



# A New Approach to Disseminating a Trauma-Informed Evidence Based Practice in School Mental Health: Cognitive Behavioral Intervention in Schools (CBITS)

Maria Hu, LCSW Clinical Associate Professor  
Suh Chen Hsiao, LCSW Clinical Associate Professor

September 29, 2016  
San Diego, CA

# Agenda



- **History on Cognitive Behavioral Intervention Trauma in Schools (CBITS)**
- **Program Component on Cognitive Behavioral Intervention Trauma in Schools (CBITS)**
- **LAUSD MSW Internship Training Program & Use of Reflective Learning Group**
- **Implementation: Challenges and Strategizes to create the Trauma-informed school climate**

# Learning Objectives



- **Participants will learn effective strategies to reducing anxiety in children and adolescents**
- **Participants will learn about a reflective learning model**
- **Participants will learn effective strategies that address specific implementation barriers.**



# History of CBITS

<https://cbitsprogram.org/tips/6111/2548>

# Trauma-Informed Practice: Cognitive Behavioral Intervention for Trauma in Schools (CBITS)



**CBITS** (Jaycox, 2004) is a skills-based, group intervention that is aimed at relieving symptoms of Post Traumatic Stress Disorder (PTSD), depression, and general anxiety among children exposed to trauma (Kataoka et al., 2003; Stein et al., 2003).

## **CBITS Evidence:**

Not only effectively treats PTSD and depressive symptoms but also show better school grades (Kataoka et al, 2011)

- Increase and resiliency coping mechanisms
- Reduction in PTSD symptoms
- Improve academic performance
- Teacher and Parent Psycho-education on trauma in efforts to support their learning.
- Supporting students in the classroom and at home

# CBITS Format



10 Group Sessions

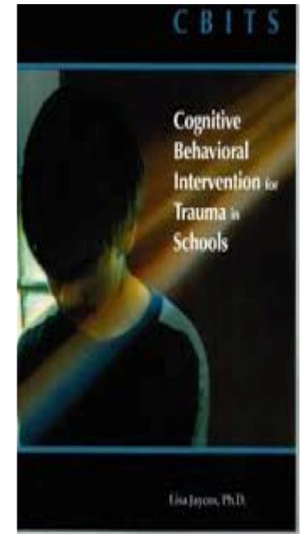
- Coordination with teachers/administrators
  - \* During class time or after school
  - \* 6-8 students per group
  - \* 1-3 individual trauma narrative sessions

