BOUNCE BACK: An Elementary School Intervention for Childhood Trauma: AT-A-GLANCE

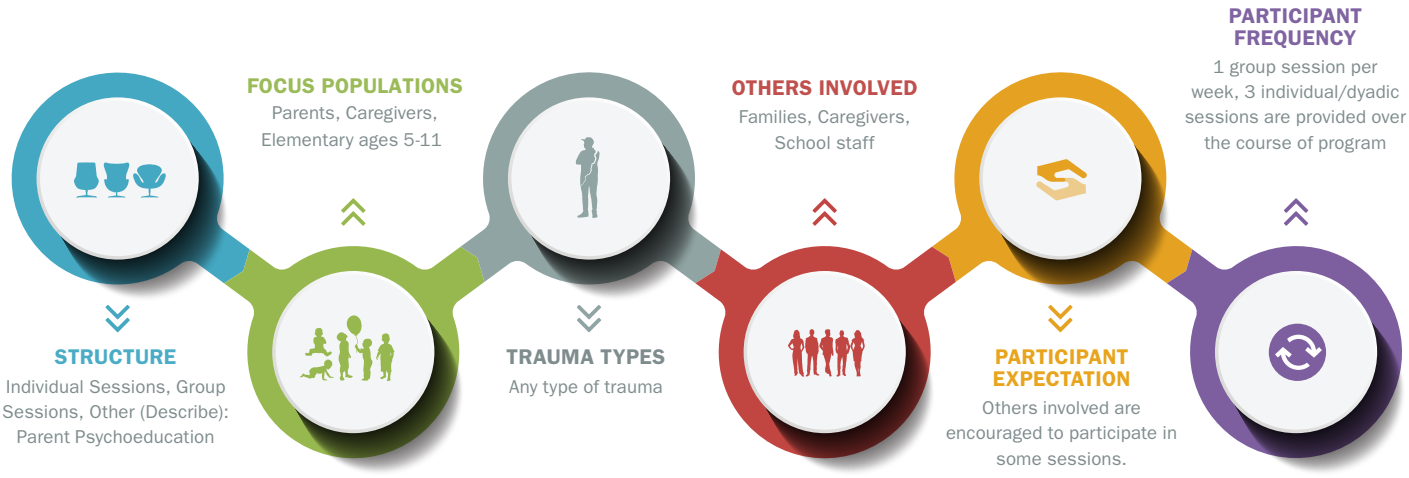
What is Bounce Back?

Bounce Back is a cognitive-behavioral intervention aimed at relieving symptoms of child traumatic stress, anxiety and functional impairment for elementary school children (ages 5-11). Bounce Back is used for children who have experienced a range of traumatic events (community or family violence, natural disasters, physical abuse, neglect, or traumatic separation from a loved one). The intervention includes: 10 group sessions where children learn and practice skills and 3 individual sessions to process the traumatic memory and grief and share it with a caregiver. Between sessions, children practice the skills they have learned. Bounce Back also includes materials for parent education sessions and weekly letters home. Bounce Back is an adaptation of the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program for elementary aged students, it contains similar therapeutic elements but with added activities and more parental involvement to be developmentally appropriate.

What are the goals of Bounce Back?

1. Access goals: Provide services through schools, increasing mental health services for minoritized and under resourced populations
2. Symptom reduction goals:reductions in symptoms of PTSD and, anxiety
3. Improved functioning goals: Increasing peer, family and school support, social and academic functioning

What does Bounce Back look like?



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Additional Information

Students learn skills in behavioral activation, labeling feelings, emotion regulation, relaxation, helpful thinking, social support, conflict resolution and problem solving, and processing traumatic memories and grief.

What is the commitment?

Bounce Back typically requires 10 group sessions of approximately 45-60 minutes, 3 individual/dyadic sessions with each student of the same length, and 1-3 Parent psychoeducation sessions (at least 60 minutes total). Written assessment tools, interviews, and optional teacher report measures are used in assessment.

How do we know it works?

LOCATION:
Virtually/via telehealth, In a school, In a community setting,

Bounce Back has Practice-based evidence, Research evidence, and Traditional Knowledge to support its benefits.

