Support for Students Exposed to Trauma (SSET): AT-A-GLANCE

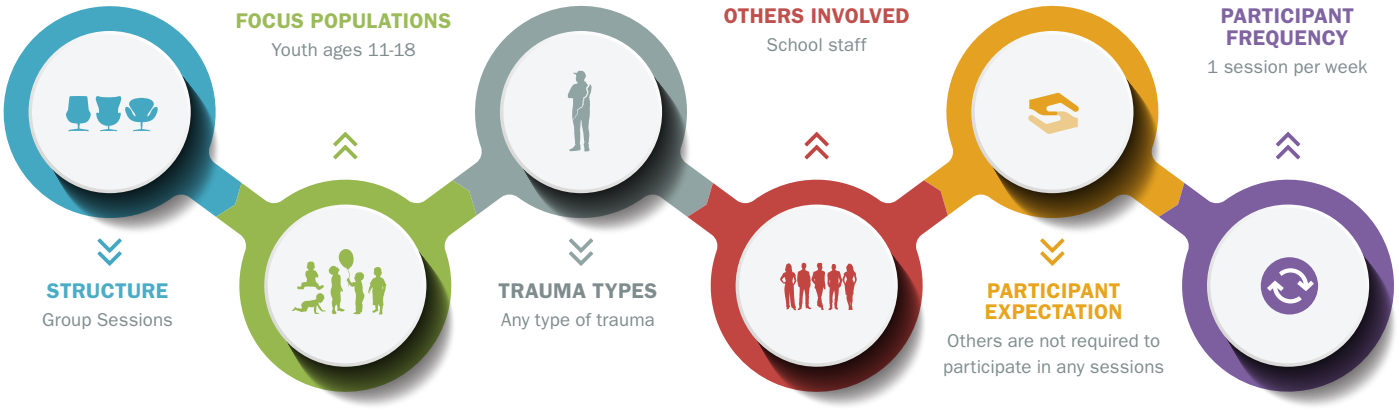
What is SSET?

SSET is a skills-based, group intervention for middle and high school students who've been exposed to trauma and have symptoms of Post Traumatic Stress Disorder (PTSD). SSET is an adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), designed for delivery by teachers and school counselors without clinical training. SSET aims to reduce PTSD, depression, and anxiety symptoms, and improve social and academic functioning. SSET is appropriate for students who have experienced a range of traumatic events including community or family violence, natural disasters, abuse, or traumatic separation from a loved one. Students learn skills in affect regulation, relaxation, challenging maladaptive thoughts and problem solving, and work on processing traumatic memories and grief. These skills are learned through experiential learning in group settings. Between sessions, students complete assignments and participate in activities that reinforce the skills they've learned.

What are the goals of SSET?

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, anxiety, and depression
3. Improved functioning goals: Increasing peer, family and school support, social and academic functioning

What does SSET 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.

What is the commitment?

The program consists of 10 group sessions (six to eight children/group) of approximately an hour in length. SSET is usually conducted once per week in a school setting during a typical class period. Children will participate in assessment, including written assessments and interviews.

How do we know it works?

SSET has practice-based evidence, research evidence, and traditional knowledge to support its benefits.

LOCATION:
Virtually/via telehealth, in a school

SSET was developed by Lisa Jaycox PhD and Audra Langley PhD via community participatory partnered research with Los Angeles Unified School District and community members for middle and high school students who have experienced trauma. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice identified as Latino/a/x and African American, lived in a large urban area, and spoke English or Spanish at home.

Additionally, there have been adaptations of the practice for flood survivors in Pakistan, Democratic Republic of Congo youth. There are translations of SSET materials for children, youth, and families available in Japanese, Urdu and Chinese Mandarin is 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-sset/

SSET: THE EVIDENCE

What types of evidence are available for SSET?

- ❒ Evidence-Based Treatment
- ❒ Promising Practices
- ❒ Community-Based Participatory Research
- ❒ Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

- Center for Safe and Resilient Schools and Workplaces
- The California Evidence-Based Clearinghouse for Child Welfare
- National Institutes of Health (NIH)
- RAND
- American Psychological Association

How is SSET 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 SSET?

SSET has demonstrated acceptability, feasibility, and child improvement in PTSD and depressive symptoms.

