CBITS
Cognitive-Behavioral Intervention for Trauma in Schools

PROGRAM COMPONENTS

GROUP SESSIONS (10 Weeks)

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

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

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

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

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

Group Session 8 & 9: Social Problem-Solving
  o Link between unhelpful thoughts and actions
  o Brainstorming solutions
  o Decision making: pros and cons
  o 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)
- Trauma narrative: Processing the trauma memory
- Planning for group support

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

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

**TEACHER EDUCATION**
- Education about common reactions to trauma
- Explanation of CBITS
- Tips for teaching students who have been traumatized
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? (Circle YES or NO)</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.**

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<tbody>
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<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
</tr>
<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>
</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>
</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>
</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>
</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>
</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>
</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>
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</tbody>
</table>
| 8. Have you not been able to remember an important part of the event? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 9. Have you had much less interest or not wanting to do things you used to do? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 10. Have you not felt close to people around you? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 11. Have you not been able to have strong feelings (for example, being unable to feel very happy)? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 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,)? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 13. Have you had trouble falling or staying asleep? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 14. Have you been feeling irritable or having fits of anger? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 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)? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 16. Have you been overly careful (for example, checking to see who is around you and what is around you)? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
| 17. Have you been jumpy or easily startled (for example, when someone walks up behind you)? | Not at all  
|   | Once in a while  
|   | Half the time  
|   | Almost always |
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.
<table>
<thead>
<tr>
<th>WEEK</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>CBITS/Bounce Back Training</td>
</tr>
<tr>
<td>Week 2</td>
<td>Active Consents/Student Screenings and Interviews</td>
</tr>
<tr>
<td>Week 3</td>
<td>Active Consents/Student Screenings and Interviews</td>
</tr>
<tr>
<td>Week 4</td>
<td>Active Consents/Student Screenings and Interviews</td>
</tr>
<tr>
<td>Week 5</td>
<td>Active Consents/Student Screenings and Interviews</td>
</tr>
<tr>
<td>Week 6</td>
<td>Active Consents/Student Screenings and Interviews</td>
</tr>
<tr>
<td>Week 7</td>
<td>Final Logistics and Planning</td>
</tr>
<tr>
<td>Week 8</td>
<td>Group #1</td>
</tr>
<tr>
<td>Week 9</td>
<td>Group #2</td>
</tr>
<tr>
<td>Week 10</td>
<td>Group #3/Individual Meetings</td>
</tr>
<tr>
<td>Week 11</td>
<td>Group #4/Individual Meetings</td>
</tr>
<tr>
<td>Week 12</td>
<td>Group #5/Individual Meetings</td>
</tr>
<tr>
<td>Week 13</td>
<td>School Break</td>
</tr>
<tr>
<td>Week 14</td>
<td>Group #6</td>
</tr>
<tr>
<td>Week 15</td>
<td>Group #7</td>
</tr>
<tr>
<td>Week 16</td>
<td>MCAS/PARCC</td>
</tr>
<tr>
<td>Week 17</td>
<td>Group #8</td>
</tr>
<tr>
<td>Week 18</td>
<td>Group #9</td>
</tr>
<tr>
<td>Week 19</td>
<td>Group #10</td>
</tr>
<tr>
<td>Week 20</td>
<td>Post-group Screenings</td>
</tr>
</tbody>
</table>

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
Setting the Tone For CBITS

Make it FUN
  o Be creative in how you deliver the activities.

Make it RELEVANT
  o Use examples relevant to their lives.

Make it PREDICTABLE
  o Use a calendar and an agenda and stick with them.

Make it USEFUL
  o Follow the concepts and all skill-building activities with fidelity.
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>
<th>TO MAKE</th>
<th>TO COPY</th>
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</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>
<th>TO COPY</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>
<th>TO MAKE</th>
<th>TO COPY</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>
<th>TO MAKE</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)

