat Questions’ Sheet  
  • Stuffed Animals or Toys for Belly Breathing | | • Agenda  
  • ‘Assignment Part 1’ Home Practice  
  • ‘Assignment - Part 2: Hot Seat Thoughts’ Home Practice  
  • ‘Relaxation Home Practice’ |

### Session 7 (Exposure to Stress or Trauma Memory)

<table>
<thead>
<tr>
<th>TO BRING</th>
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</thead>
</table>
| • Session 7 Manual  
  • Various Art and Writing Materials  
  • ‘Individual Session Narrative Worksheet’ and/or ‘Individual Session Group Meeting Plan’ or Other Individual Session Information  
  • Thinking-Feeling-Doing Triangle  
  • Feeling Thermometer  
  • Relaxation Scripts  
  • ‘Hot Seat Questions’ Sheet  
  • Stuffed Animals or Toys for Belly Breathing | | • Agenda  
  • ‘Assignment - Part 1’ Home Practice  
  • ‘Assignment - Part 2’ Home Practice  
  • ‘Relaxation Home Practice’ |
### Session 8 (Introduction to Social Problem-Solving)

<table>
<thead>
<tr>
<th>TO BRING</th>
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<tbody>
<tr>
<td>• Session 8 Manual</td>
<td>• Thinking-Feeling-Doing Triangle</td>
<td>• Agenda</td>
</tr>
<tr>
<td>• ‘Social Problem-Solving’ Sheet</td>
<td>• Relaxation Scripts</td>
<td>• ‘Social Problem-Solving’ Sheet</td>
</tr>
<tr>
<td>• ‘Hot Seat Questions’ Sheet</td>
<td>• ‘Problem Solving Practice’ Activity</td>
<td>• ‘Problem Solving Practice’ Activity</td>
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<tr>
<td>• ‘Problem Solving Assignment’ Home Practice</td>
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<td>• ‘Problem Solving Assignment’ Home Practice</td>
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<tr>
<td>• Stuffed Animals or Toys for Belly Breathing</td>
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</table>

### Session 9 (Practice With Social Problem-Solving)

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<th>TO BRING</th>
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<tbody>
<tr>
<td>• Session 9 Manual</td>
<td>• CBITS Trivia Game Questions</td>
<td>• Agenda</td>
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<tr>
<td>• Thinking-Feeling-Doing Triangle</td>
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<tr>
<td>• Feeling Thermometer</td>
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<tr>
<td>• Relaxation Scripts</td>
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<tr>
<td>• ‘Hot Seat Questions’ Sheet</td>
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<tr>
<td>• ‘Social Problem-Solving’ Sheet</td>
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<tr>
<td>• Stuffed Animals or Toys for Belly Breathing</td>
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### Session 10 (Relapse Prevention and Graduation)

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<tr>
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<tbody>
<tr>
<td>• Session 10 Manual</td>
<td>• Graduation Certificates (Examples Included)</td>
<td>• Agenda</td>
</tr>
<tr>
<td>• Thinking-Feeling-Doing Triangle</td>
<td>• CBITS Graduation Grab Bags (Examples of Content Included)</td>
<td>• Screening Tool Part B</td>
</tr>
<tr>
<td>• Feeling Thermometer</td>
<td></td>
<td>• Group Evaluation Form</td>
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<tr>
<td>• Relaxation Scripts</td>
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<tr>
<td>• ‘Hot Seat Questions’ Sheet</td>
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</tr>
<tr>
<td>• ‘Social Problem-Solving’ Sheet</td>
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<tr>
<td>• Stuffed Animals or Toys for Belly Breathing</td>
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</tbody>
</table>
**Individual Sessions**

For Interview:
- Individual Session Manual
- Counseling Worksheet
- ‘Individual Session Sequence’ Sheet
- ‘Individual Session Narrative Worksheet’
- ‘Individual Session Group Meeting Plan’

For Support:
- Thinking-Feeling-Doing Triangle
- Feeling Thermometer
- Relaxation Scripts
- ‘Hot Seat Questions’ Sheet
- Various Art and Writing Materials
- Stuffed Animals or Toys for Belly Breathing

**Caregiver Education**

**Session 1**
To Bring:
- Caregiver Education Manual

For Handouts:
- ‘Common Reactions to Stress or Trauma’ Sheet
- Thinking-Feeling-Doing Triangle
- Feeling Thermometer
- Relaxation Scripts

**Session 2**
To Bring:
- Caregiver Education Manual

For Handouts:
- ‘Examples of Thoughts/Facing Your Fears’ Sheet
- ‘Hot Seat Questions’ Sheet
- ‘Social Problem-Solving’ Sheet
- ‘Assignment – Part 1/Assignment – Part 2’ from Session 7

**Teacher Education**

To Bring:
Teacher Education Manual

For Handouts:
- ‘Common Reactions to Stress or Trauma’ Sheet
- Thinking-Feeling-Doing Triangle
- CBITS Program Components

Other Resources:
- NCTSN - Child Trauma Toolkit for Educators (https://www.nctsn.org/sites/default/files/resources/child_trauma_toolkit_educators.pdf)
- Students and Trauma Video (available at www.cbitsprogram.org)
# Bounce Back Materials Organizer

Materials such as pencils, pens, markers, highlighters, newsprint, tape, snacks, water, hall passes, etc. are needed throughout, in every session.

