

# 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
  - Bullying
  - Injury/hospital stay
  - Abandonment
  - Community violence
  - Loss of loved one
  - Accident
  - Homelessness
  - Natural disaster
  - Exposure to violence or abuse
- 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
- Nightmares
- Social Withdrawal
- Intrusive thoughts
- Anger
- Disorganized or agitated behavior
- Interrupted sleep
- Moodiness

*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

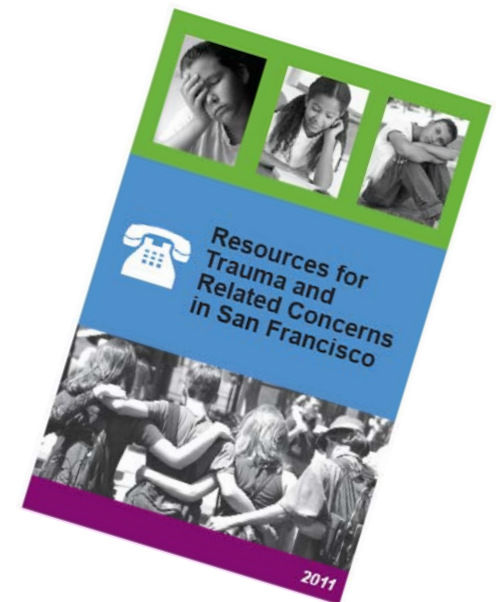


# Study context

- 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 6<sup>th</sup> grade students experiencing significant distress due to trauma
    - Implementers = MSWs, licensed psychologists, or interns
  - For more information about CBITS go to **[www.cbitsprogram.org](http://www.cbitsprogram.org)**

# Screening and recruitment process

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

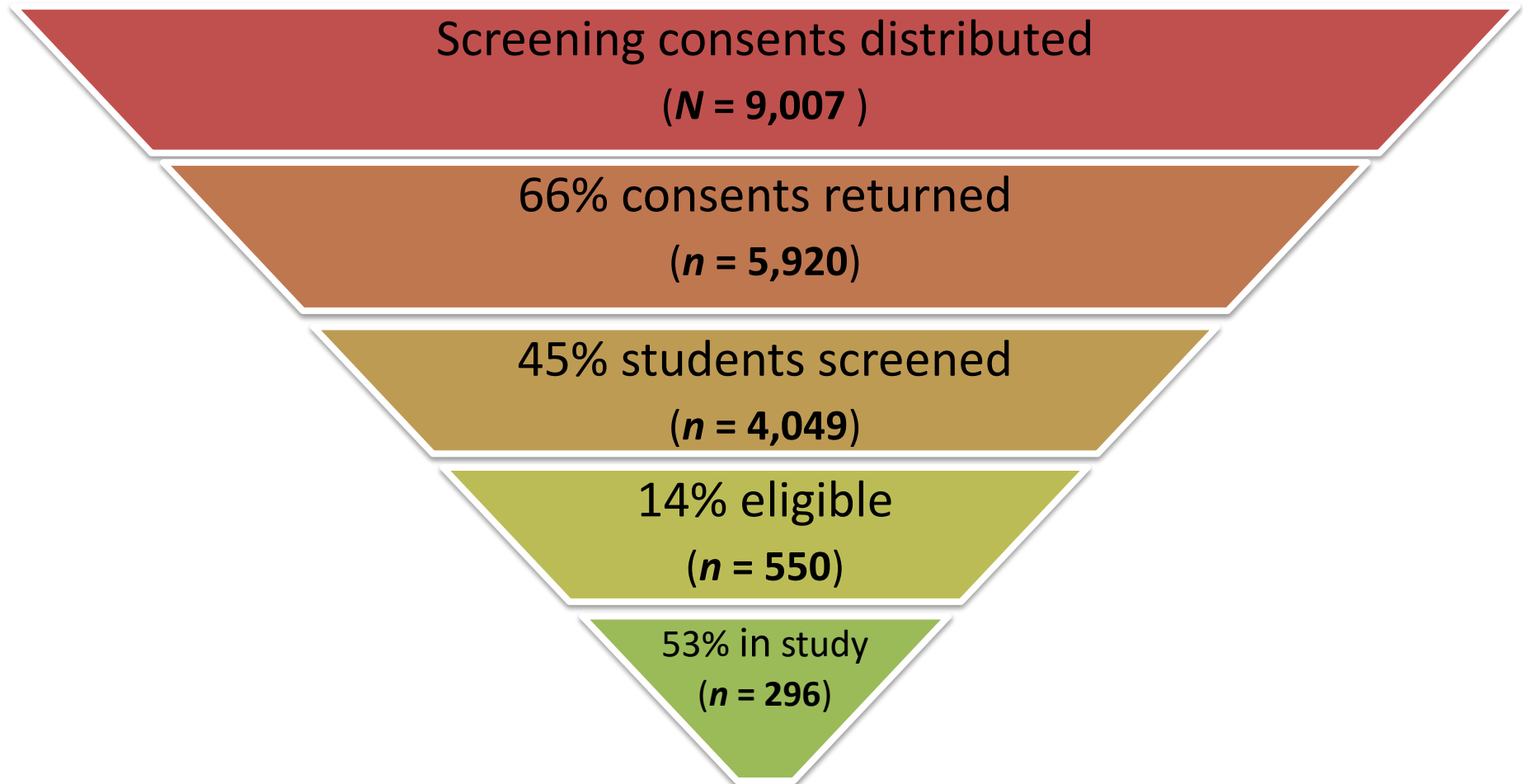
- Parent flier and consent forms disseminated in **multiple languages**
  - Principal endorsement
  - Provided in back-to-school packet
  - Simple language and definition of traumatic stress
  - English, Spanish, and Chinese versions
  - Bilingual researchers available to answer questions over phone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