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

A pilot randomized controlled trial showed small reductions in PTSD and depressive symptoms, implementation fidelity, and satisfaction among students and parents. Improvements were more pronounced for those who started with higher symptom levels. A second randomized trial in a flood-impacted area of Pakistan showed reductions in PTSD symptoms, improved resilience, and perceived social support.

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

n/a

SSET: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of SSET?**

  This model was developed through community-based participatory research by Lisa Jaycox, Audra Langley, Kristin Dean, and colleagues working at RAND, UCLA and the Los Angeles Unified School District. It was developed as an adaptation of the CBITS model for delivery in lower-resource settings where clinical personnel are not readily available in schools. The original development and pilot study were conducted through NIMH funding, and during over 15 years of implementation it has been extended to additional populations and settings both nationally and internationally (Pakistan flood survivors, Democratic Republic of Congo), and has been translated into Urdu and Japanese (in progress: Chinese Mandarin).

- **How did SSET 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, SSET, like CBITS, 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 SSET providers in tailoring the model for individuals, families, and communities?**

  SSET 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 culture, context, and clinical needs of the local community.

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

  During 15 years of implementation and dissemination, we have continued to learn from the communities it serves and the trainers who work closely with them. Mechanisms of receiving input include consultation calls, training, a yearly provider summit between 2013 and 2020, quarterly trainer calls since 2018, and continual improvements to training materials, manuals, and implementation materials.

- **Resources and materials are available:**
  - In more than one language – Japanese, Urdu, (Chinese Mandarin in progress). Translations were done by professional translation services.
  - In more than one format (multiple select below):
    - Written and video
    - Written materials can be used verbally.
    - Alt text and captions are available in English
    - 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 the appropriate age group and uses examples to represent diverse populations.
  - For more information on adaptation and access, visit www.traumaawareschools.org.

SSET:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE SSET

Provider prerequisites:
- Experience: teachers and non-clinical school counselors
- Education: Bachelors degree
- Licensure: n/a

Trained providers can:
- Deliver SSET

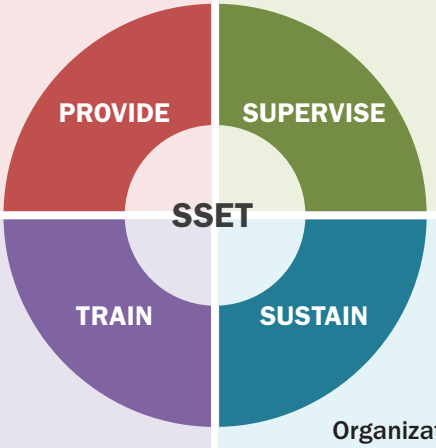
Access for Provider Training:
- Through live in-person training
- Through live virtual training
- Through pre-recorded training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability

TO SUPERVISE SSET

Supervisor prerequisites:
- none

Trained supervisors can:
- n/a

Access for Supervisor Training:
- none



TO TRAIN SSET

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

Approved trainers can:
- Train within their own organization

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

TO SUSTAIN SSET

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
- Provide training in evidence-based model for billing and insurance
- Train new staff on the job by site-based trainers.

SSET:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE SSET

- **Training cost:** $6000 for up to 20 trainees (2024 rates)
- **Time Commitment:** 9 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 SSET

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

TRAIN SSET

- **Training cost:** $17,000 ($6000 for initial training, $5000 orientation training, $6000 observation training) (2024 rates)
- **Time Commitment:** 9 hrs initial training, 12 weeks to conduct groups, 6 hours orientation, 9 hours observation training
- **Additional Details:** Trainers can be certified as a site-based trainer. Trainees cannot carry certifications to another organization.

SUSTAIN SSET

- **Training cost:** $6000 for up to 20 trainees (2024 rates)
- **Time Commitment:** 9 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-sset/ or email: info@traumaawareschools.org.
For additional resources and related products, please explore: www.traumaawareschools.org

The Support for Students Exposed to Trauma (SSET): At-A-Glance was reviewed and approved for accuracy by Audra Langley and Lisa Jaycox in July 2024.

The suggested citation for this fact sheet is: Langley, A. & Jaycox, L. (2024). SThe Support for Students Exposed to Trauma (SSET): At-A-Glance. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.