Trauma Education for Teachers

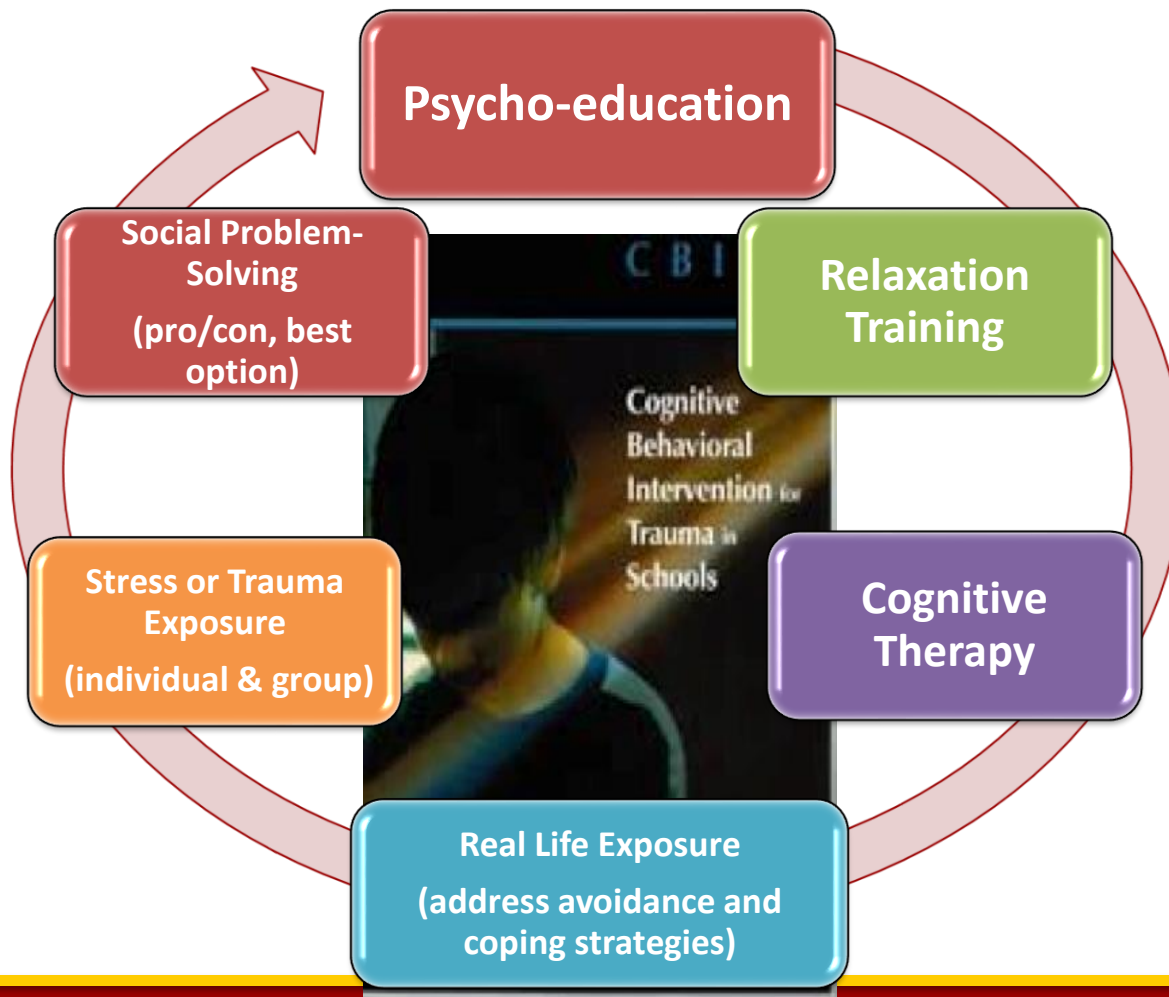
- Psycho-education for teachers

Trauma Education for Parents

- Two Parent Sessions: Psycho-education for parents



# CBITS Teaches Six Techniques



# Coping Strategies



Thought Stopping

Distraction

Positive Imagery

Relaxation

*“If you practice a technique enough, you will be able to use it in times of stress to reduce anxiety.”*