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

# Participants



# Data collection

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

# Other measures

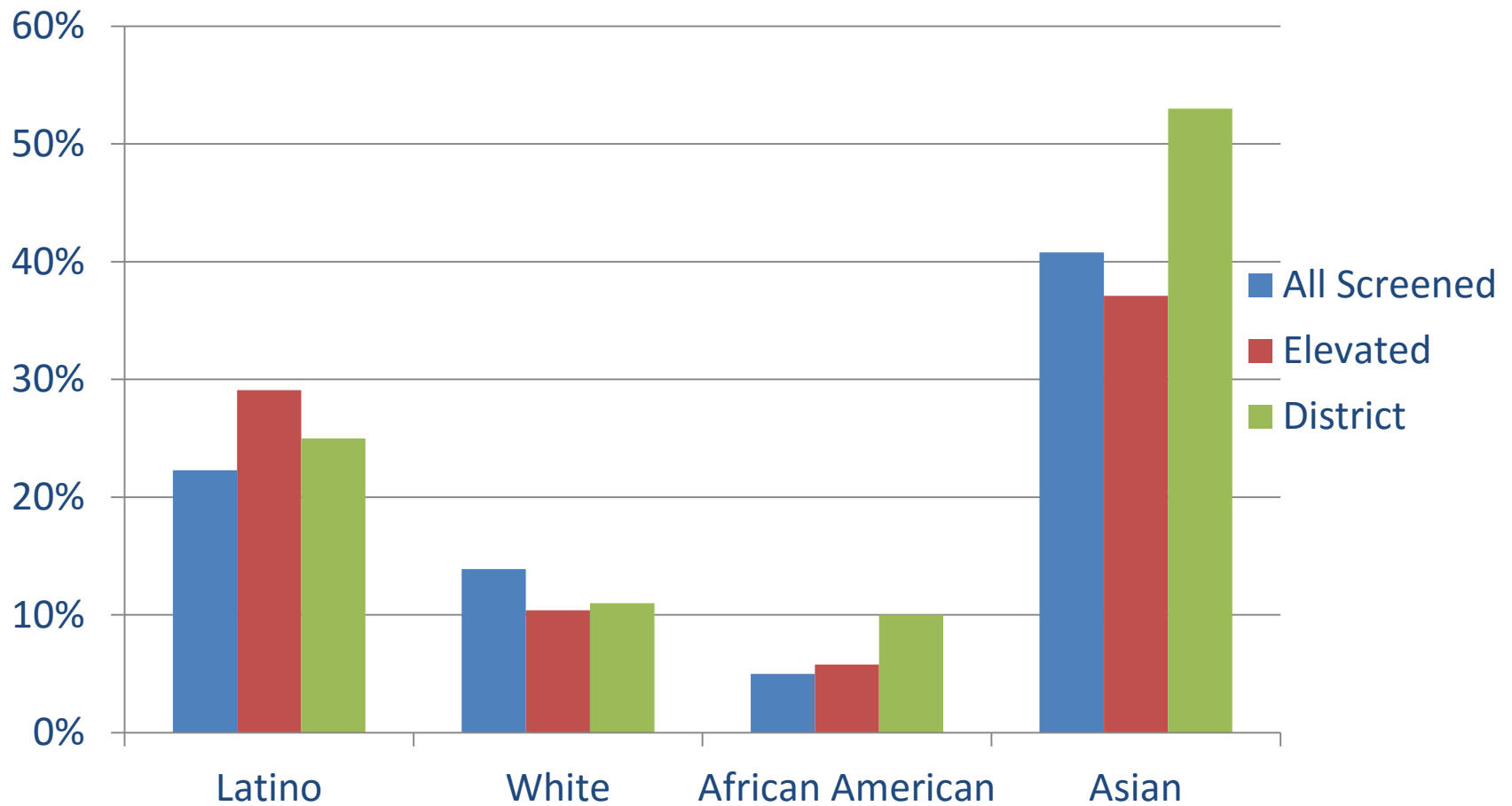
- Student Record data
  - Attendance, grades, and services (e.g., special education)
- Social Validity surveys (students and SSWs)
  - Assess satisfaction with program content, materials, and impact
- Alliance surveys (students and SSWs)
  - Assess satisfaction with relationship
- Fidelity measures
  - Ratings of audiotaped sessions by external (UCLA) staff
  - Random sample: 20% of all sessions



