Outcomes from an Efficacy Trial: Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Program

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Outline of presentation

- Discussion of the effects of trauma on children
- The *Cognitive Behavioral Intervention for Trauma in Schools* (CBITS) screening and efficacy study
  - Description of screening process
  - Screening results
  - Impact results
- Implementing and sustaining CBITS in a local school district
The Effects of Trauma
What is trauma?

- Highly stressful event, such as:
  - Abuse
  - Abandonment
  - Accident
  - Exposure to violence or abuse
  - Bullying
  - Community violence
  - Homelessness
  - Injury/hospital stay
  - Loss of loved one
  - Natural disaster

- Characterized by unpredictability
- Threatens physical or mental well-being
- Evokes feelings of extreme fear or helplessness
- Overwhelms an individual’s capacity to cope
Exposure to trauma over time

- **Single** exposure to an event may cause
  - Jumpiness
  - Intrusive thoughts
  - Interrupted sleep
  - Nightmares
  - Anger
  - Moodiness
  - Social Withdrawal
  - Disorganized or agitated behavior

*Each can interfere with concentration and memory*

- **Chronic** exposure can:
  - Adversely affect attention, memory, and cognition
  - Reduce ability to focus, organize, and process information
  - Interfere with effective problem solving and/or planning
  - Result in overwhelming feelings of frustration and anxiety
Trauma effects on academic outcomes

- Trauma symptoms interfere with concentration, memory, and cognition, leading to:
  - Decreased IQ and reading ability (Delaney-Black et al., 2003)
  - Lower grade-point average (Hurt et al., 2001)
  - Decreased rates of high school graduation (Grogger, 1997)
  - Increased expulsions and suspensions (LAUSD Survey)
CBITS Study
in local urban school district
Funders and partners

- **Funders**
  - Department of Education, IES, NCSER (Goal 3 RCT)

- **Partners:**
  - *Local school district:* School Social Workers (SSWs)
  - *UCLA:* training, technical assistance, and fidelity rating
  - *Stanford University:* weekly clinical supervision

Sheryl Kataoka  Audra Langley  Shashank Joshi
Study context

- Randomized controlled trial in 12 middle schools across 4 years
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program
  - School-based intervention developed by UCLA, RAND, & LAUSD
  - Tailored for the school setting and diverse populations
  - 10 weekly student group sessions
    - 1 individual (1-on-1) session and two parent education meetings
  - Delivered to 6th grade students experiencing significant distress due to trauma
    - Implementers = MSWs, licensed psychologists, or interns
  - For more information about CBITS go to www.cbitsprogram.org
Screening and recruitment process

- **Active consent** for all 6th grade students and parents/guardians
  - Trauma Symptom Checklist for Children, PTS subscale (Briere, 1996)
  - Traumatic Events Screening Inventory (Ford & Rogers, 1997)

- **Eligibility** criteria:
  - 80th percentile on TSCC-PTS (*T* score 58+)
  - Endorsement of 1+ trauma event on TESI
  - Parent consent, student assent

- **Randomization** (after consent) to:
  - CBITS group or
  - *Business-as-usual* comparison group
    - Both received *Trauma Resource Guide*
Screening and recruitment process

- Parent flier and consent forms disseminated in multiple languages
  - Principal endorsement
  - Provided in back-to-school packet
  - Simple language and definition of traumatic stress
  - English, Spanish, and Chinese versions
  - Bilingual researchers available to answer questions over phone

- Provided information at school orientation and parent meetings

- Enlisted support from parent liaisons at schools

- Provided classroom incentives for consent return (regardless of yes or no)
## Screening: Years 1-4

<table>
<thead>
<tr>
<th>Year</th>
<th>Consents distributed</th>
<th>Students screened</th>
<th>Number eligible (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,568</td>
<td>600</td>
<td>93 (16%)</td>
</tr>
<tr>
<td>2</td>
<td>2,623</td>
<td>1,204</td>
<td>165 (14%)</td>
</tr>
<tr>
<td>3</td>
<td>2,974</td>
<td>1,304</td>
<td>165 (13%)</td>
</tr>
<tr>
<td>4</td>
<td>1,842</td>
<td>941</td>
<td>127 (13%)</td>
</tr>
<tr>
<td>Total</td>
<td>9,007</td>
<td>4,049</td>
<td>550 (14%)</td>
</tr>
</tbody>
</table>
Participants