## Session 1 (Treatment Expectations, Introductions, and Psychoeducation)

<table>
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<tr>
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<tbody>
<tr>
<td>• Session 1 Manual</td>
<td>• Agenda</td>
<td>• Confidentiality Agreement</td>
</tr>
<tr>
<td>• M&amp;Ms (Multicolored)</td>
<td>• Group Rules</td>
<td>• ‘Prevalence and Normalization’ Sheet</td>
</tr>
<tr>
<td>• Folders</td>
<td>• ‘Goals’ Home Practice</td>
<td>• ‘Goals’ Home Practice</td>
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<td>• Rewards for Behavioral Program</td>
<td>• Know the number of students in</td>
<td>• Session 1 Letter to Parents</td>
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## Session 2 (Rationale, Feelings and Positive Activities, and Normalizing Common Reactions)

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<tr>
<td>• Session 2 Manual</td>
<td>• Agenda</td>
<td>• ‘Common Reactions to Stress or Trauma’ Parent Handout</td>
</tr>
<tr>
<td>• Group Rules</td>
<td>• CBT Triangle</td>
<td>• ‘Practice Sheet Session 2’ Home Practice</td>
</tr>
<tr>
<td>• “A Terrible Thing Happened”</td>
<td>• Feelings</td>
<td>• Session 2 Letter to Parents</td>
</tr>
<tr>
<td>• “Sometimes I’m A Pillow”</td>
<td>• Flashcards</td>
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<tr>
<td>• Rewards for Behavioral Program</td>
<td>• Feelings Grab-bag</td>
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<tr>
<td>• ‘Our Feelings Poster’</td>
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## Session 3 (Body Feelings [Physiological Arousal] and Relaxation Training)

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<tr>
<td>• Session 3 Manual</td>
<td>• Agenda</td>
<td>• ‘Feeling Thermometer’ Sheet</td>
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<tr>
<td>• Group Rules and CBT Triangle</td>
<td>• Feeling</td>
<td>• ‘Body Feeling Worksheet’ Activity</td>
</tr>
<tr>
<td>• Small Stuffed Animals or Toys for Breathing</td>
<td>• Thermometer</td>
<td>• ‘Session 3 Practice Sheet’ Home Practice</td>
</tr>
<tr>
<td>• Rewards for Behavioral Program</td>
<td>• Poster</td>
<td>• Muscle Relaxation Pictures Handout</td>
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<tr>
<td>• Muscle Relaxation Script</td>
<td>• Body Feelings</td>
<td>• Session 3 Letter to Parents</td>
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<td>• Poster</td>
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### Session 4 (Using Helpful Thoughts)

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<tbody>
<tr>
<td>• Session 4 Manual</td>
<td>• Agenda</td>
<td>• Cartoons #1-6</td>
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<tr>
<td>• Group Rules, CBT Triangle, and Feeling Thermometer</td>
<td>• Courage Cards</td>
<td>• Cave People Cartoon</td>
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<td>• Rewards for Behavioral Program</td>
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<td>• ‘Session 4 Practice Sheet’ Home Practice</td>
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<td>• Muscle Relaxation Script</td>
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<td>• Session 4 Letter to Parents</td>
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<td>• Small Stuffed Animals or Toys for Breathing</td>
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### Session 5 ("I Can Do It Ladder" [In vivo Exposure Hierarchy])

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<td>• Session 5 Manual</td>
<td>• Agenda</td>
<td>• ‘I Can Do It Ladder’ Handout</td>
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<td>• Group Rules, CBT Triangle, and Feeling Thermometer</td>
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<td>• ‘Session 5 Practice Sheet’ Home Practice</td>
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<td>• Session 5 Letter to Parents</td>
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<td>• Muscle Relaxation Script</td>
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<td>• Small Stuffed Animals or Toys for Breathing</td>
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### Session 6 (Review Coping Skills)

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<tr>
<td>• Session 6 Manual</td>
<td>• Agenda</td>
<td>• ‘Session 6 Practice Sheet’ Home Practice</td>
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<tr>
<td>• Group Rules, CBT Triangle, and Feeling Thermometer</td>
<td>• Treasure Hunt Clues</td>
<td>• Session 6 Letter to Parents</td>
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<tr>
<td>• Treasure Hunt Supplies (Our Feelings Poster, Body Feelings Poster,</td>
<td>(with envelopes)</td>
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<tr>
<td>stuffed animals or toys, Courage Cards, cartoon thought bubble scenarios,</td>
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<tr>
<td>I Can Do It Ladder, “A Terrible Thing Happened”, a small prize for each</td>
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<td>child)</td>
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<td>• Rewards for Behavioral Program</td>
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<td>• Muscle Relaxation Script</td>
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<td>• Small Stuffed Animals or Toys for Breathing</td>
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### Session 7 (Social Support and Problem Solving)