# Participant Characteristics



# Participant demographics



# Screening Results

# Traumatic Events: Participants, lifetime events

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

Mean Events endorsed
Elevated – 6.3
All – 3.6

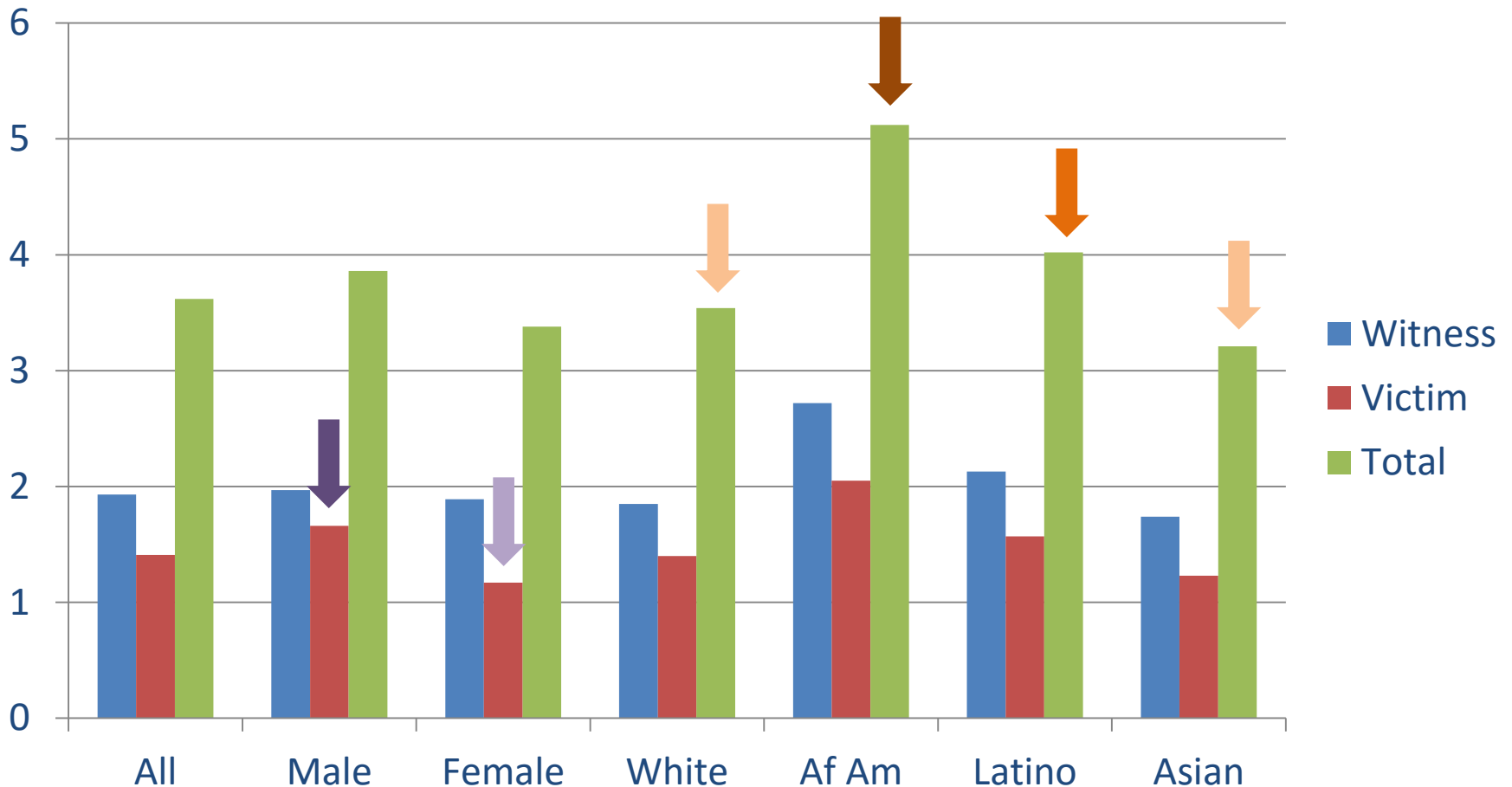
# Events	All	Elevated
0	10%	0%
1–2	28%	3%
3–4	28%	14%
5–6	19%	29%
7–8	11%	30%
9–11	4%	23%