Bounce Back was developed by Audra Langley PhD. & Lisa Jaycox PhD. in collaboration with title 1 elementary schools in an urban school district, along with over 10 years of implementation experience through dissemination efforts, for K-5 elementary students who have experienced one or more traumatic events and are experiencing current symptoms of child traumatic stress, with the intention of supporting students in minoritized and under-resourced communities. The majority of children, youth, and families involved in the development of this model identified as Latino/a/x (49%), Caucasian (27%) Black/African American (18%), lived in an urban neighborhood in Los Angeles county, and spoke Spanish or English at home.

Additionally, there have been adaptations of Bounce Back for classrooms for American Indian students. There are translations of Bounce Back materials available for children, youth, and families in English, Spanish, Chinese Mandarin (in progress). Learn more on page 4.

For more information explore the next several pages or check out:

https://traumaawareschools.org/index.php/learn-more-bounce-back/

BOUNCE BACK: THE EVIDENCE

What types of evidence are available for Bounce Back?

- ❒ Best Practices
- ❒ Evidence-based Treatment
- ❒ Practice-Based Evidence
- ❒ Community-based Participatory Research
- ❒ Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

- Center for Safe & Resilient Schools and Workplaces
- California Evidence-Based Clearinghouse for Child Welfare
- Child Health and Development Institute
- Title IV-E Prevention Services Clearinghouse
- National LIbrary of Medicine
- Center for Disease Control_Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders
- National Institute of Justice

How is Bounce Back measured in real time?

Students are screened prior to participation for trauma exposure and PTSD symptoms; the specific measures used are flexible. We recommend tracking PTSD symptoms and improvement over time. Additional measures can be added. There are no specific requirements. Consultation on measures is available, including on the measures used in our research projects. Fidelity monitoring is also recommended.

What changes for the better as a result of Bounce Back?

After completing Bounce Back, children (ages 5-11) report significantly reduced symptoms of posttraumatic stress and anxiety and improved functioning in school. Parents report similar results.

What do the numbers tell us (i.e., quantitative data)?

A first randomized trial demonstrated that children who received Bounce Back showed significant improvements in parent- and child-reported posttraumatic stress and child-reported anxiety compared to controls. Similar results were shown in the wait-list control group when they received Bounce Back. A second randomized trial replicated the reductions in PTSD and also showed improved coping skills.

What do the stories tell us (i.e., qualitative data)?

"I am sleeping better, feeling less sad, and a lot more happy since Bounce Back."

"I liked that you could share your feelings. I liked that it was with a group, for thesupport."

"It helped me do better in class, like raising my hand more and doing homework."

"I'm happier and sleeping better. My behavior is different, before I didn't have any control, now I do."

> ***"He takes that step to use a coping strategy to calm down whereas before he would fight verbally and physically with his brother or argue with us."***
>
> – Parent of student who participated in Bounce Back

BOUNCE BACK: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of Bounce Back?**

  Developed as an adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for elementary school children, Bounce Back was developed through close collaboration with partners at UCLA, RAND, and the Title I school and parent communities. The Bounce Back manual was developed and tested by Audra Langley through a career development award from NIMH; she found positive changes in a randomized controlled trial that was later replicated in a different large school system by a different team of researchers. Since the original development, the program has been implemented for more than 10 years nationally and internationally, translated into Spanish, and Lithuanian (Chinese Mandarin translation in development), and modified for use via telehealth, for non-clinical personnel to deliver, and for the general classroom setting for Native American youth.

- **How did Bounce Back developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?**

  In recognition of systemic and structural racism, Bounce Back was designed to break down barriers and improve access to mental health services by working in schools. Throughout our development and evaluation work we have been able to include voices of individuals disproportionately affected by trauma and violence, centering lived experiences and varying backgrounds to maximize inclusion.

- **What is the role of Bounce Back providers in tailoring the model for individuals, families, and communities?**

  Bounce Back providers are encouraged to engage with developers and trainers to discuss tailoring implementation to meet the needs of students and families. The manual encourages implementers to include language and examples that reflect the community based on cultural, contextual, and clinical expertise of local community.