*“Pick one or two techniques that you would like to practice this week.”*



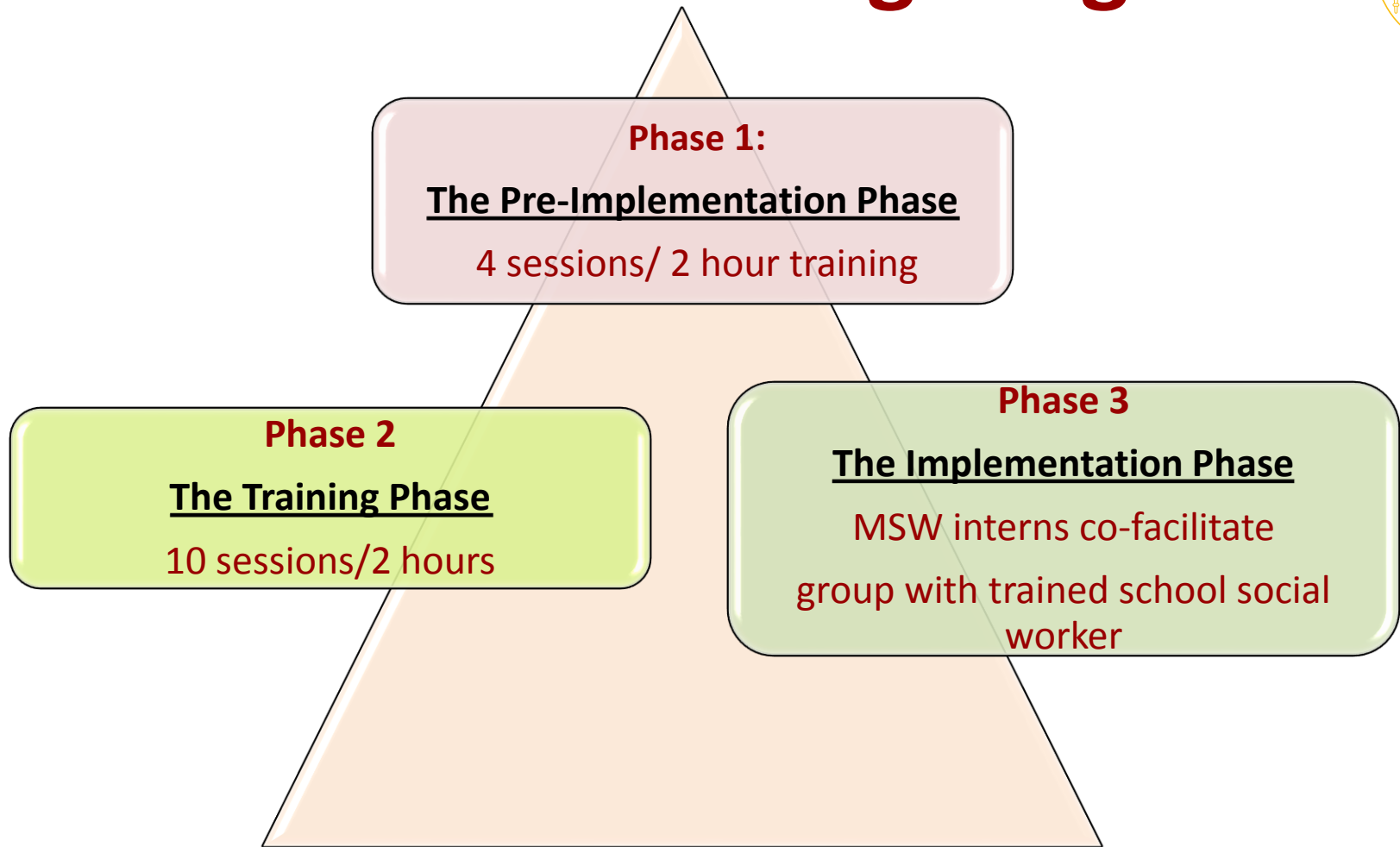
# Barriers to the Implementation of CBITS



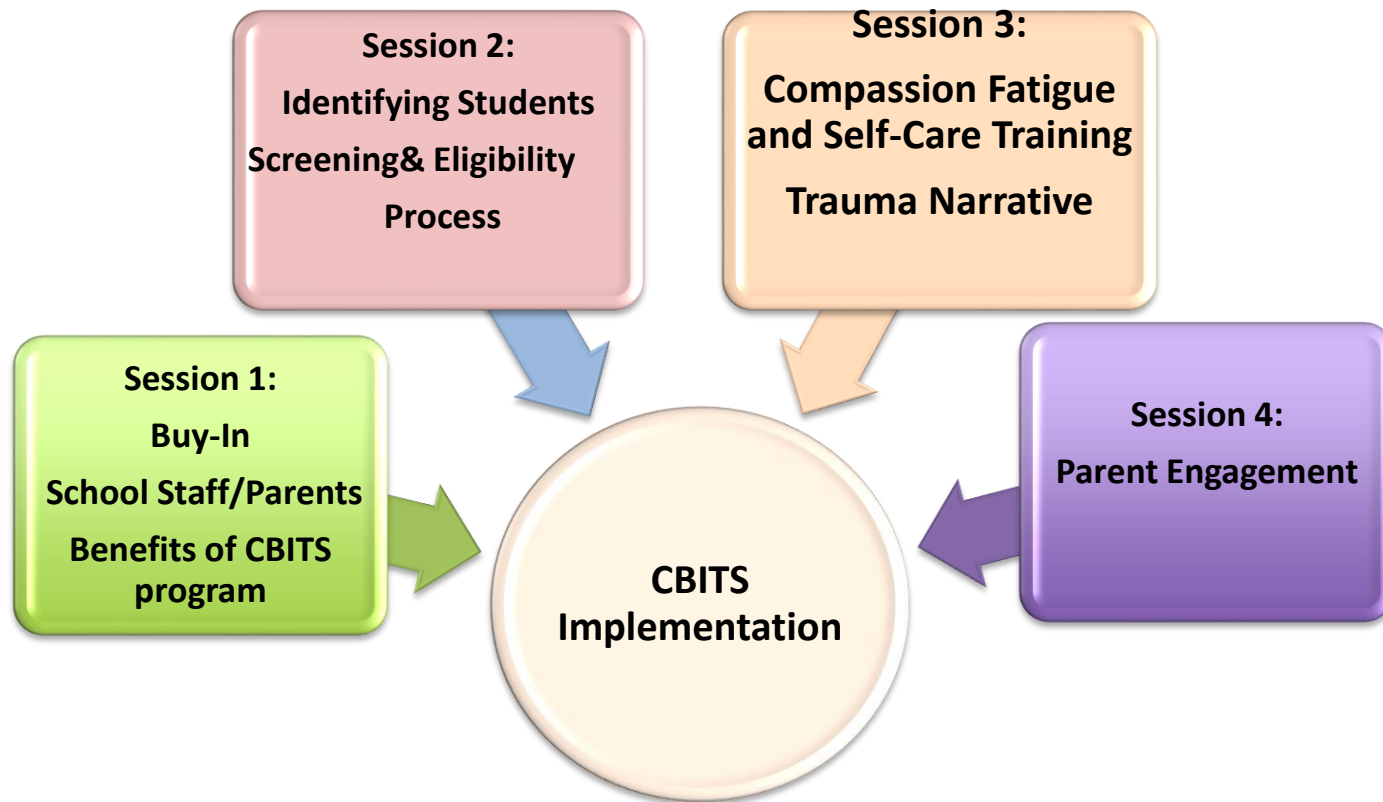
- Lack of administration, teachers, staff support.
- School Clinicians having competing responsibilities.
- Challenges in engaging parents.