# 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



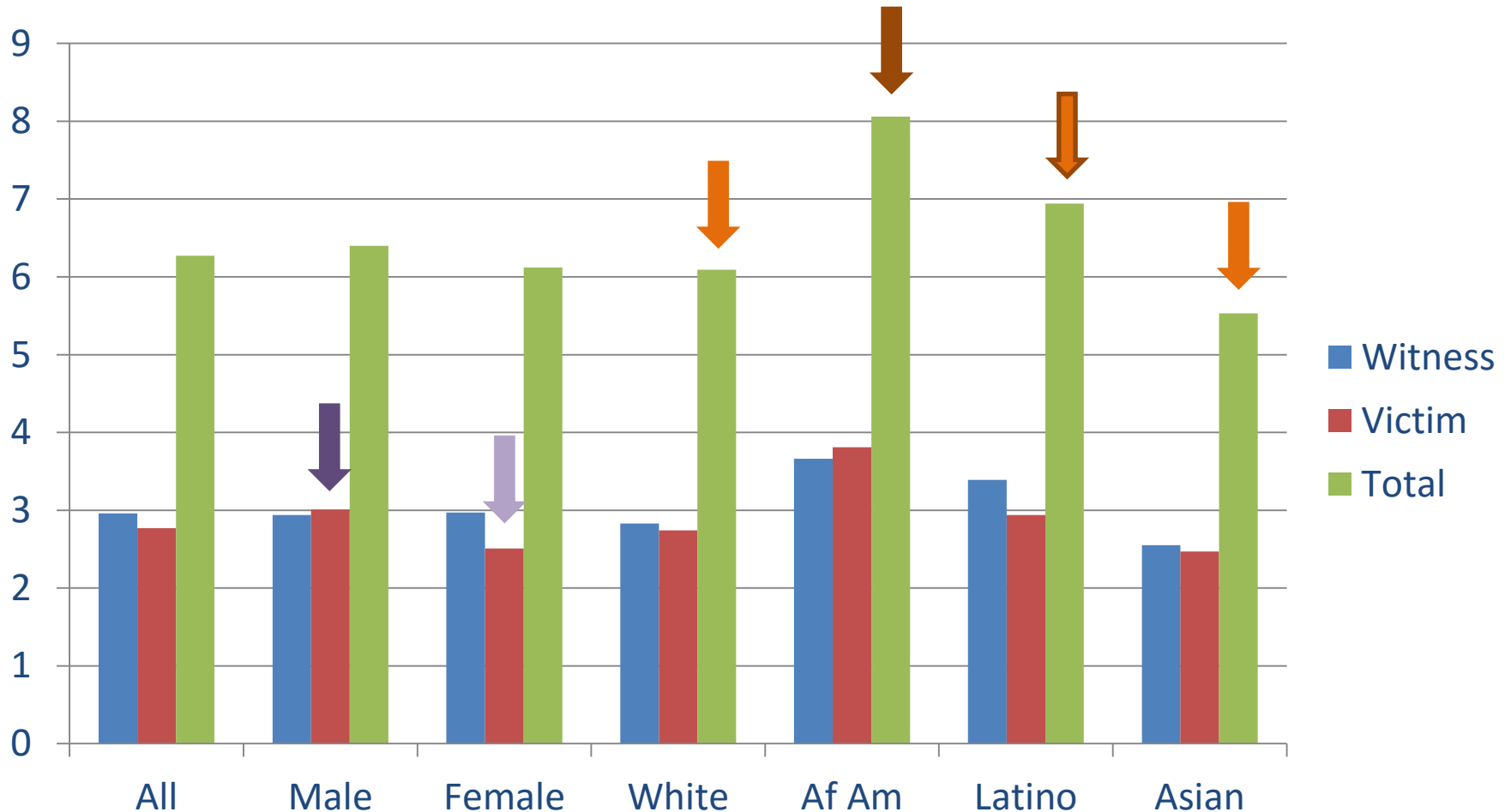
# Reported mean number of trauma events (all screened)



# Average differences in trauma events and PTS scores (all students)

Race/Ethnicity	Mean (SD)	Mean (SD)	Average difference (effect size) Total trauma events in upper diagonal and PTS in lower diagonal			
	Total trauma events	PTS	White	African American	Latino	Asian
White	3.54 (2.54)	45.83 (9.32)	–	1.58 * (0.63)	0.48* (0.19)	-0.33 (0.13)
African American	5.12 (2.72)	47.79 (10.30)	1.96 (0.20)	–	-1.10* (0.44)	-1.91* (0.76)
Latino	4.02 (2.72)	46.89 (10.72)	1.06 (0.11)	-0.90 (0.09)	–	-0.81* (0.32)
Asian	3.21 (2.37)	46.46 (9.00)	0.63 (0.07)	-1.32 (0.14)	-0.42 (0.04)	–