- **How are lessons learned from individuals, families, communities and providers used to keep improving Bounce Back?**

  We continue to learn from the communities it serves and from the trainers who work with them. Mechanisms of receiving input include consultation calls, a yearly provider summit between 2013 and 2020, quarterly trainer calls. For example, we developed a non-clinical version of Bounce Back after hearing many schools did not have the appropriate staff to conduct individual trauma narrative sessions.

- **Resources and materials are available:**
  - In more than one language – English, Spanish. Translations were done via professional translation services.
  - In more than one format (multiple select below):
    - Written materials can be used verbally.
    - Video and audio materials have closed captioning available in English.
    - Web materials meet universal design standards: 3C uses universal design best practices to ensure that all online resources are available to audiences with accessibility challenges in a way that improves usability for all users. For example, videos contain closed-caption options, images contain text-based alternate content, and websites conform to Section 508 and WCAG 2.0 AA accessibility compliance standards.
    - Media reflects providers and families that use the model: media reflects the appropriate age group and uses examples to represent diverse populations
  - For more information on adaptation and access, see www.traumaawareschools.org

BOUNCE BACK:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE BOUNCE BACK

Provider prerequisites:
- Experience: mental health clinician
- Education: masters-level
- Licensure: not required

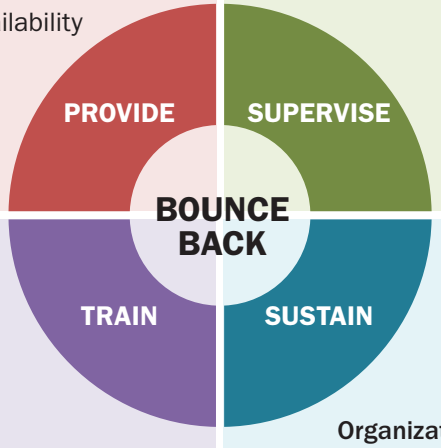
Trained providers can:
- Deliver Bounce Back

Access for Provider Training:
- Through live in-person training
- Through live virtual training
- Through pre-recorded training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability

TO SUPERVISE BOUNCE BACK

Supervisor prerequisites:
- there are no supervisor prerequisites at this time

Access for Supervisor Training:
- none



TO TRAIN BOUNCE BACK

Trainer prerequisites:
- Meet provider prequisites
- Have to be trained and run a full group
- Rated by national trainer with score of 90%
- Complete established trainer process (details on page 6)

Approved trainers can:
- Train within their own organization

Access for Trainer Training:
- Through live in-person training
- Through live virtual training

TO SUSTAIN BOUNCE BACK

Organization prerequisites:
- Discussions on readiness and fit
- Consider cost beyond initial training
- Adjust workloads for providers to participate in training and implementation

Organizations can:
- Earn provider status
- Prove training in evidence-based model for billing and insurance
- Train new staff on the job by site-based trainer

Access for Organizational Readiness Supports:
- N/A

BOUNCE BACK:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE BOUNCE BACK

- **Training cost:** $7500 for up to 15 trainees (2024 rates)
- **Time Commitment:** 12 hours if live, 5 hours for on-demand/online training
- **Additional Details:** certificates available upon completion, implementation materials available for free on website: www.traumaawareschools.org

SUPERVISE BOUNCE BACK

- **Training cost:** n/a
- **Time Commitment:** n/a
- **Additional Details:** n/a

TRAIN BOUNCE BACK

- **Training cost:** $20,000 in 2024 ($7500 for initial training and observation training, $5000 for orientation)
- **Time Commitment:** 12 hrs initial training, 12 weeks to conduct groups, 6 hours orientation, 12 hours observation training
- **Additional Details:** Trainers can be certified as a site-based trainer. Trainees cannot carry certifications to another organization.

SUSTAIN BOUNCE BACK

- **Training cost:** $7500 for up to 15 trainees (2024 rates)
- **Time Commitment:** 12 hours for live training, 5 hours for online/on-demand training.
- **Additional Details:** n/a

To learn more about providing, supervising, training, or sustaining, please see: https://traumaawareschools.org/index.php/learn-more-cbits/ or email info@traumaawareschools.org

For additional resources and related products, please explore: www.traumaawareschools.org

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