Screening consents distributed
\((N = 9,007)\)

66% consents returned
\((n = 5,920)\)

45% students screened
\((n = 4,049)\)

14% eligible
\((n = 550)\)

53% in study
\((n = 296)\)
# Data collection

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Purpose</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSCC (Briere, 1996)</td>
<td>Trauma symptoms</td>
<td>Student (self report)</td>
</tr>
<tr>
<td>CRI-Y (Moos, 1993)</td>
<td>Coping responses</td>
<td>Student (self report)</td>
</tr>
<tr>
<td>SACA (Stiffman et al., 2001)</td>
<td>Services outside CBITS</td>
<td>Student (self report)</td>
</tr>
<tr>
<td>PSQI (Buysse et al., 1989)</td>
<td>Sleep duration/quality</td>
<td>Student (self report)</td>
</tr>
<tr>
<td>YSR (Achenbach &amp; Rescorla, 2001)</td>
<td>Behavior</td>
<td>Student (self report)</td>
</tr>
<tr>
<td>WJ3 Brief Battery (Woodcock et al., 2006)</td>
<td>Reading and math achievement</td>
<td>Student (direct assessment)</td>
</tr>
<tr>
<td>AET (Walker &amp; Severson, 1990)</td>
<td>Academic engagement</td>
<td>Classroom observation</td>
</tr>
<tr>
<td>TRF</td>
<td>Classroom behavior</td>
<td>Teacher</td>
</tr>
</tbody>
</table>
Other measures

- **Student Record data**
  - Attendance, grades, and services (e.g., special education)

- **Social Validity surveys** *(students and SSWs)*
  - Assess satisfaction with program content, materials, and impact

- **Alliance surveys** *(students and SSWs)*
  - Assess satisfaction with relationship

- **Fidelity measures**
  - Ratings of audiotaped sessions by external (UCLA) staff
  - Random sample: 20% of all sessions
Participant Characteristics
Participant demographics

- Latino
- White
- African American
- Asian

- All Screened
- Elevated
- District
Screening Results
### Traumatic Events: Participants, lifetime events

<table>
<thead>
<tr>
<th>Traumatic Event</th>
<th>All Students (n = 4,049)</th>
<th>Elevated (n = 550)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been in serious accident</td>
<td>19%</td>
<td>37%</td>
</tr>
<tr>
<td>Witnessed serious accident</td>
<td>26%</td>
<td>48%</td>
</tr>
<tr>
<td>Natural disaster</td>
<td>16%</td>
<td>30%</td>
</tr>
<tr>
<td>Relative sick/injured</td>
<td>51%</td>
<td>73%</td>
</tr>
<tr>
<td>Been seriously ill/injured</td>
<td>33%</td>
<td>55%</td>
</tr>
<tr>
<td>Relative died</td>
<td>47%</td>
<td>58%</td>
</tr>
<tr>
<td>Separated from family</td>
<td>13%</td>
<td>34%</td>
</tr>
<tr>
<td>Attacked by animal</td>
<td>17%</td>
<td>31%</td>
</tr>
<tr>
<td>Threatened with harm</td>
<td>22%</td>
<td>54%</td>
</tr>
<tr>
<td>Slapped, punched, or hit</td>
<td>35%</td>
<td>67%</td>
</tr>
<tr>
<td>Witnessed someone slapped or hit</td>
<td>43%</td>
<td>71%</td>
</tr>
<tr>
<td>Witnessed attack with weapon</td>
<td>6%</td>
<td>15%</td>
</tr>
</tbody>
</table>

#### Mean Events endorsed

- Elevated – 6.3
- All – 3.6

<table>
<thead>
<tr>
<th># Events</th>
<th>All</th>
<th>Elevated</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>1–2</td>
<td>28%</td>
<td>3%</td>
</tr>
<tr>
<td>3–4</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>5–6</td>
<td>19%</td>
<td>29%</td>
</tr>
<tr>
<td>7–8</td>
<td>11%</td>
<td>30%</td>
</tr>
<tr>
<td>9–11</td>
<td>4%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Student screening: Total sample \( (N = 4,049) \)

