

Summary

The Wellness Centers provide a variety of services for students who experience trauma, grief, and loss, including one-on-one counseling, case management, and support groups. Students' exposure to traumatic events—such as community violence, suicide, and the death of loved ones—requires the attention of all of our Wellness staff members. In certain cases, our students can also benefit from the support of Wellness Trauma, Grief, & Loss Support Groups (TGL Groups).

During the 2011–12 school year, RAMS (the core provider of behavioral health services for the Wellness Initiative) provided support groups to high school students experiencing trauma, grief and loss at nine of our Wellness Centers. At the start of the groups, 92% of the participants were above the clinical range for post-traumatic stress disorder (PTSD). After participating in the 12-week support groups, the number of students above the clinical range was reduced to 44% (Figure 1).



Our evaluation results show that participation in Wellness TGL Groups can significantly improve students' well-being, which may positively impact their capacity to succeed at school.

Figure 1

Students above the clinical range for PTSD



(n=37)



(n=34)

"It helped me talk out problems that I've been going through since my Dad passed away."

— SFUSD High School Student

Context

Experiences of trauma, grief, and loss impact students' emotional health and can interfere with school performance. Adolescent experiences of trauma, grief and loss are not uncommon—in a national study of children and adolescents, 71% reported exposure to direct and/or indirect violence in the past month.ⁱ High school students who have suffered traumatic events may experience anxiety, fear, persistent thoughts about death and dying, heightened difficulty with authority, and changes in behavior (e.g., withdrawal from others or activities, irritability, angry outbursts or aggression, changes in academic performance, decreased attention, and absenteeism).ⁱⁱ

Trauma, Grief, & Loss Group Services

Richmond Area Multi-Services, Inc. (RAMS), the Wellness Initiative's core behavioral health service provider, uses Mental Health Services Act funding to hire counselors with expertise in adolescent trauma to provide crisis support, ongoing one-on-one counseling, case management, and specialized group services to students experiencing trauma, grief, and/or loss. This Research Snapshot focuses on group services provided during the 2011–2012 school year. Eleven groups of 3–7 students each met for an average of 8 weeks at 9 different school sites.

Curriculum

The TGL Group curriculum, developed by RAMS, is a combination of Trauma-Focused Cognitive Behavioral Therapy (CBT) and the Seeking Safety program. CBT is a treatment model that teaches people to reframe negative thoughts in a more positive and instructive way. CBT incorporates sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. Seeking Safety is a therapeutic approach that helps people recover from trauma/PTSD and substance abuse (www.seekingsafety.org). Both of these programs help adolescents learn new skills to manage distressing thoughts and feelings, and reduce and/or eliminate destructive behaviors such as substance use and self-harm.



Over 70% of students participating in Wellness TGL Groups experienced the death or homicide of a family member or friend.

Table 1

Traumatic Events reported by group participants	
Death or Homicide—Family Member	57% (29)
Death or Homicide—Other	14% (7)
Violence	4% (3)
Health Problems/Illness	2% (1)
Other	23.5% (12)
Eight students indicated two events, total responses = 52	

"This group felt like family. We got connected and learned about our lives."

— SFUSD High School Student

ⁱ Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. (2005). The victimization of children and youth: A comprehensive national survey. *Child Maltreatment, 10*(1) 5-25.

ⁱⁱ National Child Traumatic Stress Network, (2008). *Trauma Toolkit for Educators*. <http://www.nctsn.org>

Footnotes on Figures 2 & 3— 41 students completed both a baseline and follow-up survey. Matching of baseline and follow-up surveys yielded 23 matched pairs for the CPSS scale and 38 matched pairs for the functional impairment scale. If any of the questions on the two scales were not answered, the score could not be computed, leading to the smaller number of individual matched pairs for the CPSS and Functional Impairment scales.

Reference: Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment, 9*(4), 445–451.

