# Menu of Trauma-Informed Programs for Schools

Many educators are seeking guidance to support students who have experienced trauma, particularly related to the opioid crisis. This resource was co-developed by the REL AP team and the Cross-State Collaborative to Support Schools in the Opioid Crisis (CCSSOC) and provides a list of interventions developed to address this specific need. This program list is not comprehensive and focuses on school-based programs that address general and family-based trauma; it does not include programs that focus on other types of trauma (like sexual abuse, natural disasters, or wars). It also does not include school-community collaborations, after-school or family-based programs, or therapies typically conducted in clinical settings.

This document includes two tables. The first table, **Program Descriptions** (pages 2-4, blue header), provides descriptions of each program, including hyperlinks you can click on for more information, intended audience (grades, students vs. teachers, specific sub-groups), program setting, and other important considerations.

The second table, **Implementation Information** (pages 6-10, purple header), provides helpful implementation information for those looking to select and implement one or more interventions from this list. This table includes the intensity of the resources typically needed for implementation, implementation considerations (e.g., who implements, required professional development, materials), and evaluation information. There is a **Key** for some of this information on page 5 before this table is presented.

Both tables organize all interventions using the Multi-Tiered System of Supports (MTSS) framework. Specifically, interventions are listed under one of these three categories:

- **Multi-Tiered**: Supports that include all 3 tiers
- **Tier 1**: Universal support for **all** students
- **Tier 2** and **Tier 3**: Targeted support for **some** students (Tier 2) **and** intensive support for a **few** students (Tier 3)

Tier 3

Tier 2

Tier 1

Multi-Tiered System of Supports (MTSS)
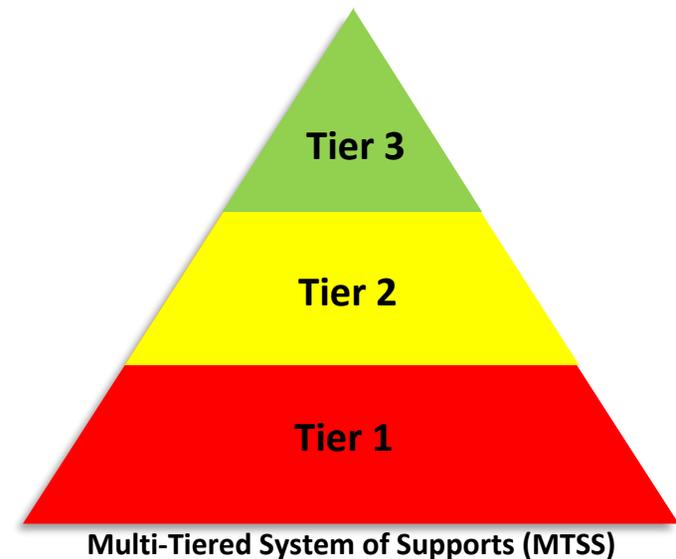
Program Descriptions

Multi-Tiered: *Supports that include all 3 tiers*							
Program Name (and developers)	**Program Description**	**Grade**	**Participants**			**Program Setting**	**Considerations**
			All Students	**Educators**	**Specific Sub-Groups**		
Animating Learning by Integrating and Validating Experience (ALIVE) (Foundation for the Arts and Trauma, Inc.)	A trauma-informed program that includes screening, stress reduction, child safety education, letter-writing for students to express emotions, and professional development.	K–12	✓		Students identified as struggling and in need of additional services.	Various locations within schools	
Healthy Environments and Response to Trauma in Schools (HEARTS) (University of California San Francisco)	A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools.	K–12	✓	✓	At-risk students and students suffering from effects of trauma.	Various locations within schools	Includes teacher wellness groups for secondary trauma.
Project Linking Action to Unmet Needs in Children's Health (LAUNCH) (National Center for Healthy Safe Children)	A community-school partnership project that includes training teachers to deliver social-emotional curriculum and provides onsite mental health supports, including trauma-informed approaches.	ECE–2	✓	✓	Students with identified behavior problems in the classroom and students with mental health issues.	Various locations within schools	Implemented in Appalachia and other regions throughout the United States with trauma focus.
Student Assistance Program (SAP) (Prevention First[1])	A school-based, evidence-informed framework for prevention, early intervention, referral and support for students with needs dealing with non-academic barriers to learning.	K–12	✓		Students unable to fully benefit from educational opportunities due to trauma generated at school or at home.	Various locations within schools	

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[1] The Prevention First organization developed one example of a Student Assistance Program that addresses student mental health concerns.

