Children Bounce Back:

Improving Responses to Community Violence in Urbana-Champaign

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In 2021, the City of Champaign has seen a marked increase in gun violence in the community, with seventy-three gun deaths year-to-date, compared with an average of twenty-six deaths per year as of five years ago (Hays, 2021). This phenomenon is not unique to the Champaign-Urbana community, and as early as August of last year, evidence was beginning to show an increase in interpersonal violence in many American cities, such as Philadelphia (Hatchimonji et al., 2020), and we have long known the connections between violence and trauma (Carlson, 2005). One demographic often disproportionately impacted are children, especially those who have witnessed violence, as well as been victim to it. Violent trauma is not limited to gun violence, and the skills needed to cope with violent experiences and be resilient can be critical, especially in early stages of development.

Intervention

This proposal involves evaluating the Bounce Back program, which is "designed to improve symptoms of posttraumatic stress, depression, and anxiety among children with posttraumatic stress symptoms" (Blueprints, N.D.) Bounce Back was originally developed and evaluated in Los Angeles schools, with a second study replicating the original in Chicago Schools (Langley et al., 2015; Santiago et al., 2018), in both cases working with children aged five years through eleven years in urban environments. The purpose of this study is to test the effectiveness of the same program in an environment with urban elements that is more closely related to rural districts as well, i.e. college communities in downstate Illinois. The intervention is made up of "10 one-hour group sessions, two to three individual sessions, and one to three parent education sessions that last over a 3-month period" (Blueprints, N.D.). These sessions

teach a wide variety of trauma coping skills found to be effective for other age groups, scaled to the developmental needs and understanding of elementary students (Langley et al., 2015).

This intervention focuses on reducing symptoms of post-traumatic stress, as well as associated anxiety and issues with social adjustment, emotional regulation, and emotional and behavioral problems (Langley et al., 2015). The program is designed to work with children in elementary school, and teach skills to process, communicate, and cope with symptoms of posttraumatic stress, and associated symptoms of depression and anxiety. Additionally, it is designed to help children develop better overall coping skills and improve classroom behavior among those who have experienced trauma. By instituting an early intervention with children who have experienced trauma, this program can help to improve resiliency and prevent maladaptive behaviors rooted in trauma response later in life (Langley et al., 2015; Santiago et al., 2018).

Measurement and Assessment

The previous studies conducted to evaluate the effectiveness of the program have used a combination of quantitative instruments rated on a Likert-type scale. For consistency, this study will make use of the same methods, administering these questionnaires in an interview format. Participants will be rated three times; once before the start of the program to determine a baseline, once at three months when the intervention is complete, and once at six months to see if results remain consistent over time when the intervention is no longer actively in progress. Each instrument selected measures a different dimension of the presenting problem to be measured, as follows:

- Trauma exposure: Modified Traumatic Events Screening Inventory for Children – Brief Form (TESI-C Brief) (Ford et al., 2000) will be used to screen for eligibility

- PTSD symptoms: UCLA Posttraumatic Stress Disorder Reaction Index (Steinberg, et al., 2004)
- Depression: Children's Depression Inventory (Kovacs, 1992)
- Anxiety: Screen for Child Anxiety Related Emotional Disorders Child Report (SCARED-C) (Birmaher et al., 1999)
- Coping: Responses to Stress Questionnaire (Connor-Smith et al., 2000)
- Classroom behavior: Strengths and Difficulties Questionnaire Teacher Report (Goodman, 1997)

Results will be evaluated for test-retest reliability at both the three-month and six-month evaluations. Each instrument has independently been evaluated for content validity in its respective study, and will be re-evaluated by the staff before baseline administration begins.

Participants, Sampling, and Ethics

The target sample will be elementary school students who have witnessed community violence or school violence. The potential participants will be identified by school counselors, social workers, or psychologists, though information will be communicated through community organizations such as the Don Moyer Boys & Girls Club and participants will be allowed to volunteer. Identified potential participants will be screened using the TESI-C, and those who are eligible to participate will be given an identifying number. A random number generator will be used to assign students to the intervention group or the control group. Champaign has twelve elementary schools, and the goal sample size is no less than six and no more than twelve participants per school for the initial trial, yielding a minimum sample of 72 and a maximum of 144 for this study.