# Reported mean number of trauma events (elevated)

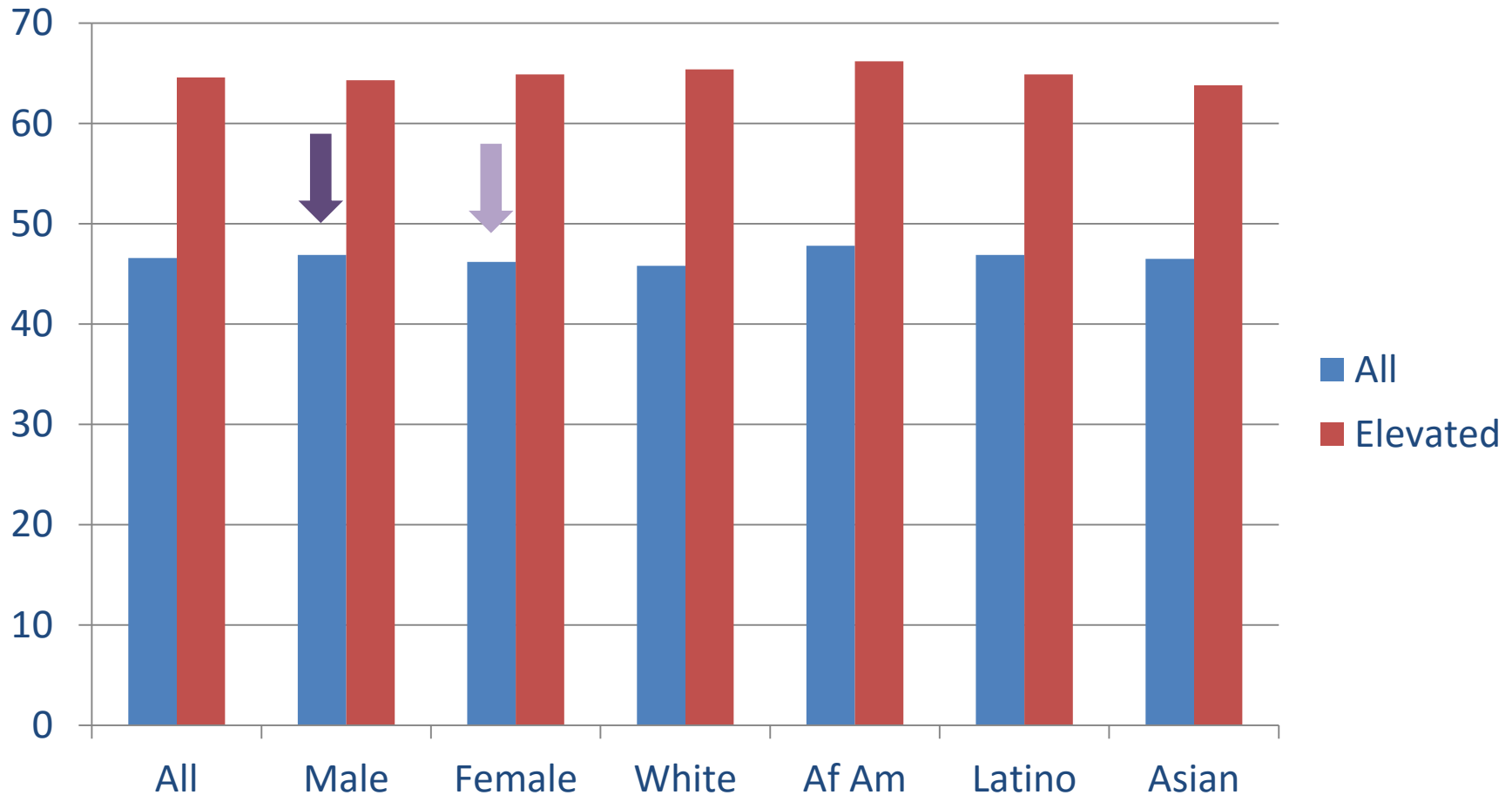


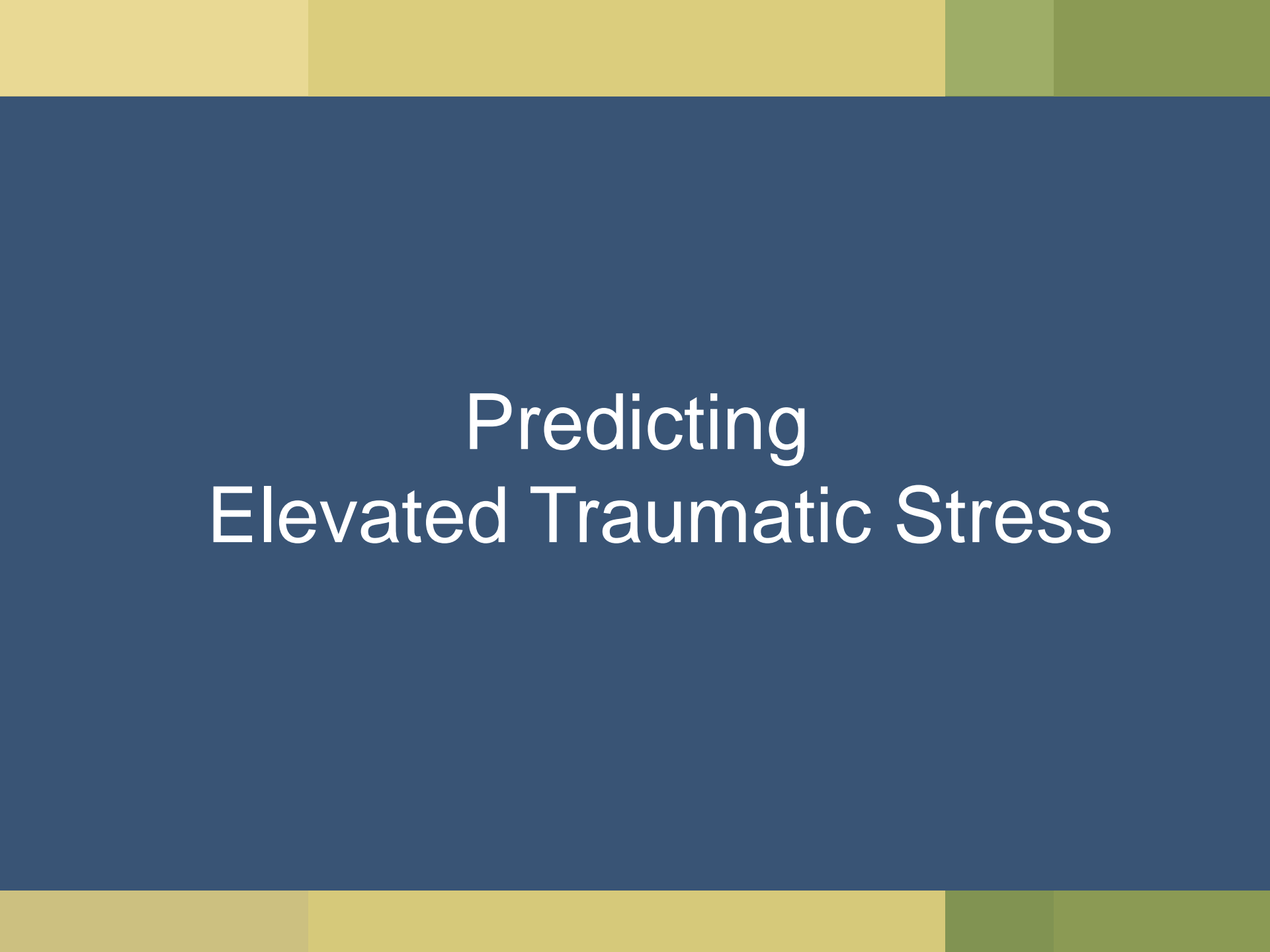
# Average differences in trauma events and PTS scores (elevated)