Tier 1: *Universal support for all students*							
Program Name (and developers)	**Program Description**	**Grade**	**Participants**			**Program Setting**	**Considerations**
			All Students	**Educators**	**Specific Sub-Groups**		
Heart of Learning and Teaching (HLT) (Office of Superintendent of Public Instruction in Washington and Western Washington University)	A curriculum for teachers that includes modules on trauma, building compassionate schools, self-care, collaborative problem solving, and role plays, games, and case vignettes.	K–12	✓		Program designed for all students. Evaluation study conducted with female students involved in the foster care and juvenile justice systems.	Classroom	
Monarch Room (MR) (Baroni, Day, Crosby, Somers, & Vanderwill)	A room managed by trained staff that provide various strategies (e.g., sensory-integration activities, problem-solving conversations) when students are referred due to escalated negative emotions or behavior.	K–12	✓			Separate room within school	Often implemented with Heart of Learning and Teaching (HLT).
Resilience Classroom Curriculum (aka FOCUS) (Ijadi-Maghsoodi, Marlotte, Garcia, Aralis, Escudero, Lester, & Kataoka)	A trauma-informed resilience-building preventive classroom intervention for students in high-risk environments (e.g., urban neighborhoods known for violence).	K–12	✓			Classroom	For more information about the program for military families, see this site.
The Supportive Trauma Interventions for Educators (STRIVE) (Boston Medical Center, Boston Public Schools, and Vital Village Network)	A program that aims to improve classroom environments and develop trauma-sensitive school systems connected to community-based resources.	K–2	✓	✓		Classroom	

Tier 2: *Targeted support for some students* **and Tier 3:** *Intensive support for a few students*							
Program Name (and developers)	**Program Description**	**Grade**	**Participants**			**Program Setting**	**Considerations**
			All Students	**Educators**	**Specific Sub-Groups**		
Bounce Back (Langley & Jaycox)	A school-based group intervention for students exposed to stressful and traumatic events.	K–5			Children from diverse ethnic/social backgrounds exposed to traumatic events.	Small groups at school	An adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (see description below) that includes increased parental involvement that is appropriate for younger school children.
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Escudero, Jaycox, Kataoka, Stein, & Wong)	A group intervention designed to reduce symptoms of mental health disorders using cognitive-behavioral techniques.	5–12			Children who have witnessed or experienced traumatic life events.	Small groups at school	
Support for Students Exposed to Trauma (SSET) (Jaycox, Langley, & Dean)	A non-clinical adaptation of CBITS for students exposed to traumatic events and suffering from symptoms of post-traumatic stress disorder (PTSD).	6–8[1]			Students experiencing moderate to severe levels of PTSD.	Small groups at school	Each SSET group leader should have a designated clinician from the school or district who can be on call during the SSET groups.
Trauma-Grief Component Therapy for Adolescents (TGCT-A) (Saltzman, Layne, Pynsoos, Olafson, Kaplow, & Boat)	Manualized intervention that addresses the complex needs of older children and adolescents contending with trauma, bereavement, or traumatic bereavement.	6–12			Students who have been exposed to trauma, loss, or a combination of the two.	Individual or group treatment in school	
Youth Mental Health First Aid (YMHFA) (National Council for Behavioral Health)	An 8-hour course that teaches how to help someone who may be experiencing a mental health or substance use challenge or crisis.	N/A		✓	Any adult working with children (not necessarily mental health professional).	School or community	

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[1] This program was evaluated in middle schools, but the program developers note that it will likely work well with students in late elementary through early high school.

Key for Implementation Information Table

Resource Intensity	
Resource Intensity: High	Program requires professional development training, delivery by specialized professional, significant cost, or accommodations.
Resource Intensity: Low	Program can be implemented with relatively low resources—low cost and relatively few hours of professional development.