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</table>
| • Session 7 Manual  
• Group Rules, CBT Triangle, and Feeling Thermometer  
• “The Invisible String”  
• Various Art and Writing Materials  
• Rewards for Behavioral Program  
• Muscle Relaxation Script  
• Small Stuffed Animals or Toys for Breathing | • Agenda | • ‘Who Is on Your Team’ Activity  
• ‘What To Do When My Feeling Thermometer is Rising’ Activity  
• ‘Session 7 Practice Sheet’  
Home Practice  
• Session 7 Letter to Parents |

### Session 8 (Practice with Problem Solving)

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| • Group Rules, CBT Triangle, and Feeling Thermometer  
• Props for Role Play (Tray and Milk Carton)  
• Rewards for Behavioral Program  
• Muscle Relaxation Script  
• Small Stuffed Animals or Toys for Breathing | • Agenda  
• Role Play Cards | • ‘What To Do When Your Feeling Thermometer is Rising’ Activity  
• ‘Session 8 Practice Sheet’  
Home Practice  
• Session 8 Letter to Parents |

### Session 9 (Review, Check Hierarchy Progress, Relapse Prevention)

<table>
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| • Group Rules, CBT Triangle, and Feeling Thermometer  
• Various Art and Writing Materials  
• Rewards for Behavioral Program  
• Muscle Relaxation Script  
• Small Stuffed Animals or Toys for Breathing | • Agenda  
• Poster for Consolidation Project | • ‘Putting It All Together: Tools You Can Use’ Handout  
• ‘Session 9 Review Trivia Game Examples’ Activity  
• Session 9 Practice Sheet  
• Session 9 Letter to Parents |
### Session 10 (Graduation/Celebration)

<table>
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</table>
| • Agenda, Group Rules, and CBT Triangle  
• Consolidation Project Materials  
• Various Art and Writing Materials  
• Rewards for Behavioral Program  
• Muscle Relaxation Script  
• Small Stuffed Animals or Toys for Breathing | • Agenda  
• Bounce Back Take Home Bags (e.g., CBT triangle, feelings cards, team banner, stuffed animal, courage card, ladder, crayon and pad of paper, thermometer, bouncy ball) | • Session 10 Letter to Parents |

### Individual Sessions

<table>
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<th>TO BRING</th>
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</table>
| • Various Art and Writing Materials  
• Feeling Thermometer | | • ‘My Story Outline’ Activity  
• ‘Tips for Listening to Your Child’ Parent Handout |

### Parent Education Sessions

<table>
<thead>
<tr>
<th>SESSION 1:</th>
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</table>
| • CBT Triangle  
• Feeling Thermometer  
• Muscle Relaxation Script | • Agenda | • ‘Common Reactions to Stress or Trauma’ Handout  
• Feelings Flashcards |

<table>
<thead>
<tr>
<th>SESSION 2:</th>
<th>SESSION 2:</th>
<th>SESSION 2:</th>
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</table>
| • Cave People Cartoon  
• Courage Card Example  
• Session 4 Practice Sheet  
• I Can Do It Ladder | • Agenda | • ‘Tips for Listening to Your Child’ Parent Handout |

<table>
<thead>
<tr>
<th>SESSION 3:</th>
<th>SESSION 3:</th>
<th>SESSION 3:</th>
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</table>
| • “The Invisible String” | • Agenda | • ‘Who Is on Your Team’ Activity  
• ‘Session 8 Practice Sheet, Page 2’  
• ‘What To Do When Your Feeling Thermometer is Rising’ Activity |
Center for Trauma Care in Schools
Bounce Back Lending Library Form

The following books have been provided to you by AIP’s Center for Trauma Care in Schools (CTCS) so that you may conduct your Bounce Back group. Once you have signed below, a copy of this form will be provided to you.

Once you have completed the Bounce Back group sessions, the books must be returned to CTCS. Please contact CTCS if you have any questions at 617-469-0074. Thank you.

Sometimes I'm a Pillow

Yesterday I Had the Blues

A Terrible Thing Happened

The Invisible String

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Check Out Date: ____________________  CTCS Staff Initials: __________

Clinician Name: ____________________________

Clinician Signature: ___________________________
Sometimes I’m a Pillow, written by CTCS staff Susan Lovett, is available through the CTCS Bounce Back Lending Library.

As we began to offer trainings in CBITS and Bounce Back, it became clear that there was a lack of training resources for young children that were culturally responsive. Specifically, the children’s books that were used to teach concepts of identifying feelings were not representative of the communities that we are serving. The national developers and trainers of the group treatment models also echoed that they were not aware of culturally responsive materials to use in the treatment model and agreed that there was a need. Sometimes I’m a Pillow has filled that gap in resources.

The book’s main character is Kai, a child of color who is also gender-neutral. The book helps teach students who participate in the treatment groups about identification of feelings and emotions in a clever way, through a character who is relatable to a broad range of children.

The model developers offered feedback about the content of the book and used it in national trainings in Bounce Back with positive results.

It is now available through Amazon and will continue to be promoted through national Bounce Back trainings as a much-needed resource that helps to better reflect the demographics of the children experiencing traumatic stress who are participating in these groups. The book has been purchased by The Trauma Center at Justice Resource Institute for use in its clinic. Boston Medical Center has purchased copies of the book to distribute to their clinicians at community health centers. It also has been purchased by numerous neighborhood branches of the Boston Public Library as well as by many Boston Public Schools elementary school teachers and clinicians.
How to Access Online Manuals and Workbooks

You must register with the CBITS and/or Bounce Back websites in order to access any of the program materials that are available there.

