COGNITIVE BEHAVIOR INTERVENTION FOR TRAUMA IN SCHOOLS (CBITS)

Introduction and Implementation Planning

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Topics

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II. CBITS Model

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CBITS CLIENT POPULATION

Appropriate Clients:

- Students who have been exposed to any of a wide variety of traumatic events
- Children who have witnessed or been a victim of violence
- Children who have been in a natural or man-made disaster

Appropriate Clients:

- Children who have been in an accident or house fire
- Children who have been physically abused/injured
- Children who have been exposed to domestic violence

Appropriate Clients:

- Children who exposed to community violence
- Children who have experienced violence at school
- Children displaying symptoms of PTSD, depression, anxiety, or psychological dysfunction related to their exposure to violence/trauma

Appropriate Clients:
Age Range

- Pilot studies included children 8 – 15 years of age
- CBITS has been highly successful, and replicated with children in grades 6 – 9 (ages 10-15 years)
- **DMH implementation** of CBITS will target children ages 10-15 years of age

Appropriate Clients:
Culturally Diverse Population

- CBITS was created for delivery in the real world-setting of schools

- CBITS is sensitive to the contextual factors of schools including: cultural sensitivity to low SES, multi-ethnic populations, and multi-linguistic students.

Appropriate Clients:
Culturally Diverse Population

- Ideal trauma intervention for underserved ethnic minority students
- Parent materials and CBITS program are available in English and Spanish
- Training specifically addresses cultural competency

Appropriate Clients:
Other Client/Setting Characteristics

- CBITS may be offered to males and females

- This school-based EBP is designed to be delivered in school settings, and has been implemented in urban and mid-western public schools, religious private schools, and settings for displaced students, such as those who survived Hurricane Katrina

Clients for Whom CBITS may not be the Appropriate First-line of Treatment

- Children with severe and/or persistent mental health difficulties
- Children in Crisis (suicidal, danger to others, etc.)
- Children abusing substances
- Elementary school students

Additional Client Selection Factors for Consideration

- Parental permission required prior to children participating in CBITS
- Parents can participate in the parent-education (conjoint) sessions

Additional Client Selection Factors for Consideration

- CBITS incorporates a screening instrument to identify children who might benefit from this EBP

- After completing the screening instrument, the clinician should meet with the student to verify the screening results

CBITS MODEL

What is CBITS?

- CBITS is a skills-based, group intervention that is aimed at relieving symptoms of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety among children who have been exposed to a wide range of traumas (e.g., physical abuse, disasters, accidents, witnessing death, assault, war, terrorism, immigration related trauma, traumatic loss, etc.)
- Treatment focuses on trauma from the child's perspective

What is CBITS?

- While appropriate for use with children who have experienced multiple traumas, the child (with the help of the clinician) should choose which trauma will be the focus of treatment
- School-based, group therapy treatment model
- While structured, CBITS provides flexibility to meet client needs

CBITS Primary Goals

1. Reduce symptoms related to trauma
2. Build resilience
3. Increase peer and parent support

CBITS TREATMENT MODEL

- Parental permission obtained for participation
- Brief screening to determine whether client is appropriate for CBITS
- Clinician meets with client to verify data from the screening instrument

CBITS TREATMENT MODEL

- 10 group sessions
    - 5-8 students per group
- 1 – 3 individual sessions (typically held before the exposure exercises)
- 2 parent education sessions
- 1 teacher education session

What is CBITS?

