Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Developed by Lisa Jaycox, PhD, Marleen Wong, PhD., Pia Escudero, LCSW., Sheryl Kataoka, MD, MSHS., Bradley Stein, MD, PhD.

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

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, post-traumatic stress disorder, problems with peers and family, and impaired learning.

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

CBITS Overview

Target Population
- Youth in 5th-12th 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.
- Delivered in school settings to increase accessibility.

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
Mental health professionals, preferably masters level, complete 2 days of in-person training, 5 hours of online training, and participate in a series of bi-weekly consultation calls with a CBITS expert, during the initial implementation. Consultation calls reduce to monthly once initial implementation is completed and program is established.

Core Values
- Skills-based
- 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
Studies compared TF-CBT to non-directive, supportive therapy and have examined the impact of various treatment components.

**CBITS Components & Goals**

<table>
<thead>
<tr>
<th>Components delivered to youth, parents, teachers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening</strong></td>
</tr>
<tr>
<td>Universal Screening: Trauma Exposure Checklist and Child PTSD Symptom Scale.</td>
</tr>
<tr>
<td><strong>Groups</strong></td>
</tr>
<tr>
<td>Relaxation Skills: Ways to reduce physical manifestations of stress, and manage distress, related to trauma reminders with a knowledge of common reactions to trauma.</td>
</tr>
<tr>
<td>Cognitive Therapy: Lessons linking thoughts and feelings, while learning to combat negative thought processes.</td>
</tr>
<tr>
<td>Exposure: Learning alternative coping strategies and how to face fears. Youth encouraged to share personal story through imagination, drawing, and/or writing, providing closure.</td>
</tr>
<tr>
<td>Decision Making: Acquire skills on overcoming thoughts that lead to negative action, practice brainstorming solutions to problems, relapse prevention.</td>
</tr>
<tr>
<td><strong>Individual Sessions</strong></td>
</tr>
<tr>
<td>1-3 Sessions to support Trauma Narration &amp; Processing: Provide more intensive exposure work to desensitize trauma memories, resolve avoidance symptoms, correct distorted thinking.</td>
</tr>
<tr>
<td><strong>Parent Sessions</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Teacher Session</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Change Mechanisms**

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

**Outcomes**

2 RCTs compared CBITS to control groups.

- 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.


Please see the developers’ website, [http://cbitsprogram.org](http://cbitsprogram.org), for official information about CBITS training, access to free resources, and learn about CBITS Dissemination and Sustainability.