**CBITS**

**To Register**
- Go to [cbitsprogram.org](http://cbitsprogram.org)
- On CBITS Home, access to the registration link is in the ‘Take a CBITS Training Course’ and ‘Access our Free Resources’ sections
- Click ‘register with our website’ in either section
- Once you have completed your registration you have access to materials in the private CBITS site.

**CBITS Manual**
- If you return to the public site, access to the private site by clicking ‘Return to private site’ in the upper right corner of the page
- In the private site, under the tab ‘Training’, click ‘Program Materials’
- The CBITS manual is available by clicking on ‘FREE download’.
- A wide variety of other helpful resources are also available on the site.

**BOUNCE BACK**

**To Register**
- Go to [bouncebackprogram.org](http://bouncebackprogram.org)
- On Bounce Back Home, access to the registration link is in the ‘Take the Training Course’ section
- Click ‘Register with our website’
- Once you have completed your registration you have access to materials in the private Bounce Back site.

**Bounce Back Manual and Workbook**
- If you return to the public site, access to the private site by clicking ‘Return to Provider Center’ in the upper right corner of the page
- In the private site, click on ‘Resource Center’ in the left menu.
- Scroll down and click on ‘Bounce Back Training Manual’ in order to download the manual.
- Scroll down and click on ‘Bounce Back Workbook/Session Materials’ to download the session workbook.
- A wide variety of other helpful resources are also available on the site.
<table>
<thead>
<tr>
<th>Student Name</th>
<th>GROUPS</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>#8</th>
<th>#9</th>
<th>#10</th>
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CBITS/Bounce Back Group Attendance Sheet

Revised 7/2017
Group Evaluation Form

What did you learn from this group?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What was the most helpful part about this group?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What would you tell a friend about this kind of group?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are there any things you would change in order to improve the group?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I learned a lot in this group about coping with stressful events. (Circle one)

Center For Trauma Care in Schools
CBITS/Bounce Back Group Reimbursement Voucher

Clinician Name: ________________________________

Clinician Address:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Number of Students in CBITS/Bounce Back Group: _________

Purchased snacks? Yes _____ No _____

Purchased items for final group celebration? Yes _____ No _____

Providing snacks and items for a final group celebration for CBITS/Bounce Back group members is at the discretion of the clinician running the group. For each group, clinicians will be reimbursed a maximum of $5.00 per student for snacks and $2.50 per student for items for a final group celebration upon completion of the CBITS/Bounce Back group. Receipts must accompany reimbursement voucher. **Reimbursement will only be provided to clinicians who registered their group.**

Please mail the completed form and receipts to:
Lisa Baron, AIP, 31 Heath Street, Boston, MA 02130
Scan and email to: LBaron@aipinc.org

Clinician Signature ___________________________ Date ____________

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

**OFFICE USE ONLY**

__________________________ Approved by ______________ Expense Code ____________________

Revised 9/2019
Professional Resilience
Professional Resilience and Secondary Traumatic Stress

It is widely understood that professionals who have devoted their careers to work with children who have been exposed to traumatic events are themselves at risk for Secondary Traumatic Stress (STS). Although little research has been devoted to its study, its profound and debilitating effect is quite clear. Many efforts to respond to STS consist exclusively of “Self-Care” lists that go little beyond taking personal responsibility for improving diet, increasing exercise and maintaining a healthy life/work balance. While these items are important, the lists can feel more of an additional burden that places responsibility for responding to Secondary Traumatic Stress solely on the individual.

It is important to view Professional Resilience and Secondary Traumatic Stress within the larger context of the continuums of care for children into which helping professionals are embedded and to look to systemic responses as central to addressing STS. While individual self-care is important to combat STS, it must not stand alone and must exist within a larger systemic response in order to be effective.

Three resources are included here. The first is a resource from the National Child Traumatic Stress Network, “Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals”.

The second is a resource from the Harvard Graduate School of Education, “Helping Teachers Manage the Weight of Trauma”.

The final resource is from the Greater Good Science Center, “6 Habits of Happiness Worth Cultivating”.

CTCS will be using our Community of Practice Consultation and Support activities to help clinicians who are delivering the group treatment protocol to cope with potential Secondary Traumatic Stress and encourage every clinician to participate fully in the scheduled Community of Practice and use the forum as a mechanism to receive peer support.
"...We are stewards not just of those who allow us into their lives but of our own capacity to be helpful..."
How Individuals Experience Secondary Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence. A partial list of symptoms and conditions associated with secondary traumatic stress includes:

- Hypervigilance
- Hopelessness
- Inability to embrace complexity
- Inability to listen, avoidance of clients
- Anger and cynicism
- Sleeplessness
- Fear
- Chronic exhaustion
- Physical ailments
- Minimizing
- Guilt

Clearly, client care can be compromised if the therapist is emotionally depleted or cognitively affected by secondary trauma. Some traumatized professionals, believing they can no longer be of service to their clients, end up leaving their jobs or the serving field altogether. Several studies have shown that the development of secondary traumatic stress often predicts that the helping professional will eventually leave the field for another type of work.