Participation in this study will require informed consent from the parent or guardian, and assent from student participants. Parents or guardians will not only be consenting to their child's participation in group and individual sessions, but to their own agreement to attend at least one of three parent education sessions. Confidentiality is a concern, as it cannot be completely assured in group sessions. Clinicians will need to be cognizant of this and ensure participants feel comfortable to approach them or the school counselor between sessions, especially in the instance that they feel their confidentiality has been breached.

Research Design

The research design for this study is experimental, with participants randomly divided into an intervention group and a control group. Because prior studies have shown this intervention to be effective in urban environments, and Champaign-Urbana is a mixture of urban and rural, culturally, it is necessary to further evaluate the effectiveness of this program before rolling it out to all potentially impacted students.

$$R \quad O_1 \quad X \quad O_2 \quad O_3$$

$$R \quad O_1 \qquad O_2 \quad O_3$$

O_1: Baseline assessment with participant, guardians, teachers

O_2: 3-month assessment, immediately after intervention

O_3: 6-month assessment, follow-up 3 months after intervention

Implications and Limitations

Initial studies of this program were completed in urban environments, both in school districts primarily serving Latinx and low-SES populations. Nonetheless, the effectiveness of the program suggests it should be evaluated in other environments, particularly where community violence is a commonly experienced trauma. Champaign-Urbana has seen a marked increase in

community violence in the past two years. There is also a significant portion of the population who are Latinx and/or low-SES, providing some commonality with prior studies. If this program proves useful in the community, even with populations not otherwise matching previous studies, it could be useful for further trauma resilience and violence prevention in the future.

Champaign-Urbana is, in some ways, a unique community. The region has a somewhat urban population, surrounded by and influenced by rural areas, while being home to a top 10 university. There are a few potential confounding variables, such as population size, that may impact the generalizability or lack thereof with this study. In a larger city, it may have been easier to select a representative random sample of the population than it will be in Champaign, and some schools may have fewer interested and eligible parties than others. Depending on participation and results, it may be necessary to conduct more follow-up studies in the community.

Reflection

The most challenging part of designing this study for me was being realistic about the challenges. In a perfect world, we would be able to trust that we could get the perfect, statistically relevant, representative sample to be able to generalize our results to the rest of the population. Being that we do not live in a perfect world, it is necessary to plan for the challenges. While it is possible to make some generalizations based on neighborhood demographics in Champaign—for instance, one might expect to find more eligible participants for a program like this at Garden Hills Elementary than at Carrie Busey Elementary—the question also comes up of whether it is fair to offer an intervention to some students and not others. The original studies used a delayed-start group rather than a control group, but this has the potential to muddy the waters with regard to evaluating results.

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Appendix A: Logic Model

<table>
<tr><th>Intervention</th><th>Inputs</th><th>Activities & Outputs</th><th>Outcomes</th></tr>
<tr><td>Description of Intervention:
10 1-hour group sessions
2-3 individual sessions
1-3 parent education sessions
Over the course of 3 months
Uses TF-CBT to teach students coping skills</td><td>1 school social worker or school psychologist to act as supervisor for the program
1 school social worker per school administering the intervention
1.5-day training sessions ($3750 to train up to 15 clinicians)</td><td>Weekly meetings with clinicians to address any concerns that have arisen from sessions, some supervisor observation of sessions, periodic review with participants to check for concerns</td><td rowspan="2">What are the intended outcomes of this intervention?
Improved coping skills, reduced posttraumatic stress-related symptoms, improved social-emotional skills to foster better relations with others in times of stress or while under duress</td></tr>
<tr><td>Target population:
Children aged 5-11 who have experienced trauma or witnessed community violence

How will you sample and recruit participants?
Potential participants identified by school counselors and referred to the program for random selection</td><td>What assessment tools will you use? What type of data will you collect?
TESI-C Brief, UCLA RI, CDI, SCARED-C, RSQ, SDQ-Teacher Report
Using these instruments to gather quantitative data regarding participants’ experience of trauma-related symptoms, and measure changes pre-and-post-intervention</td><td>Program goals:
Number served: 50-75
Number of sessions held / points of contact:
13-16 sessions in total over 3-month timeframe (including parent education sessions)
Participation rate: 90%</td></tr>
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