Who Implements	
School staff	Teachers, administrators, or counselors in the school
Mental health professionals	Trained and licensed mental health professionals in the schools, such as school psychologist or social worker

Level of Evidence	

The level of evidence in support of programs is derived from federal clearinghouses which utilize rigorous procedures to examine the evidence and determine the confidence that practitioners can have about its generalizability to their settings. Where such ratings were not available, the REL AP staff provided tentative ESSA evidence ratings based on intervention, study methodology, outcomes, and target population. TBD (to be determined) indicates that an evaluation report/study is available for the program, but the rating is to be determined.

OJJDP For more information, visit: https://www.ojjdp.gov/MPG/Home/About/	
No Effects	Programs have strong evidence indicating that they did not achieve their intended outcomes when implemented with fidelity.
Promising	Programs have some evidence indicating they achieve their intended outcomes. Additional research is recommended.
Effective	Programs have strong evidence indicating they achieve their intended outcomes when implemented with fidelity.
Blueprints For more information, visit: https://www.blueprintsprograms.org/blueprints-certification/	
Promising	Interventions meet the minimum standard of effectiveness.
Model	Interventions meet a higher standard and provide greater confidence in the program's capacity to change behavior and targeted outcomes.
Model Plus	Interventions meet an additional standard of independent replication.
ESSA For more information, visit: https://www2.ed.gov/policy/elsec/leg/essa/guidanceuseseinvestment.pdf	
Demonstrates a Rationale	Well-specified logic model or theory of action. Includes ongoing efforts to collect evidence.
Promising Evidence	At least one well-designed and implemented correlational study demonstrating a statistically significant effect on relevant outcomes, which includes controls for statistical bias.
Moderate Evidence	At least one well-designed and implemented quasi-experimental study demonstrating a statistically significant effect on relevant outcomes.
Strong Evidence	At least one well-designed and implemented experimental study demonstrating a statistically significant effect on relevant outcomes.

Findings	

This column displays statistically significant findings associated with programs at all evidence levels. Programs with rigorous evaluation designs are indicated with "**Some evidence for…**," meaning that findings are expected to replicate in other settings in which these programs are implemented, but additional research is needed to establish stronger evidence.

Programs with lower levels of evidence (for example, ESSA "Demonstrates a Rationale") use research designs that provide less confidence in their ability to replicate in other settings, which are designated as "**Potential for…**" findings. Thus, although this column shows statistically significant findings associated with the program, one cannot make an inference that the program caused the outcomes.

Implementation Information

		Multi-Tiered: *Supports that include all 3 tiers*				
		Implementation Considerations			**Evaluation Information[2]**	
Program Name	**Resource Intensity[1]**	**Who Implements[1]**	**Professional Development/Training**	**Materials and Cost**	**Implementation Timeframe**	**Level of Evidence[1]**	**Findings[1]**
Animating Learning by Integrating and Validating Experience (ALIVE)	High	School staff; Mental health professionals	Specialist-based program: Trainer site visits (3x in first year, 2x in second year, and 1x per year afterward), specialized staff in school (1 hour per week for every 10 students). Teacher-based program: 2-day training session, ongoing phone coaching/supervision.	Program materials More information (including program cost) available at this site.	Tier 1: Weekly 1-hour trauma-focused dialogues in the classroom (by trainer or teacher). Tiers 2-3: One-on-one counseling as needed.	Demonstrates a Rationale (ESSA)	No statistically significant findings.[3] Relevant research was conducted in New Haven, Connecticut.
Healthy Environments and Response to Trauma in Schools (HEARTS)	High	School staff; Mental health professionals	Training on topics such as trauma and secondary stress, consultant onsite at school 3-5 days per week.	No public information identified	No public information identified	Demonstrates a Rationale (ESSA)	Potential for… **Students**: Improved school engagement; decreased disciplinary behavioral issues (less office referrals, less suspensions); improved trauma symptoms (students in tier 3 therapy). **Staff**: Increased knowledge, skills and use of trauma-sensitive practices. Program was developed to serve needs of schools with students from under-resourced, trauma-impacted neighborhoods, as well as significant gaps on achievement test scores between African American and Latino students and other students. Research thus far has been conducted in California and Colorado.