Race/Ethnicity	Mean (SD)	Mean (SD)	Average difference (effect size) Total trauma events in upper diagonal and PTS in lower diagonal			
	Total Trauma Events	PTS	White	African American	Latino	Asian
White	6.09 (2.48)	65.39 (6.91)	–	1.97* (0.84)	0.86 (0.37)	-0.56 (0.24)
African American	8.06 (2.31)	66.22 (6.16)	0.83 (0.14)	–	-1.12 (0.48)	-2.53* (1.09)
Latino	6.94 (2.35)	64.93 (6.41)	-0.46 (0.08)	-1.29 (0.22)	–	-1.42* (0.61)
Asian	5.53 (2.25)	63.84 (5.57)	-1.54 (0.26)	-2.38 (0.39)	-1.08 (0.18)	–



# 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

Type of trauma event	Prediction of elevated traumatic stress			
Witness	Estimate	Wald	P	Odds
Death of loved one	0.10	0.98	0.3201	1.11
Witnessed physical assault	0.45	15.63	<.0001	1.58
Witnessed assault with weapon	0.27	2.72	0.0990	1.32
Injury or sickness of loved one	0.24	4.29	0.0382	1.27
Witnessed serious accident	0.44	16.02	<.0001	1.55
Witnessed natural disaster	0.59	24.57	<.0001	1.81
Victim				
Physically assaulted (e.g., slapped, hit)	0.68	35.60	<.0001	1.98
Threatened with physical assault	0.95	72.97	<.0001	2.60
Separated from caregiver	1.09	81.96	<.0001	2.98
Serious illness or injury of self	0.39	12.78	0.0003	1.47
Been in a serious accident	0.28	5.71	0.0169	1.32
Attacked by animal	0.25	4.65	0.0309	1.29

# 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

Type of trauma event	Prediction of elevated traumatic stress			
	Estimate	Wald	P	Odds
Physically assaulted	1.16	53.16	<.0001	3.19
Threatened with physical assault	1.49	53.60	<.0001	4.47
Separated from caregiver	1.62	59.76	<.0001	5.07
Assaulted and Threatened	-0.20	0.62	0.4303	0.81
Assaulted and Separated	-0.28	0.90	0.3410	0.74
Threatened and Separated	-0.46	1.26	0.2609	0.62
Assaulted, Separated, and Threatened	0.10	0.04	0.8351	1.11

# Summary

- 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.





# Journal of School Mental Health

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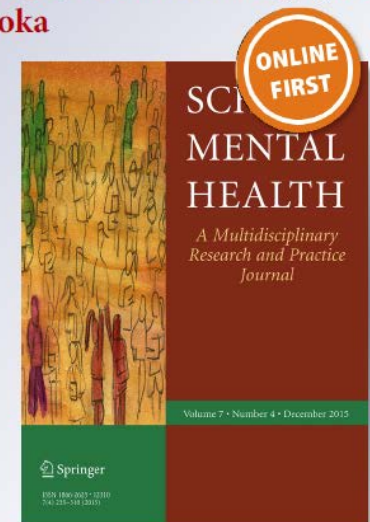
*Screening for Trauma in Early Adolescence:  
Findings from a Diverse School District*

**Michelle W. Woodbridge, W. Carl Sumi,  
S. Patrick Thornton, Nicole Fabrikant,  
Kristen M. Rouspil, Audra K. Langley &  
Sheryl H. Kataoka**