- Overall prevalence of elevated trauma = 14\% \((n = 550)\)
  - Prevalence ranged from 7\% to 21\% by school

- Prevalence by gender:
  - 13.4\% of females
  - 14.3\% of males
Reported mean number of trauma events (all screened)
## Average differences in trauma events and PTS scores (all students)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total trauma events Mean (SD)</th>
<th>PTS Mean (SD)</th>
<th>Average difference (effect size)</th>
<th>Total trauma events in upper diagonal and PTS in lower diagonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.54 (2.54)</td>
<td>45.83 (9.32)</td>
<td>White 1.58*</td>
<td>African American 0.48* Latino -0.33 Asian -0.33</td>
</tr>
<tr>
<td>African American</td>
<td>5.12 (2.72)</td>
<td>47.79 (10.30)</td>
<td>1.96 (0.20)</td>
<td>Latino -1.10* African American -1.91* Asian -0.81*</td>
</tr>
<tr>
<td>Latino</td>
<td>4.02 (2.72)</td>
<td>46.89 (10.72)</td>
<td>1.06 (0.11)</td>
<td>Latino -0.90 Latino -0.81* Asian -0.42</td>
</tr>
<tr>
<td>Asian</td>
<td>3.21 (2.37)</td>
<td>46.46 (9.00)</td>
<td>0.63 (0.07)</td>
<td>Asian -1.32 Latino -0.42 Latino -0.81*</td>
</tr>
</tbody>
</table>
Reported mean number of trauma events (elevated)
## Average differences in trauma events and PTS scores (elevated)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Mean (SD) Total Trauma Events</th>
<th>Mean (SD) PTS</th>
<th>Average difference (effect size)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total trauma events in upper diagonal and PTS in lower diagonal</td>
</tr>
<tr>
<td>White</td>
<td>6.09 (2.48)</td>
<td>65.39 (6.91)</td>
<td>_</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>_</td>
</tr>
<tr>
<td>African American</td>
<td>8.06 (2.31)</td>
<td>66.22 (6.16)</td>
<td>0.83 (0.14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>_</td>
</tr>
<tr>
<td>Latino</td>
<td>6.94 (2.35)</td>
<td>64.93 (6.41)</td>
<td>-0.46 (0.08)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-1.29 (0.22)</td>
</tr>
<tr>
<td>Asian</td>
<td>5.53 (2.25)</td>
<td>63.84 (5.57)</td>
<td>-1.54 (0.26)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-2.38 (0.39)</td>
</tr>
</tbody>
</table>

*Significant difference at p < 0.05.
Reported mean PTS scores
Predicting Elevated Traumatic Stress
Prediction model and findings

- Logistic regression to predict elevated PTS from specific trauma events
  - 10 of the 12 trauma events were significant predictors.
  - Effect sizes ranged from an odds ratio of 2.98 for separated from caregiver to 1.27 for injury or sickness of a loved one.
  - Death of loved one and witnessed assault with weapon were the only items that were not significant predictors.

- Model explained 16% of the variance in elevated PTS.
## Predicting elevated traumatic stress

<table>
<thead>
<tr>
<th>Type of trauma event</th>
<th>Prediction of elevated traumatic stress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Witness</strong></td>
<td>Estimate</td>
</tr>
<tr>
<td>Death of loved one</td>
<td>0.10</td>
</tr>
<tr>
<td>Witnessed physical assault</td>
<td>0.45</td>
</tr>
<tr>
<td>Witnessed assault with weapon</td>
<td>0.27</td>
</tr>
<tr>
<td>Injury or sickness of loved one</td>
<td>0.24</td>
</tr>
<tr>
<td>Witnessed serious accident</td>
<td>0.44</td>
</tr>
<tr>
<td>Witnessed natural disaster</td>
<td>0.59</td>
</tr>
<tr>
<td><strong>Victim</strong></td>
<td></td>
</tr>
<tr>
<td>Physically assaulted (e.g., slapped, hit)</td>
<td>0.68</td>
</tr>
<tr>
<td>Threatened with physical assault</td>
<td>0.95</td>
</tr>
<tr>
<td>Separated from caregiver</td>
<td>1.09</td>
</tr>
<tr>
<td>Serious illness or injury of self</td>
<td>0.39</td>
</tr>
<tr>
<td>Been in a serious accident</td>
<td>0.28</td>
</tr>
<tr>
<td>Attacked by animal</td>
<td>0.25</td>
</tr>
</tbody>
</table>
Prediction model 2 and findings