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[1] See Key on page 5 for more information.

[2] See citations for program evaluations on page 11.

[3] Descriptive/qualitative outcomes only, including learning opportunities, school environment, behavior, secure students, and confident teachers.

		Implementation Considerations				Evaluation Information[2]	
Multi-Tiered: *Supports that include all 3 tiers*							
Program Name	Resource Intensity[1]	Who Implements[1]	Professional Development/Training	Materials and Cost	Implementation Timeframe	Level of Evidence[1]	Findings[1]
Project Linking Action to Unmet Needs in Children's Health (LAUNCH)	High	School staff; Mental health professionals	Training on topics such as trauma and delivering a social-emotional curriculum.	At-risk student behavior plans developed by teachers; social-emotional curriculum.	Tier 1: Weekly social skills curriculum (by consultant).	Demonstrates a Rationale (ESSA)	Potential for… **Students**: Increased resilience. **Staff**: Increased confidence and competence; improved ability to handle challenging student behaviors. Relevant research was conducted in Ohio.
Student Assistance Program (SAP)	Low	School staff	Training on topics such as the impact of stress and trauma on brain development and how to recognize and appropriately respond to student requests for help.	Screening materials, intervention materials, free downloadable handbook.	No public information identified	Promising (ESSA)	Some evidence for… **Students:** Improved social and psychological functioning; stable level of alcohol/drug use (vs increase for comparison group). Relevant research was conducted with students from a range of socio-economic backgrounds and in districts with different urbanicities. Districts were primarily White, but one district had a large Hispanic population. Potential for… **Students**: decreased substance use; improved academic achievement. Relevant research was conducted in Nebraska.

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[1] See Key on page 5 for more information.
[2] See citations for program evaluations on page 11.

		Tier 1: *Universal support for all students*					
		Implementation Considerations				**Evaluation Information**[2]	
Program Name	**Resource Intensity**[1]	**Who Implements**[1]	**Professional Development/Training**	**Materials and Cost**	**Implementation Timeframe**	**Level of Evidence**[1]	**Findings**[1]
Heart of Learning and Teaching (HLT)	Low	School staff	Training workshops are optional for staff, but not required. Two half-day trainings, with booster trainings occurring monthly over 2-hour periods at staff development meetings.	Free downloadable manual; screening materials.	Program integrated into the daily classroom curriculum. Manual provides ideas for activities for teachers to implement as they see fit.	Demonstrates a Rationale (ESSA)	Potential for… **Students:** Decreased PTSD symptoms[3]. Relevant research was conducted with middle and high school female students with a history of abuse and neglect at a public charter school that works exclusively with female court-involved students in a mid-western U.S. city.
Monarch Room (MR)	High	Trauma-trained staff	No public information identified	Online publications and presentations.	Staff time to manage the MR.	N/A	No known evaluation with outcomes of interest.
Resilience Classroom Curriculum (aka FOCUS)	High	Mental health professionals	Program training (1 day).	No public information identified	Consists of 9 modules taught during class time. Modules generally last 45–55 minutes but can be split into two 25-minute modules if needed.	Demonstrates a Rationale (ESSA)	Potential for… **Students:** Improved empathy and problem solving. Relevant research was conducted with low-income, racially and ethnically diverse children in urban settings. Research has also been conducted in military-connected public schools in Southern California.
The Supportive Trauma Interventions for Educators (STRIVE)	High	Educators, parents, and caregivers	Program training (1 day or 2 day), ongoing consultation/coaching for staff.	Screening materials; program materials.	Program integrated into the daily classroom curriculum.	Demonstrates a Rationale (ESSA)	Potential for… **Students:** Improved coping skills and classroom behaviors. **Staff:** Improved classroom behavior management/organization, knowledge of trauma, confidence in implementing strategies, and self-efficacy. Relevant research was conducted in Boston, Massachusetts.

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[1] See Key on page 5 for more information.

[2] See citations for program evaluations on page 11.

[3] One evaluation study also found that students indicated that their need for school safety and security *increased* (rather than decreased) after the program.