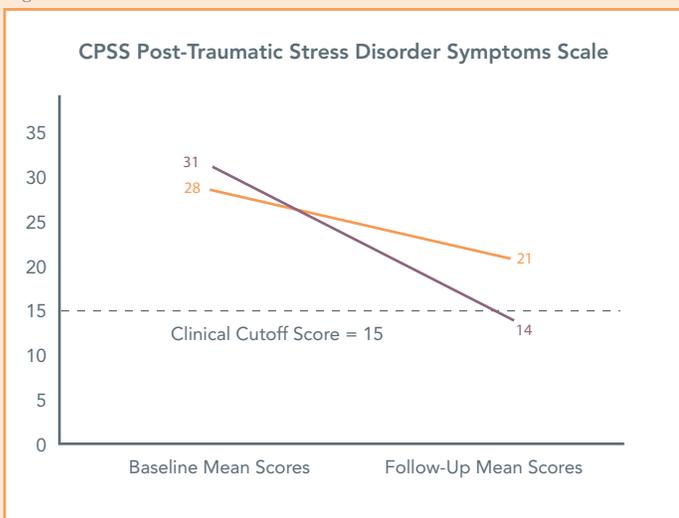
Results

Evaluation of the Wellness TGL Groups show significant reductions in PTSD symptoms and improvements in behavior among matched-pairs of participating students. For example, mean scores on the Child PTSD Symptom Scale (CPSS) were dramatically reduced during group treatment—from a baseline score of 31 to a follow-up score of 14. This decrease in CPSS scores indicates a significant reduction in PTSD symptoms—from severe levels at baseline to just below the clinically diagnosable cutoff score of 15 at follow-up. The CPSS's Functional Impairment Scale, which measures the extent to which PTSD symptoms interfere with day to day life, also showed a significant improvement from baseline to follow-up ($p=.00$) (Table 2).

While results from the prior school year (2010–2011) showed statistically-significant reduction in PTSD symptoms ($p=.02$), the 2011–2012 results were both statistically-significant ($p=.00$) and clinically meaningful, as CPSS scores moved below the diagnosable range for PTSD (Figures 2 & 3).

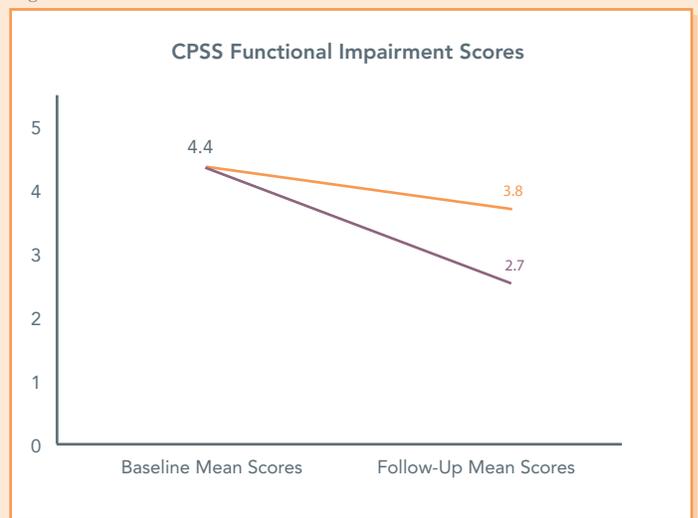
These evaluation results show that participation in Wellness TGL Groups can significantly improve the health and well-being of students and thus may positively impact their capacity to succeed at school.

Figure 2



— 2010-2011 (n=14 matched pairs) — 2011-2012 (n=22 matched pairs)

Figure 3



— 2010-2011 (n=23 matched pairs) — 2011-2012 (n=38 matched pairs)

Explanation of Technical Terms

Trauma

The National Child Traumatic Stress Network (<http://www.nctsn.org>) defines trauma as an experience that threatens life or physical integrity and that overwhelms an individual's capacity to cope.

Post-Traumatic Stress Disorder (PTSD)

According to the National Center for PTSD, post-traumatic stress disorder is an anxiety disorder resulting from a traumatic event that can be life-threatening to the individual and/or to others. Among the feelings the event can trigger are fear, confusion, and anger.

Survey Instrument

The evaluators of the TGL groups utilized a survey instrument based on the Child PTSD Symptom Scale (CPSS) designed for children and adolescents (Foa et al., 2001). The survey was given to the group as a pre-survey during the first group session and again as a post-survey at the close of the group.

Measures

Two measures were used to evaluate the impact of the group on student participants: the CPSS scale and the Functional impairment scale. The CPSS scale consisted of 17 questions that assessed child PTSD symptoms. The functional impairment scale consisted of six items that assessed whether exposure to trauma impaired daily life activities (e.g., schoolwork, relationships with friends, etc.).