- **Purpose:** To find the most parsimonious model for predicting elevated PTS
- **Included 3 most effective predictors in a logistic regression to examine interaction effects:**
  - *Separated from a caregiver*
  - *Threatened physical assault*
  - *Physical assault*
- **Findings indicated no interactions were significant predictors, but model explained 13% of the variance (nearly 80% of variance explained by all 12 items)**
Predicting elevated traumatic stress

<table>
<thead>
<tr>
<th>Type of trauma event</th>
<th>Prediction of elevated traumatic stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
</tr>
<tr>
<td>Physically assaulted</td>
<td>1.16</td>
</tr>
<tr>
<td>Threatened with physical assault</td>
<td>1.49</td>
</tr>
<tr>
<td>Separated from caregiver</td>
<td>1.62</td>
</tr>
<tr>
<td>Assaulted and Threatened</td>
<td>-0.20</td>
</tr>
<tr>
<td>Assaulted and Separated</td>
<td>-0.28</td>
</tr>
<tr>
<td>Threatened and Separated</td>
<td>-0.46</td>
</tr>
<tr>
<td>Assaulted, Separated, and Threatened</td>
<td>0.10</td>
</tr>
</tbody>
</table>
Exposure to trauma can severely impact students and negatively affect outcomes in social, behavioral, and academic functioning.

In one middle school sample:
- Students report substantial exposure to trauma, and this exposure is associated with elevated distress in about 14% of students.
- In general, males, African American, and Latino students report higher occurrences of trauma than White, Asian, or female students.
- *Separation from a caregiver* and the *threat of physical assault* were the most powerful predictors of traumatic stress.
Implications

- Multiple childhood traumas + absence of parental support = development of traumatic stress and other psychiatric symptoms that can persist into adulthood.

- Demonstrates need for comprehensive and multifaceted approach including symptom-focused, skill-building, early intervention support to increase adolescents’ active coping skills, problem-solving abilities, and social competencies.
Screening for Trauma in Early Adolescence: Findings from a Diverse School District

Michelle W. Woodbridge, W. Carl Sumi, S. Patrick Thornton, Nicole Fabrikant, Kristen M. Rouspil, Audra K. Langley & Sheryl H. Kataoka
RCT Results
Main Effects
Outcome measures

Measures used in following analyses:

- **Trauma Symptom Checklist for Children (TSCC)**
  - Five subscales: Anxiety (ANX), Depression (DEP), Anger (ANG), Posttraumatic Stress (PTS), Dissociation (DIS)

- **Youth Self Report (YSR)**
  - Internalizing (INT), Externalizing (EXT), Total Problem (TOT)

- **Woodcock-Johnson III Direct Assessment**
  - Two brief reading subtests (Letter-word ID, Passage Comprehension)
  - Two brief math subtests (Applied Problems, Calculation)
Analysis methods

Treatment Effect Estimates
- Multilevel regression models were used to calculate differences in treatment and control student adjusted means at post-test and follow-up.
  - Group means were adjusted for by differences in baseline scores and student demographics

Missing Data
- Due to incomplete school records, student absences on day of data collection, and student mobility.
- Sample size and patterns found in original data were maintained via multiple imputation.
Trauma Symptoms Checklist for Children

TSCC pre, post, & 1-year follow-up

CBITS pre, CBITS post, CBITS 1-yr
Comp pre, Comp post, Comp 1-yr

CBITS $n = 150$
Comp $n = 143$
Trauma Symptoms Checklist for Children

TSCC at post-test

*PTS p < .05, d = -.26

CBITS n = 150
Comp n = 143
Trauma Symptoms Checklist for Children

TSCC at 1 year follow-up

No significant differences between groups

CBITS $n = 150$
Comp $n = 143$
Youth Self Report

YSR pre, post, & 1-year follow-up

CBITS pre  n = 150
CBITS post
CBITS 1-yr
Comp pre
Comp post
Comp 1-yr

Clinical Range
Average

CBITS  n = 143
Comp  n = 143
Youth Self Report

YSR post-test

*INT p < .05, d = -.24

CBITS n = 150
Comp n = 143
Youth Self Report

YSR at 1 year follow-up

No significant differences between groups

CBITS $n = 150$

Comp $n = 143$
Academic outcomes

- No significant differences in academic outcomes at post-test or 1-year follow-up between CBITS and Comparison group students.
Subgroup Analyses: Trauma Symptoms and Behavioral Outcomes
Subgroup analyses: TSCC & YSR