**School Mental Health**  
A Multidisciplinary Research and  
Practice Journal

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 Springer

# 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

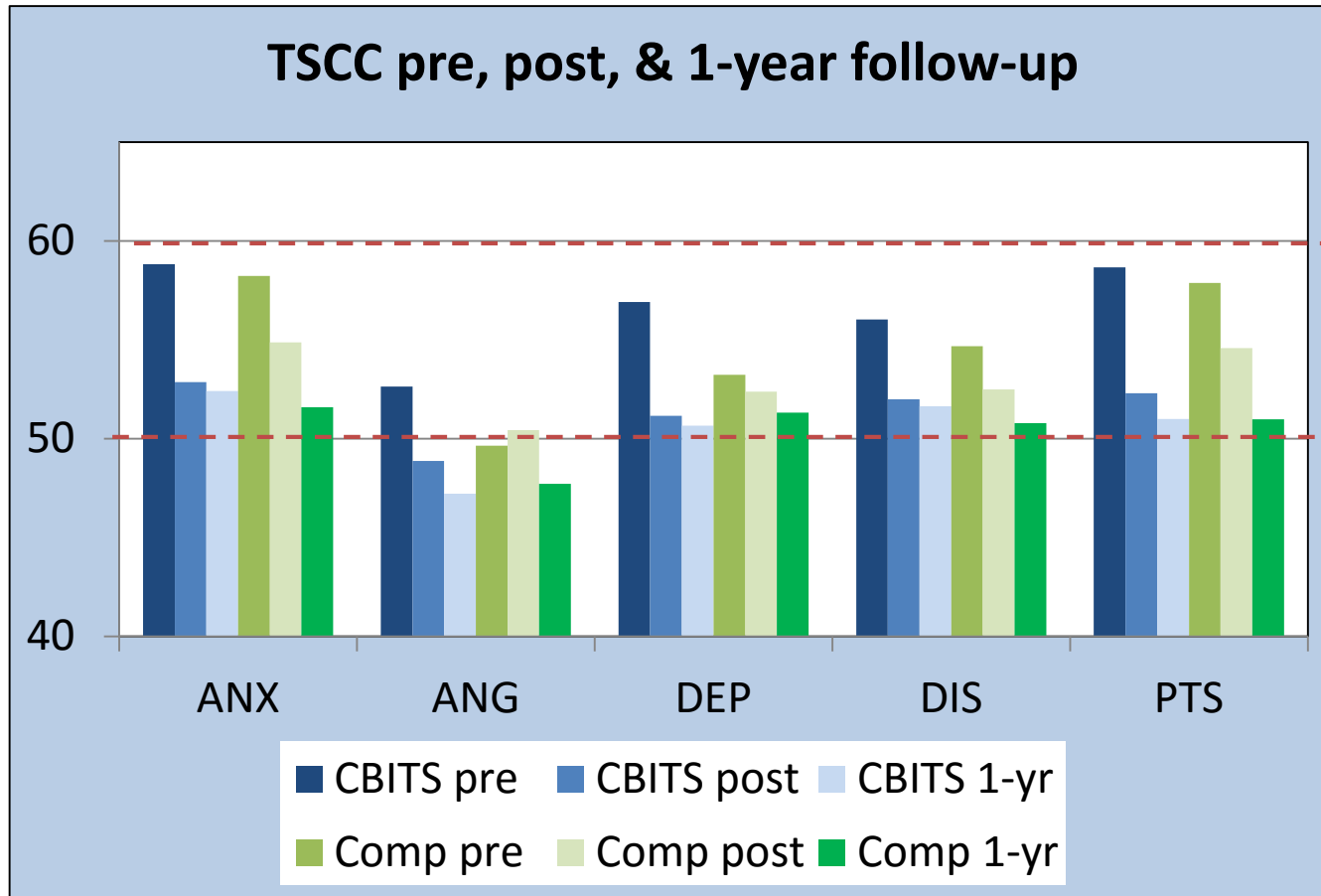