- A new set of skills is taught in each group session
  - Skills are taught through didactic presentation, art, games and age-appropriate examples are employed
  - Child completes homework assignments between sessions

CBITS TREATMENT MODEL

- Teaches six cognitive-behavioral techniques
  - Education about reactions to trauma
  - Relaxation training
  - Cognitive therapy
  - Real life exposure
  - Stress or trauma exposure
  - Social problem-solving

CBITS Evidence Base

- Strong evidence base supporting treatment effectiveness
- All outcome studies evidenced positive outcomes (i.e., clients participating in CBITS treatment demonstrated improvement on pre-treatment vs. end-of-treatment outcome measures)
- Developers identified no evidence to suggest this treatment may be harmful

CBITS Evidence Base

- Significant decline in symptoms of PTSD, compared to non-significant symptom decline in waitlist group
- Mean depression scores for CBITS group dropped significantly at posttest compared with non-significant change in waitlist group
- At 3-month follow-up, depressive symptoms decreased significantly, relative to control group

CBITS PEI Outcomes for Children

- Improved behavioral and academic functioning (Life Events Scale, Pediatric Symptom Checklist)
- Decrease in PTSD and trauma-related symptoms (Child PTSD Symptoms Scale, Pediatric Symptom Checklist)
- Decrease in symptoms of depression (Children's Depression Inventory)
- Provision of prevention and early intervention services to underserved populations (Utilization)

CBITS
Staffing for Sustainability

- LAC DMH minimum model staffing:
  - 2 master level clinicians
- Clinicians should be familiar with trauma
- Weekly supervision should be conducted with a clinician with expertise in Cognitive Behavior Therapy and trauma

Staffing Considerations

- In selecting clinicians to train in this model, chose clinicians who are motivated to learn a new treatment model and willing to use manual-based treatment.
- Clinicians who are familiar with your local schools and have the ability to develop and sustain working relationships with the schools
- Clinicians who are familiar with the group process and the challenges one may face in recruiting clients for group and sustaining group referrals

Training Protocol

Clinical Training/Consultation

- Clinicians must complete a DMH hosted CBITS training:
  - DMH hosting two 2-Day workshops:
    - April 29 – 30
    - May 19 - 20
- Mandatory participation in 13 consultation calls with CBITS trainers (13 hrs of small phone cohorts)

EXPECTATIONS FOR MAINTAINING FIDELITY

Expectations for Fidelity

- Agencies should have an existing relationship with a school that is willing to sustain a referral flow for CBITS

- Each agency will ensure identified staff will participate fully in all training and consultation activities

Expectations for Fidelity

- Agencies will ensure staff participation in regular supervision with a supervisor with expertise in CBT and trauma
- Clinical staff will participate in a titrated schedule of consultation calls with CBITS trainers
- Fidelity monitoring as specified by CBITS developers/trainers

Expectations for Fidelity

- Agencies are responsible for additional training fees associated with replacing a therapist
- Agencies will adhere to DMH training protocol when replacing clinicians and expanding treatment teams
- Agency staff will be trained by certified trainers and/or trainers recognized by CBITS developers

Expectations for Fidelity

- New clients will be referred to treatment within two weeks of initial contact

- Identified outcome measures will be administered at intake and termination, and data will submitted to on a schedule and in a format designated by DMH.

Implementation and Planning

Implementation Planning: Things to Consider

- This is a school-based program, no school (e.g., summer) may mean no billing
- Ensure organization readiness
- Have an existing relationship with a local school

Implementation Planning: Referrals

- Have an established process for receiving and following-up with referrals
- Who will be responsible for coordinating/insuring referrals?
- Who will be referred? Will there be inclusion or exclusion criteria?

Implementation Planning

- Identify which clinicians will provide CBITS
- Allocate sufficient administrative time to negotiate referral process, parental consent, completion of Initial Intake Assessment, etc.
- What other duties will the clinicians have?

Implementation Planning:

- Who will supervise the CBITS practitioners?
- Will supervisor(s) carry a caseload? If yes, what size?
- Will they be responsible for supervising other programs?

Implementation Planning: Fidelity and Evaluation

- Who will be responsible for insuring appropriate and timely administration of outcome evaluation tools?
- Who will be responsible for data collection, interpretation, feedback to staff, and submittal?
- What barriers to outcome data collection, entry or submittal do you anticipate?

Implementation Planning: Administrative Oversight

- What administrator is committed to ensuring training plan & CBITS Fidelity?
- What administrator will monitor fidelity and outcome reports and oversee any needed corrections?
- How will staff attrition be managed?

Contact Information

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