Investigated the effect on TSCC and YSR outcomes for two subgroups:

- Students with elevated YSR **Externalizing** scores at baseline (60+)
  - CBITS n = 43
  - Comp n = 30

- Students with elevated YSR **Internalizing** scores at baseline (60+)
  - No significant differences at posttest and 1 year follow-up
TSCC outcomes for students with high YSR Externalizing scores

High externalizing: TSCC pre, post, & 1-year follow-up

CBITS pre, post, & 1-yr
Comp pre, post, & 1-yr

CBITS n = 43
Comp n = 30
TSCC outcomes for students with high YSR Externalizing scores

TSCC at post-test for high ext. students

*ANX p < .05, d = -.56
*ANG p < .05, d = -.57
*PTS p < .05, d = -.69

No significant differences between groups at 1-year follow-up

CBITS n = 43
Comp n = 30
YSR outcomes for students with high YSR Externalizing scores

High externalizing:
TSCC pre, post, & 1-year follow-up

CBITS n = 43
Comp n = 30
YSR outcomes for students with high YSR Externalizing scores

YSR at post-test for high ext. students

*INT p < .05, d = -.67
*EXT p < .05, d = -.59
*TOT p < .05, d = -.64

No significant differences between groups at 1-year follow-up

CBITS n = 43
Comp n = 30
Subgroup Analyses: Academic Outcomes
Subgroup analyses: Academic outcomes

Investigated the effect on WJ3 outcomes for two subgroups:

- Students with elevated YSR Internalizing scores at baseline (60+)
  - CBITS n = 92
  - Comp n = 91

- Students with elevated YSR Externalizing scores at baseline (60+)
  - CBITS n = 43
  - Comp n = 30
Academic outcomes for students with high YSR Internalizing scores

*Calc $p < .05$, $d = .34$

CBITS $n = 92$
Comp $n = 91$
Academic outcomes for students with high YSR Internalizing scores

**WJ3 Applied Problems**

*ApProb* $p < .05$, $d = .38$

**CBITS** $n = 92$

**Comp** $n = 91$
Academic outcomes for students with high YSR Externalizing scores

**WJ3 Letter-Word Identification**

*Average*

* LW p < .05, d = .61

**CBITS** n = 43

**Comp** n = 30
Subgroup analyses: Academic outcomes

Investigated the effect on WJ3 outcomes for two subgroups:

- Students with elevated YSR Internalizing scores at baseline (60+), no differences for:
  - All four subtests at posttest
  - Letter-word ID, and Passage Comprehension at 1 year follow-up

- Students with elevated YSR Externalizing scores at baseline (60+), no differences for:
  - Passage Comprehension, Applied Problems, Calculation at posttest
  - All four subtests at 1 year follow-up
Internalizing distress/behaviors: Student and teacher reporting differences

Significant differences in what students are feeling and what teachers are reporting.
Universal screening identified 14% of students suffering effects of exposure to trauma and in need of services.

- Teachers’ reports alone may not be reliable.

Implementation of evidence-based practice in schools is a viable option for school social workers serving students exposed to trauma.
Summary: CBITS findings

- Significant findings from CBITS in local district:
  - Greater improvements in **traumatic stress** and **internalizing behaviors** for the **CBITS** group than Comparison group.
  - Marked improvements in **trauma symptoms and behaviors** for high externalizing **CBITS** group compared to high externalizing Comparison group.
  - Among students with greatest behavioral problems (Int/Ext 60+), better **academic outcomes** for **CBITS** group than Comparison.
  - Students with greatest behavioral problems may benefit **most** from school-based intervention.
The power of school relationships

- School is where traumatized children can:
  - Forge strong relationships with caring adults
  - Learn in a supportive, predictable, and safe environment

- Mastering academic and social skills are key to healing, so:
  - Increase teaching and learning time
  - Reduce time spent on discipline