Understanding Who is at Risk

The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children. Studies show that from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.

Any professional who works directly with traumatized children, and is in a position to hear the recounting of traumatic experiences, is at risk of secondary traumatic stress. That being said, risk appears to be greater among women and among individuals who are highly empathetic by nature or have unresolved personal trauma. Risk is also higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training. Protecting against the development of secondary traumatic stress are factors such as longer duration of professional experience, and the use of evidence-based practices in the course of providing care.

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary traumatic stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a label proposed by Figley4 as a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with that term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person’s traumatic material. The primary symptoms of vicarious trauma are disturbances in the professional’s cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society.
3 Identifying Secondary Traumatic Stress

Supervisors and organizational leaders in child-serving systems may utilize a variety of assessment strategies to help them identify and address secondary traumatic stress affecting staff members.

The most widely used approaches are informal self-assessment strategies, usually employed in conjunction with formal or informal education for the worker on the impact of secondary traumatic stress. These self-assessment tools, administered in the form of questionnaires, checklists, or scales, help characterize the individual’s trauma history, emotional relationship with work and the work environment, and symptoms or experiences that may be associated with traumatic stress.¹,⁹

Supervisors might also assess secondary stress as part of a reflective supervision model. This type of supervision fosters professional and personal development within the context of a supervisory relationship. It is attentive to the emotional content of the work at hand and to the professional’s responses as they affect interactions with clients. The reflective model promotes greater awareness of the impact of indirect trauma exposure, and it can provide a structure for screening for emerging signs of secondary traumatic stress. Moreover, because the model supports consistent attention to secondary stress, it gives supervisors and managers an ongoing opportunity to develop policy and procedures for stress-related issues as they arise.

Formal assessment of secondary traumatic stress and the related conditions of burnout, compassion fatigue, and compassion satisfaction is often conducted through use of the Professional Quality of Life Measure (ProQOL).⁷,⁸,¹⁰,¹¹ This questionnaire has been adapted to measure symptoms and behaviors reflective of secondary stress. The ProQOL can be used at regular intervals to track changes over time, especially when strategies for prevention or intervention are being tried.

4 Strategies for Prevention

A multidimensional approach to prevention and intervention—stating the individual, supervisors, and organizational policy—will yield the most positive outcomes for those affected by secondary traumatic stress. The most important strategy for preventing the development of secondary traumatic stress is the triad of psychoeducation, skills training, and supervision. As workers gain knowledge and awareness of the hazards of indirect trauma exposure, they become empowered to explore and utilize prevention strategies to both reduce their risk and increase their resiliency to secondary stress. Preventive strategies may include self-report assessments, participation in self-care groups in the workplace, caseload balancing, use of flextime scheduling, and use of the self-care accountability buddy system. Proper rest, nutrition, exercise, and stress reduction activities are also important in preventing secondary traumatic stress.

<table>
<thead>
<tr>
<th>PREVENTION</th>
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<tbody>
<tr>
<td>Psychoeducation</td>
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<tr>
<td>Clinical supervision</td>
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<tr>
<td>Ongoing skills training</td>
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<tr>
<td>Informal/formal self-report screening</td>
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<tr>
<td>Workplace self-care groups (for example, yoga or meditation)</td>
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<tr>
<td>Creation of a balanced caseload</td>
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<tr>
<td>Flextime scheduling</td>
</tr>
<tr>
<td>Self-care accountability buddy system</td>
</tr>
<tr>
<td>Use of evidence-based practices</td>
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<td>Exercise and good nutrition</td>
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</table>
Although evidence regarding the effectiveness of interventions in secondary traumatic stress is limited, cognitive-behavioral strategies and mindfulness-based methods are emerging as best practices. In addition, caseload management, training, reflective supervision, and peer supervision or external group processing have been shown to reduce the impact of secondary traumatic stress. Many organizations make referrals for formal intervention from outside providers such as individual therapists or Employee Assistance Programs. External group supervision services may be especially important in cases of disasters or community violence where a large number of staff have been affected.

The following books, workbooks, articles, and self-assessment tests are valuable resources for further information on self-care and the management of secondary traumatic stress:


- **Self-Care Assessment Worksheet** [http://www.ecu.edu/cs-dhs/rehb/uploa Wellneess_Assessment.pdf](http://www.ecu.edu/cs-dhs/rehb/uploa Wellneess_Assessment.pdf)


- Compassion Fatigue Self Test [http://www.ptdsupport.net/compassion_fatigue-selftest.html](http://www.ptdsupport.net/compassion_fatigue-selftest.html)

- **ProQOL** [http://proqol.org/ProQol_Test.html](http://proqol.org/ProQol_Test.html)

Both preventive and interventional strategies for secondary traumatic stress should be implemented as part of an organizational risk-management policy or task force that recognizes the scope and consequences of the condition. The Secondary Traumatic Stress Committee of the National Child Traumatic Stress Network has identified the following concepts as essential for creating a trauma-informed system that will adequately address secondary traumatic stress. Specifically, the trauma-informed system must

- Recognize the impact of secondary trauma on the workforce.
- Recognize that exposure to trauma is a risk of the job of serving traumatized children and families.
- Understand that trauma can shape the culture of organizations in the same way that trauma shapes the world view of individuals.
- Understand that a traumatized organization is less likely to effectively identify its clients’ past trauma or mitigate or prevent future trauma.
- Develop the capacity to translate trauma-related knowledge into meaningful action, policy, and improvements in practices.