*Evidence-Based Mental Health Programs in Schools: Barriers and Facilitators of Successful Implementation (A. K. Langley, E. Nadeem, S. H. Kataoka, B. D. Stein, and L. H. Jaycox, 2010)*

# CBITS Intern Training Program



# Phase 1: Pre-Implementation Training Phase Utilization of the Reflective Learning Group (RLG)



# What do I need to do prior to the implementation ?



## Establish a relationship with the school

- Advocate in the school administration improves the chances of successful group implementation
- Be prepared to review the benefits of CBITS and how it can improve grades and behavior, show data.

### Checklist Questions:

How should the groups be scheduled?

How can we meet with the teachers to discuss this program?

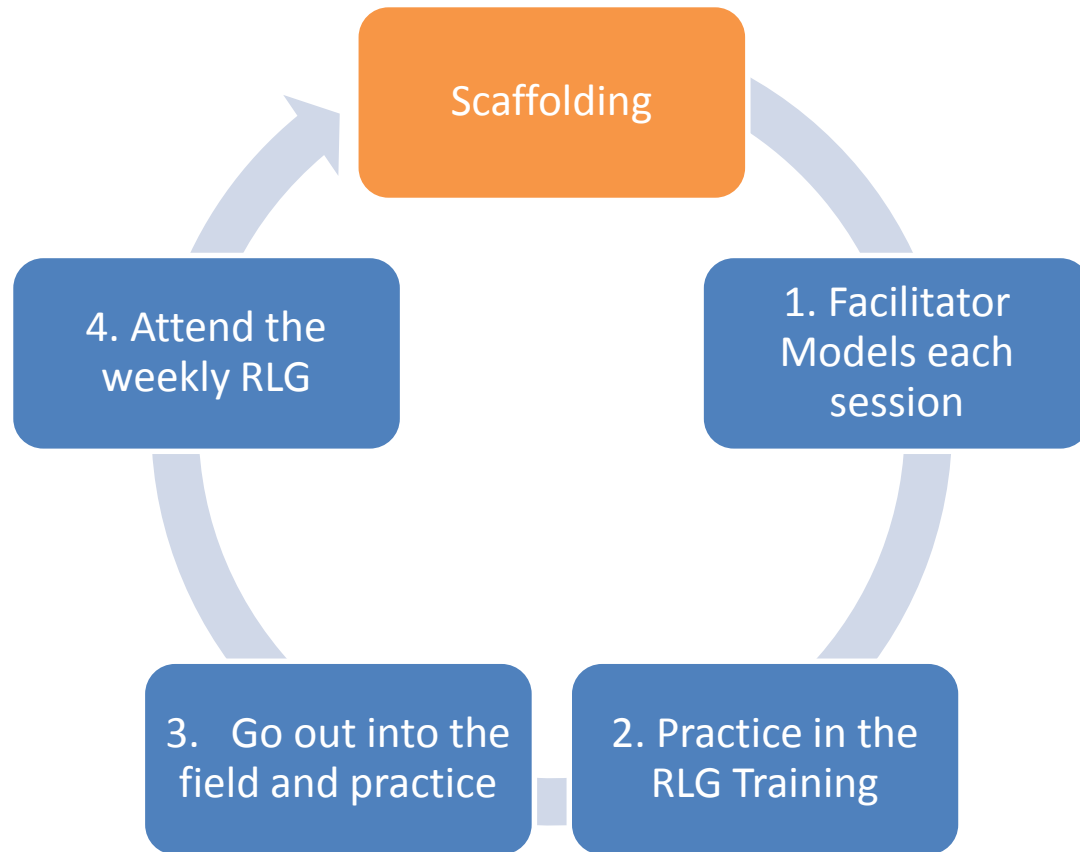
Identify a clinical provider that can provide consultation regarding clinical issues, as needed

