GUIDELINE 10

School-Based Treatment for Children and Adolescents

Description

Socioeconomically disadvantaged children have the greatest difficulty accessing mental health services, and traumatized individuals are also less likely than their nontraumatized counterparts to seek health services. Thus, our most vulnerable youth are those least likely ever to receive traditional, clinic-based mental health care. Schools can serve an important role in addressing unmet mental health needs following trauma, if children receive high-quality mental health services for trauma in schools.

The variety of school interventions for trauma can be categorized as (1) schoolwide, curricular interventions; (2) interventions designed for “at-risk” students; or (3) school-based treatment for children with trauma-related symptoms (traumatic stress). Most school programs developed to date are intended for “at-risk” students and include a screening or identification process to determine which students might benefit from the intervention. School intervention programs for traumatic stress (including posttraumatic stress disorder [PTSD] and related symptoms), are trauma-focused, developmentally oriented, and incorporate the core components common to many trauma-focused interventions. Common components include cognitive, behavioral, interpersonal, and emotion regulation and skills building approaches; these components are often characterized simply as cognitive-behavioral techniques (CBT). This guideline reviews programs developed specifically for use in schools (not clinical interventions delivered on the school campus) that focus on trauma and are designed for intervention rather than prevention of symptoms.
General Strength of the Evidence

In this newly developing field, there have been few rigorous evaluations to date. Of over 30 programs reviewed, only five have evidence of impact from randomized or quasi-experimental controlled trials (two with Level A randomized trials, and three with Level B studies with uncontrolled comparison groups). Three programs have been developed specifically for use in schools and focus on a broad array of traumas: the cognitive-behavioral intervention for trauma in schools (CBITS; supported by Level A and B studies), the multimodality trauma treatment (MMTT), and the UCLA Trauma/Grief Program (both supported by Level B studies). All three draw on evidence-based practices for trauma, largely cognitive-behavioral techniques, and all three have empirical support for the reduction of trauma-related symptoms. There also have been some notable international efforts in regions affected by disaster or ongoing terrorist threat. The classroom-based intervention program provides a psychoeducational curriculum for children that addresses critical needs of children and youth exposed to threat and terror (supported by a Level B study). The program, Overshadowing the Threat of Terrorism (OTT), has been used and evaluated in Israel for symptoms related to ongoing terrorism exposure (supported by an Level A study). Effect sizes in these studies show moderate to large effects. The Maile Project, a four-session psychosocial intervention used 2 years after Hurricane Iniki, also shows some promise. Evaluated in a Level A study, it showed no group differences in self-reported symptoms but a positive effect in clinician ratings on a small subsample. Many other promising programs that incorporate aspects of CBT or other techniques have not yet been evaluated with a control group.

Course of Treatment

School-based programs are commonly time-limited, but many include a mechanism for referral at the end of the intervention into more intensive or ongoing care.

Recommendations

More study of school-based programs is needed, but some appear to be effective in symptom reduction and show promise in reaching vulnerable youth. Several manual-based approaches are available, along with training and consultation from the developers.

Successful school-based intervention programs are tailored for the school setting and compatible with the school’s educational mission. Hence, important adjustments to clinic-based CBT are required for successful school
interventions. Specifically, school programs tend to be delivered in group format, to have more limited parental involvement, and to have less comprehensive facilitation of the trauma narrative and its processing. Although these limitations may necessitate a referral to treatment in a mental health specialty setting to allow more parental involvement, to continue individual work, or to allow further reduction of other mental health symptoms, the school-based setting provides opportunities that cannot be found in clinical settings. Beyond offering increased access to children who are unlikely to attend clinic-based treatment, school-based services offer access to teachers and can focus on improving children’s functioning, such as academic performance, classroom behavior, and age-related peer interactions. Furthermore, interventions utilizing the school context allow the school environment to play a role in children’s progress.

**Summary**

With growing interest in delivering trauma-focused interventions in schools, where the most vulnerable youth may be served, a number of programs have been developed. Most programs are time-limited and target students with elevated symptoms of PTSD, although there is a good deal of variety in format, focus, and length. To date, evaluations of these programs have been sparse, with only five programs evaluated in experimental or quasi-experimental controlled trials. These programs do show promise, however, that students can experience symptom reduction and improved behavior as a result of participating in the interventions.

**Suggested Readings**