These elements should be integrated into direct services, programs, policies, and procedures, staff development and training, and other activities directed at secondary traumatic stress.

“We have an obligation to our clients, as well as to ourselves, our colleagues and our loved ones, not to be damaged by the work we do.”

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
REFERENCES


Recommended Citation:


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About the National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.
Cultivating happiness worth habits of

1. Practice Kindness
   - gets friends closer
   - makes us feel good
   - being kind to others

2. Drop Grudges
   - when we forgive those who wrong us
   - we feel better about ourselves, experience more positive emotions

3. Give Thanks
   - gratitude promotes regular expressions of well-being
   - powerful of simply expressing gratitude reveals the enormous power of simply expressing gratitude

4. Pay Attention
   - less likely to be hostile or anxious
   - stronger immune systems
   - mindful people have studies show that

5. Keep Friends Close
   - key to happiness
   - social connections are
   - makes time for quantity, more than quality
   - research indicates it

6. Get Moving
   - extremely effective immediate
   - reduce anxiety and stress
   - increase self-esteem
   - regular exercise

7. Mindful Center
   - mindful center
   - science
   - good
greater

8. Mindful Science
   - mindful
   - science
   - center
   - more
CBITS and Bounce Back Forms
CBITS and Bounce Back Forms

- Trauma Exposure Checklist (Screening Tool Part A)
- Child PTSD Symptom Scale (Screening Tool Part B)
- Individual Meeting Form
- Trauma Exposure Checklist (Screening Tool Part A) (Spanish)
- Child PTSD Symptom Scale (Screening Tool Part B) (Spanish)
- Bounce Back Lending Library Form
- Group Attendance Sheet
- Group Evaluation Form
- Group Reimbursement Voucher
### Part A. TRAUMA EXPOSURE CHECKLIST

People may have stressful events happen to them. Read the list of stressful things below and circle YES for each of them that have EVER happened TO YOU. Circle NO if it has never happened to you.

Do not include things you may have only heard about from other people or from the TV, radio, news, or the movies. Only answer what has happened to you in real life. Some questions ask about what you SAW happen to someone else. And other questions ask about what actually happened to YOU.

**SAMPLE:**

<table>
<thead>
<tr>
<th>a. Have you EVER gone to a basketball game? <em>(Circle YES or NO)</em></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Have any of the following events EVER happened to you? (Circle Yes or No)**

<table>
<thead>
<tr>
<th>1. Have you been in a serious accident, where you could have been badly hurt or could have been killed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Have you seen a serious accident, where someone could have been (or was) badly hurt or died?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Has anyone close to you been very sick or injured?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Has anyone close to you died?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Have you had a serious illness or injury, or had to be rushed to the hospital?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Have you had to be separated from your parent or someone you depend on for more than a few days when you didn’t want to be?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Have you been attacked by a dog or other animal?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Has anyone told you they were going to hurt you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Have you seen someone else being told they were going to be hurt?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. Have you yourself been slapped, punched, or hit by someone?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Have you seen someone else being slapped, punched, or hit by someone?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13. Have you been beaten up?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Have you seen someone else getting beaten up?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Have you seen someone else being attacked or stabbed with a knife?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Have you seen someone pointing a real gun at someone else?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. Have you seen someone else being shot at or shot with a real gun?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
PART B: CHILD PTSD SYMPTOM SCALE

Below is a list of problems that kids sometimes have after experiencing something scary like we were just talking about. Of all the things that we just talked about, try to remember the thing that bothers you the most.

Now these next questions ask about the thing that bothers you most (whether it was getting hit, beaten up, threatened, or anything else). Listen carefully and circle the word that best describes how often these problems have bothered you IN THE PAST TWO WEEKS.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had upsetting thoughts or images about the event that came into your head when you didn’t want them to?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>2. Have you had bad dreams or nightmares?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>3. Have you been acting or feeling as if the event was happening again (for example, hearing something or seeing a picture about it and feeling as if you were there again)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>4. Have you been feeling upset when you think about or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>5. Have you had feelings in your body when you think about or hear about the event (for example, breaking out in a sweat, heart beating fast)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>6. Have you been trying not to think about, talk about, or have feelings about the event?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>7. Have you been trying to avoid activities, people, or places that remind you of the event (for example, not wanting to play outside or go to school)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td></td>
<td><strong>0</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
</tr>
<tr>
<td>---</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>8. Have you not been able to remember an important part of the event?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>9. Have you had much less interest or not wanting to do things you used to do?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>10. Have you not felt close to people around you?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>11. Have you not been able to have strong feelings (for example, being unable to feel very happy)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>12. Have you been feeling as if your future plans or hopes will not come true (for example, you will not go to high school, have a job, get married, have kids,)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>13. Have you had trouble falling or staying asleep?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>14. Have you been feeling irritable or having fits of anger?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>15. Have you had trouble concentrating (for example, losing track of a story on television, forgetting what you read, or not being able to pay attention in class)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>16. Have you been overly careful (for example, checking to see who is around you and what is around you)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
<tr>
<td>17. Have you been jumpy or easily startled (for example, when someone walks up behind you)?</td>
<td>Not at all</td>
<td>Once in a while</td>
<td>Half the time</td>
<td>Almost always</td>
</tr>
</tbody>
</table>
Individual Meeting Form