How do I obtain permission for screening?

Where will screening occur?

How are parents notified, and what are they told?

# Reflective Learning Group (RLG)



# Engaging Parents & Teachers



**NCTSN** The National Child  
Traumatic Stress Network

## Child Trauma Toolkit for Educators



This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# Parent & Teacher Letters



## Memorandum

[DATE]

Dear Parents,

As the primary adult in the life of \_\_\_\_\_, we would like to invite you to an informational meeting. Per your consent, \_\_\_\_\_ has been participating in a weekly group counseling program designed to address children's reactions to stressful events. We have found that children respond more favorably when parents are involved and informed about how their children react and respond to stress. We would like to give you the opportunity to learn more about how to most effectively help your child feel less nervous and afraid, and how to help him/her to relax when experiencing these types of feelings.

We will be conducting two parent groups, and we hope that one will meet your schedule needs. If at all possible, please plan on attending either [DATES]. If you have any questions, please feel free to contact me at [CONTACT INFORMATION].

I look forward to meeting you and working together for the benefit of your child,

[SIGN]

\*\*\*\*\*

To: [ ]

From: [ ]

Date: [ ]

Re: CBITS begins [ ]

---

For the past three years, [School] has been fortunate to have a special counseling program for students who have experienced stressful events in the community. We have found that students who have experienced stressful situations often suffer from a unique kind of stress, called traumatic stress, which can impact academic, social and emotional functioning, thereby negatively affecting school performance.

Your \_\_\_ period student, \_\_\_\_\_ has been selected to participate. We will be conducting groups one time per week for one school period over the course of the next ten weeks. Students will be summoned for each session, and we will do our best to spread the sessions to minimize lost class time. If at all possible, please excuse him/her for these sessions as they are cumulative.

Thanks you,



**FACT: One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.**

**FACT: Trauma can impact school performance.**

- Lower GPA
- Higher rate of school absences
- Increased drop-out
- More suspensions and expulsions
- Decreased reading ability

**FACT: Trauma can impair learning.**

Single exposure to traumatic events may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory.

Chronic exposure to traumatic events, especially during a child's early years, can:

- Adversely affect attention, memory, and cognition
- Reduce a child's ability to focus, organize, and process information
- Interfere with effective problem solving and/or planning
- Result in overwhelming feelings of frustration and anxiety

**FACT: Traumatized children may experience physical and emotional distress.**

- Physical symptoms like headaches and stomachaches
- Poor control of emotions
- Inconsistent academic performance
- Unpredictable and/or impulsive behavior
- Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Intense reactions to reminders of their traumatic event:
  - Thinking others are violating their personal space, i.e., "What are you looking at?"
  - Blowing up when being corrected or told what to do by an authority figure
  - Fighting when criticized or teased by others
  - Resisting transition and/or change

**FACT: You can help a child who has been traumatized.**

- Follow your school's reporting procedures if you suspect abuse
- Work with the child's caregiver(s) to share and address school problems
- Refer to community resources when a child shows signs of being unable to cope with traumatic stress
- Share Trauma Facts for Educators with other teachers and school personnel

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Child Trauma Toolkit for Educators | October 2008  
The National Child Traumatic Stress Network  
[www.NCTSN.org](http://www.NCTSN.org)

4





## What is Child Traumatic Stress?

Child traumatic stress is when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope.