		Implementation Considerations				Evaluation Information[2]	
Program Name	Resource Intensity[1]	Who Implements[1]	Professional Development/Training	Materials and Cost	Implementation Timeframe	Level of Evidence[1]	Findings[1]
Bounce Back	High	Mental health professionals	1- to 2-day in person training, free online training resources, potential ongoing implementation support by developer.	Implementation manual and workbook, free downloadable sample materials and forms, robust online community of practice.	Weekly 45- to 60-minute group sessions plus two or three 45- to 60-minute individual sessions over 10 weeks.	Promising (OJJDP)	Some evidence for… **Students:** Improved PTSD/trauma and anxiety symptoms, social adjustment, behaviors, emotional expression, and coping skills; decreased depression symptoms. Relevant research was conducted with racially and ethnically diverse children exposed to a range of traumatic events in urban settings.
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	High	Mental health professionals	2-day in person training, free online training resources, potential ongoing implementation support by developer.	Free downloadable materials (including implementation manual), online community, "Ask an Expert" More information (including program cost) available at this site.	Weekly 45-minute sessions in group format over 10 weeks, plus 1-3 individual 30-minute sessions throughout the program.	Promising (Blueprints); Effective (OJJDP)	Some evidence for… **Students**: Decreased PTSD symptoms and severe psychological problems; improved psychological and behavioral functioning. Relevant research was conducted with racially and ethnically diverse children exposed to a range of traumatic events in a northeastern state.
Support for Students Exposed to Trauma (SSET)	Low	School staff	1- to 2-day in person training, free online training resources. Ongoing consultation from a local clinician with expertise in cognitive-behavioral therapy (CBT) and/or child trauma treatment is recommended.	Free downloadable materials (including implementation manual), robust online community, video clips of advice from intervention developers.	Weekly 45-minute to 1-hour group session (one school period) over 10 weeks.	Promising (Blueprints); Effective (OJJDP)	Some evidence for… **Students:** Decreased PTSD and depression symptoms. Relevant research was conducted primarily with low SES, Latino/a students in an urban setting.

Tier 2: *Targeted support for some students* **and Tier 3:** *Intensive support for a few students*

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[1] See Key on page 5 for more information.
[2] See citations for program evaluations on page 11.

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Tier 2: *Targeted support for some students* **and Tier 3:** *Intensive support for a few students*							
		Implementation Considerations				Evaluation Information[2]	
Program Name	Resource Intensity[1]	Who Implements[1]	Professional Development/Training	Materials and Cost	Implementation Timeframe	Level of Evidence[1]	Findings[1]
Trauma-Grief Component Therapy for Adolescents (TGCT-A)	High	Mental health professionals	Determined depending on the size of the trainee group, the size of the training team, and the type and degree of content coverage, and the duration of the training (various 2- and 3-day training options are available).	Treatment manual, student workbooks.	Generally weekly sessions of 50-75 minutes for 12-26 weeks.	Demonstrates a Rationale (ESSA)	Potential for… **Students**: Decreased PTSD-related symptoms and maladaptive grief. Relevant research was conducted with economically disadvantaged middle school students.
Youth Mental Health First Aid (YMHFA)	High	School staff	One 8-hour training.	Student screening materials.	Utilized based on student needs.	Promising (ESSA)	Some evidence for… **Students:** Reported receiving more mental health information from school staff. **Teachers:** Increased knowledge about mental health problems, reduced stigma, and increased confidence to support students with mental health concerns. Relevant research was conducted in Australia with high school teachers and students.

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[1] See Key on page 5 for more information.
[2] See citations for program evaluations on page 11.

Evaluation Citations

Multi-Tiered Programs

Animating Learning by Integrating and Validating Experience (ALIVE)

Frydman, J. S., & Mayor, C. (2017). Trauma and early adolescent development: Case examples from a trauma-informed public health middle school program. *Children & Schools*, *39*(4), 238–247.

Bruckerhoff, T. (2015). *External Evaluation Report, ALIVE*. Chaplin, CT: Curriculum Research and Evaluation, Inc.

Healthy Environments and Response to Trauma in Schools (HEARTS)

Dorado, J., Martinez, M., McArthur, L., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, *8*, 163–176.