<table>
<thead>
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<th>TO BRING</th>
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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>
<th>TO MAKE</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>
<th>TO MAKE</th>
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<tbody>
<tr>
<td>• Session 8 Manual</td>
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<td>• Agenda</td>
</tr>
<tr>
<td>• Thinking-Feeling-Doing Triangle</td>
<td></td>
<td>• ‘Social Problem-Solving’ Sheet</td>
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<tr>
<td>• Feeling Thermometer</td>
<td></td>
<td>• ‘Problem Solving Practice’ Activity</td>
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<tr>
<td>• Relaxation Scripts</td>
<td></td>
<td>• ‘Problem Solving Assignment’ Home Practice</td>
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<tr>
<td>• ‘Hot Seat Questions’ Sheet</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)

<table>
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<tr>
<th>TO BRING</th>
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<tbody>
<tr>
<td>• Session 9 Manual</td>
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<td>• Agenda</td>
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<tr>
<td>• Thinking-Feeling-Doing Triangle</td>
<td></td>
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<tr>
<td>• Feeling Thermometer</td>
<td>• CBITS Trivia Game Questions</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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<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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<thead>
<tr>
<th>TO BRING</th>
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</thead>
<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>
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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>
<td></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)
Common Reactions to Stress or Trauma

Name: ________________________________

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

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

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

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

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

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

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

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

**Not being able to remember parts of what happened.** This happens to a lot of people. The stressful event can be so awful that your memory doesn’t work the way it usually does. Sometimes it gets easier to remember it later on, and sometimes it gets harder. This can be frustrating, but it's really normal.
**Having trouble concentrating at school or at home.** With all the nervousness you are feeling and all the time you are spending thinking about what happened, it can be hard to concentrate on school work or even what your friends or family say to you.

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

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

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

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

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

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

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

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

EXPLAIN
  o Describe why these symptoms occur.

NORMALIZE
  o Emphasize that these reactions to stress are common.

PEER SUPPORT
  o Gain peer support through sharing in the group.

PROVIDE HOPE
  o Reassure that these symptoms can become manageable through support and skill-building.
Individual Session Sequence

**PROVIDE RATIONALE**
Provide an example and rationale of why we do this (e.g., digestion).

**ASK STUDENT TO TELL THE STORY**
Ask the student to tell the story of the trauma in movie-like detail and take notes.

**BREAK DOWN THE STORY INTO PARTS**
Break down the story into parts and ask the student to rate how s/he feels NOW at each part.

**ASK THE STUDENT TO RE-TELL THE STORY**
Ask the student to re-tell the story, asking for feeling ratings at the 2-3 most bothersome parts.

**REPEAT**
Repeat until distress is reduced, by half if possible. Schedule another meeting if necessary.

**PLAN FOR GROUP DISCLOSURE**
Plan for disclosure and getting support in group sessions 6 & 7.
Counseling Worksheet

Name of Student: ________________________________

Part(s) of stress or trauma:

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<th>Part(s) of stress or trauma</th>
<th>Feelings Thermometer Rating</th>
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Part(s) that the student will work on in imagination, writing, or drawings:

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

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# Individual Session Narrative Worksheet

Name of Student: ________________________________

Date(s) of Individual Session  
#1 ____________  
#2 ____________  
#3 ____________

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<tr>
<th>Parts of the Narrative</th>
<th>Feeling Therm. Rating #1</th>
<th>Feeling Therm. Rating #2</th>
<th>Feeling Therm. Rating #3</th>
<th>Feeling Therm. Rating #4</th>
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Individual Session Group Meeting Plan

Name of Student: _________________________________

Date(s) of Individual Session:
#1 ____________   #2 ____________   #3 ____________

Summary of the narrative that the student is working on in individual session:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Summary of the parts that the student will work on by sharing in the group:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What support would be helpful from the group members when the student is sharing?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What support can the student offer to other group members when they are sharing?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Steps Toward Facing Your Fears

Name: ____________________________
Sleeping in Your Own Room

Driving in the Car After a Highway Accident

Going to the First Day of School

Going to the Doctor for Immunizations

Going to the Park and Playing with Friends After a Shooting

Going to Sleepaway Camp for the First Time

Trying Out for a School Drama Performance
Social Problem Solving

Three Parts to Every Problem
1. The Events that Happened/The Facts
2. How Others Think and Act
3. How You Think and Act

Four Parts to Solving a Problem
1. Identify the Problem
2. Brainstorm Solutions to the Problem
3. Identify the Pros and Cons to Each Solution
4. Choose a Solution and Evaluate How It Worked
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)