- Partner with parents and guardians:
  - Support parents who may be struggling with symptoms of trauma themselves
  - Teach students how to regulate and calm their emotions and behavior
Implementing and Sustaining CBITS
CBITS in San Francisco Unified School District

- SFUSD and SRI collaboration from 2011–2014
- 2015–2016, 12 of 13 middle schools implement CBITS and three of six K-8 schools implement CBITS
- 189 students screened, 95 eligible, and 57 received CBITS intervention
San Francisco Unified School District

SFUSD: 55,000 Students

School Social Workers in every Elementary and Middle School and High School - 105 School Social Workers

Social Workers funded from:

- Prop H: Public Education Enrichment Fund
- School site funds
- City and State funding
Three big considerations for CBITS implementation in SFUSD

1. Is CBITS right for SFUSD middle school students and schools?

2. How will we conduct screening?

3. How will we provide training and support?
Is CBITS right for SFUSD students and schools?

- Evidence based effective practice
- SFUSD students have been impacted by trauma.
  - Overall prevalence rate of elevated trauma is 14% for 6th grade students screened.
Is CBITS right for SFUSD students and schools?

- Emphasis on utilizing Trauma Informed Practices and Restorative Practices in SFUSD:
  - Training for social workers on *Addressing Complex Trauma in Schools*, with UCSF Healthy Environments and Response to Trauma in Schools (HEARTS) with Joyce Dorado, Ph.D., Project Director of UCSF HEARTS.
  - Restorative Practices training and support for building and sustaining positive relationships and community
    http://www.healthiersf.org/RestorativePractices/
Is CBITS right for SFUSD students and schools?

School Social Workers have positive responses to CBITS implementation:

“*I use the CBITS group activities and tools all the time when I work with students.*”

- SFUSD Social Worker

“I was surprised in the last session when we reviewed all the sessions, the students really remembered the lessons and activities we talked about. They were learning things”

- SFUSD Social Worker
Is CBITS right for SFUSD students and schools?

Prioritizing our Core Supports for School Social Workers

- **Tier II Activity**

Small group counseling utilizing evidence based practices
How will we conduct screening?

SFUSD engaged social workers in determining promising practices for screening and identification of CBITS group participants.
How will we conduct screening?

Train Social Workers on Screening Process

Step 1: Select students for screening
Step 2: Obtain parent/guardian consent to screen
Step 3: Conduct screening
Step 4: Score screener
Step 5: Get assent from students for group participation
Step 6: Get parent permission for group participation
How will we conduct screening?

- Several schools instituted **universal** screening for exposure to trauma in one grade level.
- Other schools implemented **targeted** screenings for students via:
  - Referrals through Student Assistant Program teams
  - Referrals from teachers, school social workers, and family members
How will we conduct screening?

- Must have parent/guardian permission for screening
- Trauma Exposure Checklist - part of Student Record
How will we conduct screening?

- District leadership created a central tracking system to:
  - Record the screening results
  - Document services provided

- Site social worker submit to central tracking system:
  - Screening Cover Sheet
  - Signed Consent to Screen
  - Completed Screener
How will we conduct screening?

What if our screening identified too many students?

- Discuss eligible students at Student Assistance Program meeting and assign supports and interventions
- Meet individually with student
- Hold group workshop on managing stress
- Meet with parent/guardians - additional referrals
- Made a referral to CBO
- Maintain waiting list and include students in next CBITS group
How will we provide training and support?

Mentor Social Worker trained as CBITS trainer
How will we provide training and support?

Weekly group supervision with trained CBITS clinician
How will we provide training and support?

On going communication, support and collaboration from Mentor School Social Worker
How will we provide training and support?

Resources from CBITS Website: www.cbitsprogram.org
CBITS Implementation: CHALLENGES

- Screening: How to find the right students with screening process
  - Difficulty getting consent from parent/guardian
  - Students who have symptoms from an identified traumatic event, not solely generalized anxiety

- How to find students with internalizing symptoms without the universal screener

- Manualized intervention:
  - Getting buy-in from social workers to implement
CBITS Implementation - SUCCESSES

- Manualized intervention
  - SFUSD Social Workers like it!
  - Teaches tools and strategies social workers can use
- Works in a school setting
- Engages parents
- Impacts student education
Questions?