When children have been exposed to situations where they feared for their lives, believed they could have been injured, witnessed violence, or tragically lost a loved one, they may show signs of traumatic stress. The impact on any given child depends partly on the objective danger, partly on his or her subjective reaction to the events, and partly on his or her age and developmental level.



**If your child is experiencing traumatic stress you might notice the following signs:**

- Difficulty sleeping and nightmares
- Refusing to go to school
- Lack of appetite
- Bed-wetting or other regression in behavior
- Interference with developmental milestones
- Anger
- Getting into fights at school or fighting more with siblings
- Difficulty paying attention to teachers at school and to parents at home
- Avoidance of scary situations
- Withdrawal from friends or activities
- Nervousness or jumpiness
- Intrusive memories of what happened
- Play that includes recreating the event

## What is the best way to treat child traumatic stress?

There are effective ways to treat child traumatic stress.

**Many treatments include cognitive behavioral principles:**

- Education about the impact of trauma
- Helping children and their parents establish or re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

For more information see the NCTSN website: [www.nctsn.org](http://www.nctsn.org).

## What can I do for my child at home?

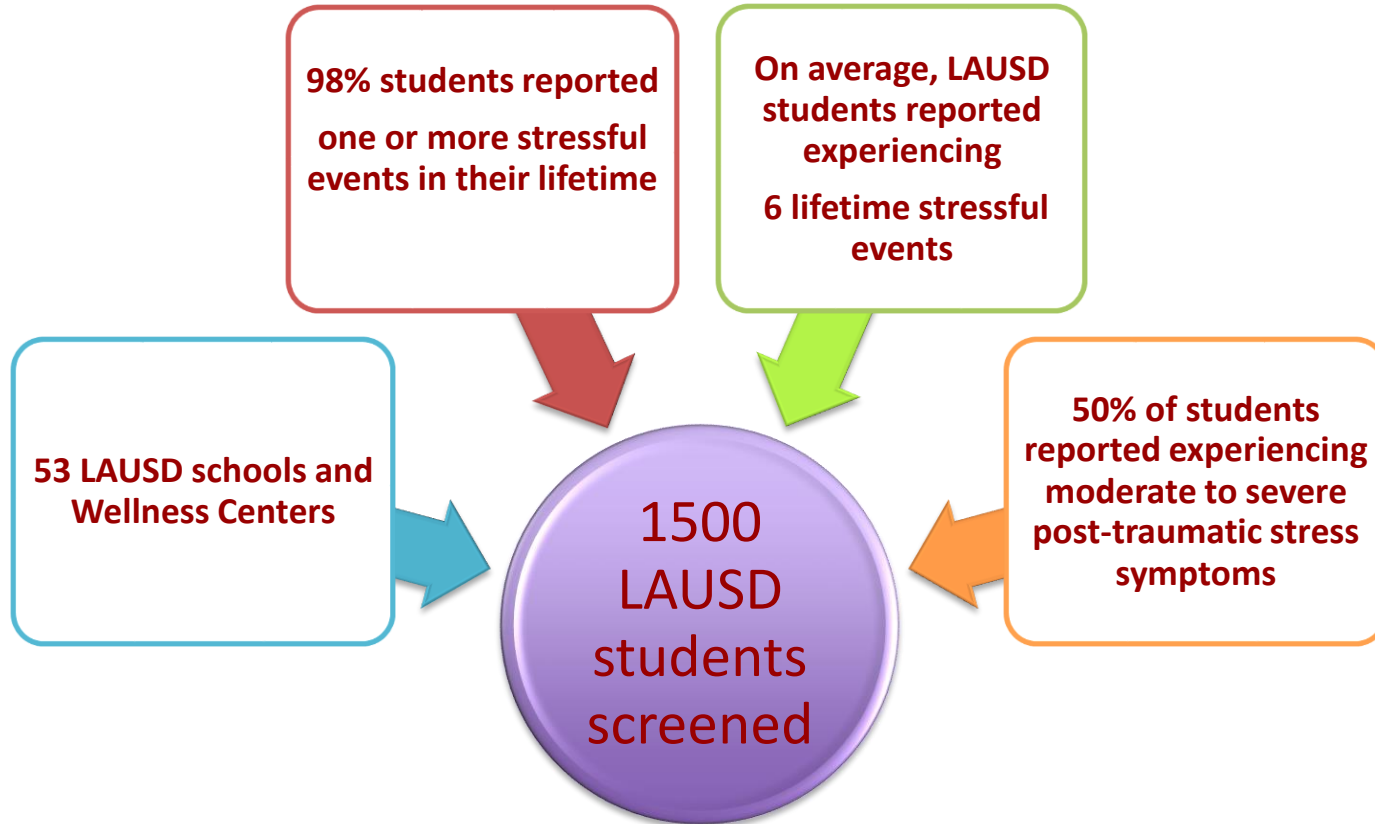
Parents never want their child to go through trauma or suffer its after effects.