Project Linking Action to Unmet Needs in Children's Health (LAUNCH)

Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The partnerships program for enhancing resiliency, confidence and workforce development in early childhood education. *School Mental Health*, *8*(1), 189–200.

Student Assistance Program (SAP)

Pollard, J. A., & Houle, D. M. (1993). *Student assistance program demonstration project evaluation: Final report*. Sacramento, CA: California Department of Alcohol and Drug Programs.

Scott, D. M., Surface, J. L., Friedli, D., & Barlow, T. W. (1999). Effectiveness of student assistance programs in Nebraska schools. *Journal of Drug Education, 29*(2), 165–174.

Tier 1

Heart of Learning and Teaching (HLT)

Day, A. G., Baroni, B., Somers, C., Shier, J., Zammit, M., Crosby, S., . . . Hong, J. S. (2017). Trauma and triggers: Students' perspectives on enhancing the classroom experiences at an alternative residential treatment-based school. *Children & Schools*, *39*, 227–237.

Day, A. G., Somers, C. L., Baroni, B. A., West, S. D., Sanders, L., & Peterson, C. D. (2015). Evaluation of a trauma-informed school intervention with girls in a residential facility school: Student perceptions of school environment. *Journal of Aggression, Maltreatment & Trauma*, *24*(10), 1086–1105.

West, S. D., Day, A. G., Somers, C. L., & Baroni, B. A. (2014). Student perspectives on how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed teaching curriculum. *Children and Youth Services Review*, *38*, 58–65.

Monarch Room (MR)

Baroni, B. A., Day, A. G., Somers, C. L., Crosby, S., & Pennefather, M. (2016). Use of the Monarch Room as an alternative to suspension in addressing school discipline issues among court-involved youth. *Urban Education*, 1–21.

Resilience Classroom Curriculum (aka FOCUS)

Garcia, E., De Pedro, K. T., Astor, R. A., Lester, P., & Benbenishty, R. (2015). FOCUS school-based skill-building groups: Training and implementation. *Journal of Social Work Education*, *51*, 102–116.

Ijadi-Maghsoodi, R., Marlotte, L., Garcia, E., Aralis, H., Lester, P., Escudero, P., & Kataoka, S. (2017). Adapting and implementing a school-based resilience-building curriculum among low-income racial and ethnic minority students. *Contemporary School Psychology*, *21*(3), 223–239.

The Supportive Trauma Interventions for Educators (STRIVE)

McConnico, N., Boynton-Jarrett, R., Bailey, C., & Nandi, M. (2016). A framework for trauma-sensitive schools. *Zero to Three*, *36*(5), 36–44.

Tiers 2 and 3

Bounce Back

Santiago, C. D., Raviv, T., Ros, A. M., Brewer, S. K., Distel, L. M. L., Torres, S. A., . . . Langley, A. K. (2018). Implementing the Bounce Back trauma intervention in urban elementary schools: A real-world replication trial. *School Psychology Quarterly*, *33*(1), 1–9.

Langley, A. K., Gonzalez, A., Sugar, C. A., Solis, D., & Jaycox, L. (2015). Bounce back: Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events. *Journal of Consulting and Clinical Psychology*, *83*(5), 853–865.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Hoover, S. A., Sapere, H., Lang, J. M., Nadeem, E., Dean, K. L., & Vona, P. (2018). Statewide implementation of an evidence-based trauma intervention in schools. *School Psychology Quarterly*, *33*(1), 44–53.

Support for Students Exposed to Trauma (SSET)

Jaycox, L. H., Langley, A. K., Stein, B. D., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Supports for students exposed to trauma: A pilot study. *School Mental Health*, *1*(2), 49–60.

Trauma-Grief Component Therapy for Adolescents (TGCT-A)

Grassetti, S. N., Herres, J., Williamson, A., Yarger, H. A., Layne, C. M., & Kobak, R. (2015). Narrative focus moderates symptom change trajectories in group treatment for traumatized and bereaved adolescents. *Journal of Clinical Child and Adolescent Psychology*, *44*(6), 933–941.

Youth Mental Health First Aid (YMHFA)

Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: a cluster randomized trial. *BMC psychiatry, 10*(51), 1–12.