Student Name: ________________________________

Date of Individual Meeting: ____________________

**Results of Screening Tool**
Score of Trauma Exposure Checklist (Part A): __________

Score of Child PTSD Symptom Scale (Part B): __________

**Stressful Event to Be Addressed in Individual Sessions:**

________________________________________________________________________

________________________________________________________________________

**Parts of Stressful Event to Be Addressed in Group:**

________________________________________________________________________

________________________________________________________________________

**Plan for How Students will Offer and Receive Support in Group:**

________________________________________________________________________

________________________________________________________________________

**Areas of Avoidance Since the Event that Will Be Addressed in Group:**

________________________________________________________________________

________________________________________________________________________

**Plan (check all that apply):**

_____ Contact Parent

_____ Student will Participate in Group

_____ Student Ineligible/Inappropriate for Group, Describe: ________________

_____ Student Refuses Group

_____ Referral to: ____________________________
Sección A
Durante el transcurso de la vida de una persona ocurren eventos estresantes. Lee la lista a
continuación que enumera situaciones estresantes y marca con un círculo a la palabra SÍ si estas
situaciones ALGUNA vez TE han afectado. Marca la palabra NO con un círculo si nunca has vivido
tsituaciones de este tipo.
Estas preguntas no incluyen a las cosas que otras personas te comentaron o que escuchaste en
la televisión, la radio y las noticias o que viste en las películas. Tan solo contesta lo que te sucedió en
la vida real. Algunas preguntas indagan sobre lo que VISTE que le sucedió a otra persona. Y otras
preguntas indagan sobre lo que te sucedió a TÍ.
EJEMPLO:

<table>
<thead>
<tr>
<th></th>
<th>SÍ</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ¿ALGUNA vez fuiste a ver un partido de baloncesto? (Marca SÍ o NO con un círculo)</td>
<td>SÍ</td>
<td>NO</td>
</tr>
</tbody>
</table>

¿ALGUNA vez te ocurrieron algunas de las situaciones descritas a continuación? (Marca SÍ o NO con un círculo)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Has <strong>estado en</strong> un accidente serio en el que te lastimaste gravemente o en el que te podrías haber muerto?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>2. ¿Has <strong>visto</strong> un accidente serio en el que una persona se podría haber lastimado gravemente (o se lastimó gravemente) o se murió?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>3. ¿Alguna vez has pensado que <strong>tú o un ser querido</strong> se podría lastimarse gravemente en un desastre natural, tal como un huracán, inundación o terremoto?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>4. ¿Alguna persona allegada a ti ha estado muy enferma o lesionada?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>5. ¿Alguna persona allegada a ti ha muerto?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>6. ¿Has padecido una enfermedad grave o has sufrido una lesión grave por la que se te tuvo que llevar de urgencia a un hospital?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>7. ¿Has tenido que estar separado por más de un par de días de uno de tus padres o de alguien del cual dependías y no deseaba estar separado de esta persona?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>8. ¿Has sido atacado por un perro u otro animal?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>9. ¿Alguna persona te ha dicho que te iba a lastimar?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>10. ¿Estuviste presente en alguna ocasión en que una persona le dijo a <strong>otra persona</strong> que la iba a lastimar?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>11. ¿Alguien te ha dado una bofetada o un puñetazo o te ha golpeado?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>12. ¿Estuviste presente en alguna ocasión en que una persona le dio una bofetada o un puñetazo o golpeó a <strong>otra persona</strong>?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>13. ¿Alguien te ha dado un golpiza?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>14. ¿Has estado presente cuando le dan una golpiza a <strong>otra persona</strong>?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>15. ¿Has estado presente en una ocasión en que atacan o acuchillan a alguien con un cuchillo?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>16. ¿Has estado presente cuando una persona le ha apuntado una pistola de <strong>verdad</strong> a <strong>otra persona</strong>?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
<tr>
<td>17. ¿Has estado presente cuando le dispararon o le pegaron un tiro a <strong>otra persona</strong> con una pistola de <strong>verdad</strong>?</td>
<td>SÍ</td>
<td>NO</td>
</tr>
</tbody>
</table>
**PART B:**

A continuación incluimos una lista de los problemas que los niños posiblemente tengan luego de vivir una experiencia como la que describimos anteriormente que lo asusta. De todas las cosas que mencionamos, trata de recordar la que más te molesta.

Estas preguntas a continuación indagan sobre lo que más te ha molestado (si fue que te pegaran, que te dieran una golpiza, que te amenazarán o cualquier otra cosa). Escucha atentamente y marca con un círculo a las palabras que describen con mayor exactitud la frecuencia con la que estos problemas te han molestado en **LAS ÚLTIMAS DOS SEMANAS**.