**Having someone you can talk to about your own feelings will help you to better help your child.**

# LAUSD



## Stressful Life Events/PTSD Symptoms Data 2014-2015





# Making an Impact

- In the year 2014-2015, MSW interns and LAUSD school social workers facilitated approximately 47 CBITS groups, which consisted of 284 clients.
- After participating in CBITS, 80% of the children who participated in the group demonstrated a reduction in PTSD symptoms.



# Questions?

## Contact Information

- Suh Chen Hsiao, [shuhsiao@usc.edu](mailto:shuhsiao@usc.edu)
- Maria Hu, [hucordov@usc.edu](mailto:hucordov@usc.edu)

# References



- Bober, T., Regehr, C. (2005). *Strategies for reducing secondary or vicarious trauma: Do they work? Brief treatment and crisis intervention*, 6(1), 1-9
- Farmer, E. M., Burns, B. J., Philipps, S. D., Angold, A., & Costello, E. J. (2003). *Pathways into and through mental health services for children and adolescents*. *Psychiatric Services*, 54(1), 60-66
- Foa, E. B., Johnson, K. M., Feeny, N. C., & Treadwell, K. R. H. (2001). The Child PTSD Symptom Scale: *Journal of Clinical Child Psychology*, 30(3), 376-384.
- Jaycox, L. H. (2004). *Cognitive behavioral intervention for trauma in schools*. Longmont, CO: Sopris West Educational Services.

# References



- Kataoka, S.H., Stein, B.D., Jaycox, L.H., Wong, M.T.W., Escudero, P., Zaragoza, C., Fink., A. (2003). *A school-based mental health program for traumatized Latino immigrant children*. *Journal of the American Academy of Child and Adolescent Psychiatry*. 42(2), 311-318.
- Kataoka, S. H., Jaycox, L. H., Wong, M., Nadeem, E., Langley, A. K., Tang, L., . Stein, B. D. (2011). *Effects on school outcomes in low-income minority youth: Preliminary findings from a community-partnered study of a school trauma intervention*. *Ethnicity and Disease* , 21 , 71–77.
- Langley, A. K., Nadeem, E., Kataoka., S. H., Stein, B. D., Jaycox, L. H. (2010) *Evidence-Based Mental Health Programs in Schools: Barriers and Facilitators of Successful Implementation*. *School Mental Health*, 2, 105-113.

# References



- National Child Traumatic Stress Network Child Trauma Toolkit for Educators. (2008) Retrieved from [http://www.nctsn.org/sites/default/files/assets/pdfs/Child\\_Trauma\\_Toolkit\\_Final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf)
- Pryce, J.G., Shackelford, K.K., & Pryce, D.H. (2007). *Secondary traumatic stress and the child welfare professional*. Chicago: Lyceum.
- Singer, M. I., Anglin, T. M., Song, L. Y., & Lunghofer, L. (1995). *Adolescents' exposure to violence and associated symptoms of psychological trauma*. JAMA, 273, 477– 482.
- Singer, M. I., Miller, D. B., Guo, S., Slovak, K., & Frierson, T. (1998). *The mental health consequences of children exposed to violence: Final report*. Cleveland, OH: Case Western Reserve University.