# **Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)**

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Logic Model created by the Evidence-based Prevention and Intervention Support Project (EPIS) at Penn State University's Prevention Research Center

# The Problem

A **traumatic event** is one that threatens a child or their loved one's life, safety, or well-being. Examples include: community/school violence, accidents and injuries, physical abuse and domestic violence, or natural/man-made disasters.

More than half of all youth will experience a traumatic event by age 18. A national survey of U.S. teens found:

- 8% experienced sexual assault
- 22% experienced physical assault
- 39% witnessed violence

(National Center for PTSD)

# **Impact**

While many children are very resilient in the face of trauma, research has repeatedly shown that childhood trauma is associated with a wide range of negative outcomes, including anxiety and depression, postand impaired learning.

Multiple traumas and low social support put children at increased risk for poor outcomes.

# **CBITS Overview**

# **Target Population**

- Youth in 5<sup>th</sup>-12<sup>th</sup> grade and their caregivers.
- Youth are identified for participation using a universal screening tool, to detect symptoms of PTSD and assess exposure to traumatic events.

#### **Treatment**

- 10 group sessions for 6-8 youth at one time
- 1-3 individual sessions to process trauma narrative
- 2 caregiver sessions to provide psycho-education and process caregiver reactions to youth trauma
- 1 teacher educational session
- Homework for youth and caregivers

# Training

complete 2 days of in-person training, 5 hours of on-line training, and participate in a series of bi-weekly consultation calls with a CBITS expert, during the initial implementation. implementation is completed and program is established.

#### **Core Values**

- Respectful of Cultural Values
- Feasible and Acceptable in Schools
- Strengths Oriented

# **Outcomes**

### Child Outcomes

- Decrease in youth PTSD symptoms
- Decreased depression
- Decrease in behavioral problems at school and at home
- Improved coping skills
- Improved social functioning
- Enhanced peer, teacher, and parent support

#### **Caregiver Outcomes**

- Improved understanding of common youth reactions to trauma
- Decreased stress regarding youth trauma
- Improved ability to help youth cope with trauma

### Follow-up studies show

- PTSD symptom improvement
- Depression symptoms improvement



# **CBITS Components & Goals**

Components delivered to youth, parents, teachers.

# Screening

**Universal Screening:** Trauma Exposure Checklist and Child PTSD Symptom Scale.

**Relaxation Skills:** Ways to reduce physical manifestations of stress, and manage distress, related to trauma reminders with a knowledge of common reactions to trauma

**Cognitive Therapy:** Lessons linking thoughts and feelings, while learning to combat negative thought processes.

Groups

**Exposure:** Learning alternative coping strategies and how to face fears. Youth encouraged to share personal story through imagination, drawing, and/or writing, providing closure.

**Decision Making:** Acquire skills on overcoming thoughts that lead to negative action, practice brainstorming solutions to problems, relapse prevention.

Individual Sessions **1-3 Sessions to support Trauma Narration & Processing:** Provide more intensive exposure work to desensitize trauma memories, resolve avoidance symptoms, correct distorted thinking.

**Parent Sessions** 

2-3 Psychoeducational Sessions: Caregivers learn common reactions to trauma, and how to help youth measure feelings, relax, analyze thoughts, face fears, solve everyday problems, and cope with trauma.

**Teacher Session** 

1 **Teacher Educational Session:** Learning common reactions to trauma, how to teach traumatized students, how to help youth measure feelings, analyze thoughts, solve everyday problems, and cope with trauma.

# **Change Mechanisms**

These factors, addressed in CBITS, are shown to impact child outcomes.

2 RCTs compared CBITS to control groups.

**Outcomes** 

Desensitization to trauma memories and reminders

Peer support and connectedness

Correction of cognitive distortions about the trauma (e.g., self-blame, stigma)

Providing support to the caregiver, and increasing caregiver support of the child

Improving school staff understanding and use of trauma informed approaches

- Youth report decreased PTSD and depression symptoms at 3 months post treatment.
- Parents Report improved functioning at home, significantly better than control group.
- 10 Month follow up showed statistically significant improvement in depressive symptoms, with scores moving into normative range post CBITS.

Rated as promising by Blueprints for Healthy Youth Development <a href="https://www.blueprintsprograms.org/factsheet/cognitive-behavioral-intervention-for-trauma-in-schools-cbits">https://www.blueprintsprograms.org/factsheet/cognitive-behavioral-intervention-for-trauma-in-schools-cbits</a>

Rated as promising by California Evidence Based Clearinghouse for Child Welfare

http://www.cebc4cw.org/program/cognit ive-behavioral-intervention-for-traumain-schools/

Please see the developers' website, <a href="http://cbitsprogram.org">http://cbitsprogram.org</a>, for official information about CBITS training, access to free resources, and learn about CBITS Dissemination and Sustainability.