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Has tenido pensamientos o imágenes sobre el evento que invaden tu mente indeseadamente?</td>
<td>Nunca</td>
<td>Ocasionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>2. ¿Has tenido sueños desagradables o pesadillas?</td>
<td>Nunca</td>
<td>Ocasionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>3. ¿Has estado comportándote o sintiéndote como si el evento estuviera volviendo a suceder (por ejemplo, oyes algo o ves una imagen al respecto y sientes como si estuvieras viviendo la situación nuevamente)?</td>
<td>Nunca</td>
<td>Ocasionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>4. ¿Te has sentido alterado cuando piensas u oyes sobre el evento (por ejemplo, te has sentido asustado, enojado, triste, culpable, etc.)?</td>
<td>Nunca</td>
<td>Ocasionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>5. ¿Has sentido emociones en tu cuerpo cuando piensas u oyes sobre el evento (por ejemplo, comienzas a sudar, el corazón te late más rápidamente)?</td>
<td>Nunca</td>
<td>Ocasionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>6. ¿Has tratado de no pensar sobre el evento, de no hablar o de no sentir al respecto?</td>
<td>Nunca</td>
<td>Ocasionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>7. ¿Has tratado de evitar actividades, de evitar a la gente o a sitios que te hacen recordar el evento (por ejemplo, has sentido que no quieres jugar afuera o ir a la escuela)?</td>
<td>Nunca</td>
<td>Ocasionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
</tbody>
</table>

10218/Translated by the LAUSD Translations Unit.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>8. ¿Te ha pasado que no puedes recordar una parte importante del evento?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>9. ¿Has perdido interés o no quieres hacer las cosas que te gustaba hacer?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>10. ¿Te has sentido distante de las personas que te rodean?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>11. ¿Te ha pasado que no puedes sentir emociones intensas (por ejemplo, no has podido sentirte muy feliz)?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>12. ¿Has estado sintiendo que tus planes o deseos para el futuro no se harán realidad (por ejemplo, no asistirás a la preparatoria, no conseguirás un trabajo, no te casarás, no tendrás hijos)?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>13. ¿Te ha resultado difícil quedarte dormido o dormir?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>14. ¿Te has estado sintiendo irritado o has tenido arranques de ira?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>15. ¿Te ha resultado difícil concentrarte (por ejemplo, no puedes seguirle el hilo a un relato en la televisión, te olvidas lo que lees o no puedes prestar atención en clase)?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>16. ¿Has sido demasiado cauteloso (por ejemplo, quieres estar al tanto de quién o qué te rodea)?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
<tr>
<td>17. ¿Has estado nervioso o te has sobresaltado (por ejemplo, cuando alguien se acerca a ti desde atrás)?</td>
<td>Nunca</td>
<td>Ocacionalmente</td>
<td>El 50% del tiempo</td>
<td>Prácticamente en todo momento</td>
</tr>
</tbody>
</table>
Center for Trauma Care in Schools
Bounce Back Lending Library Form

The following books have been provided to you by AIP's Center for Trauma Care in Schools (CTCS) so that you may conduct your Bounce Back group. Once you have signed below, a copy of this form will be provided to you.

Once you have completed the Bounce Back group sessions, the books must be returned to CTCS. Please contact CTCS if you have any questions at 617-469-0074. Thank you.

**Sometimes I'm a Pillow**

Yes ____  No ____

**Yesterday I Had the Blues**

Yes ____  No ____

**A Terrible Thing Happened**

Yes ____  No ____

**The Invisible String**

Yes ____  No ____

Check Out Date: ________________  CTCS Staff Initials: ____________

Clinician Name: ________________________________

Clinician Signature: ________________________________
<table>
<thead>
<tr>
<th>Student Name</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

CBITS/Bounce Back Group Attendance Sheet

Revised 7/2017
Group Evaluation Form

What did you learn from this group?
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
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What was the most helpful part about this group?
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

What would you tell a friend about this kind of group?
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
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Are there any things you would change in order to improve the group?
__________________________________________________________________________________________________________________________________________________________
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__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

I learned a lot in this group about coping with stressful events. (Circle one)

Center For Trauma Care in Schools
CBITS/Bounce Back Group Reimbursement Voucher

Clinician Name: _________________________________

Clinician Address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Number of Students in CBITS/Bounce Back Group: _________
Purchased snacks? Yes _____ No _____
Purchased items for final group celebration? Yes _____ No _____

Providing snacks and items for a final group celebration for CBITS/Bounce Back group members is at the discretion of the clinician running the group. For each group, clinicians will be reimbursed a maximum of $5.00 per student for snacks and $2.50 per student for items for a final group celebration upon completion of the CBITS/Bounce Back group. Receipts must accompany reimbursement voucher. **Reimbursement will only be provided to clinicians who registered their group.**

Please mail the completed form and receipts to:
Lisa Baron, AIP, 31 Heath Street, Boston, MA 02130
Scan and email to: LBaron@aipinc.org

Clinician Signature ___________________________ Date ________________

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OFFICE USE ONLY

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Approved by Expense Code

Revised 9/2019