## Treatment Effect Estimates

- 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



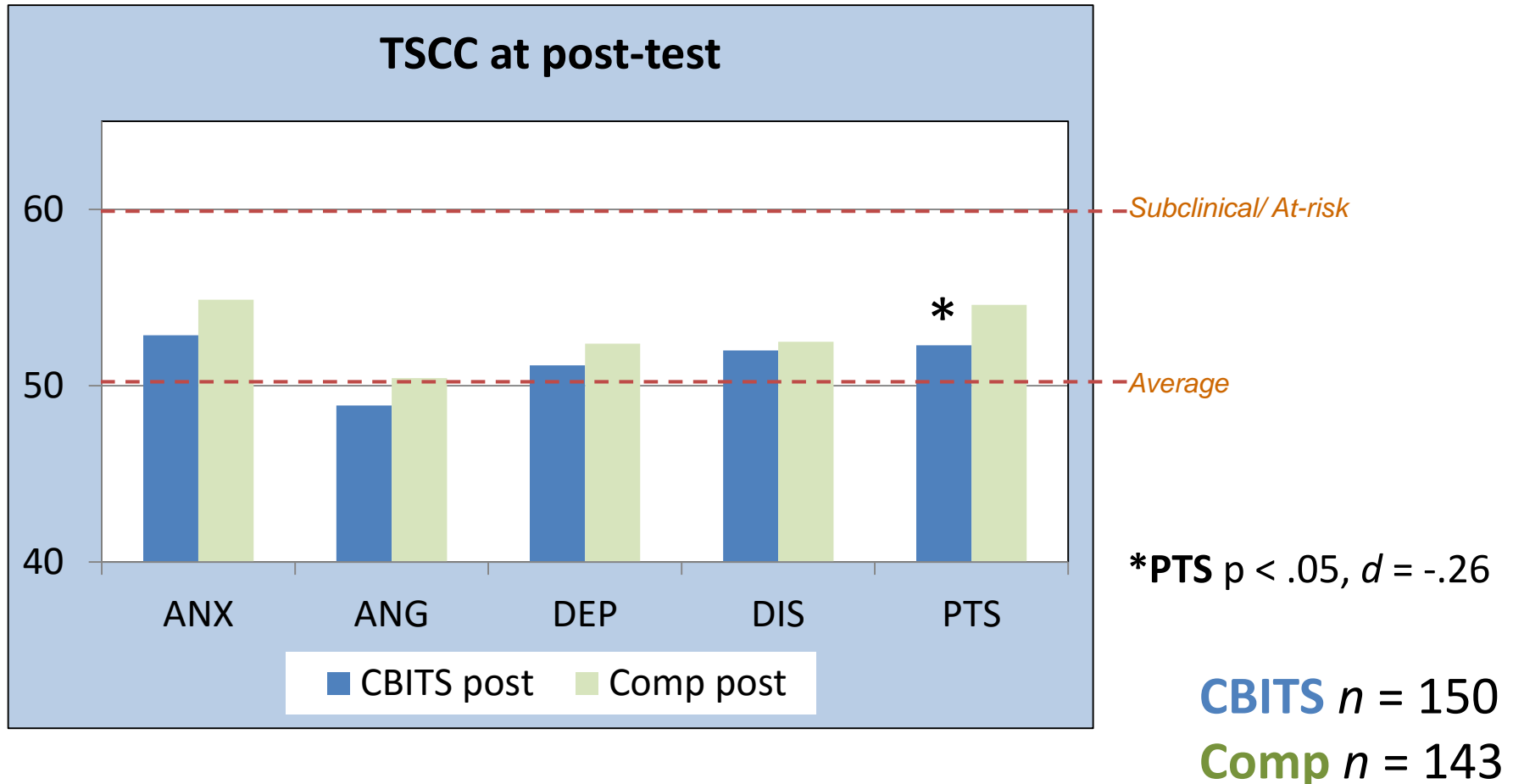
Subclinical/ At-risk

Average

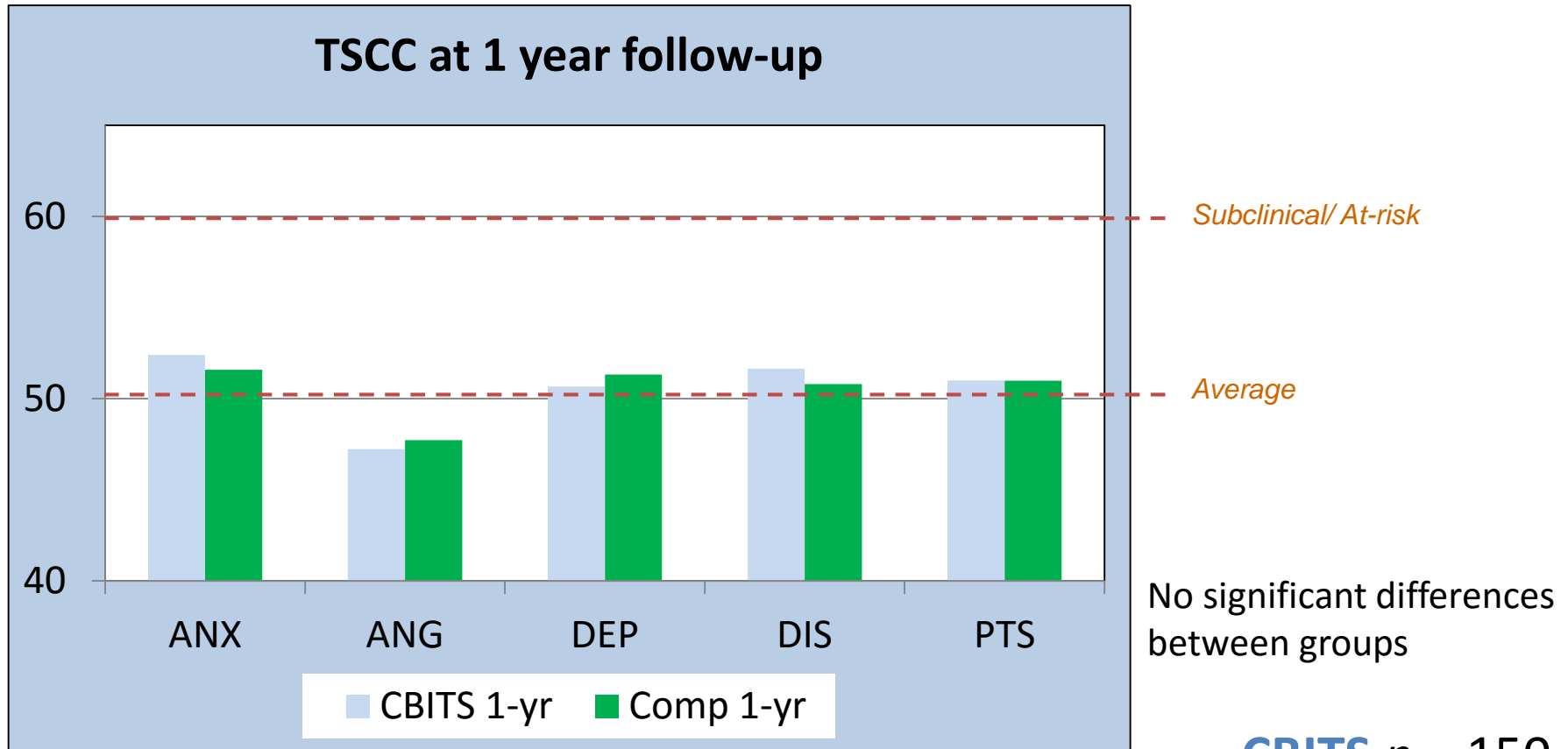
**CBITS**  $n = 150$

**Comp**  $n = 143$

# Trauma Symptoms Checklist for Children



# Trauma Symptoms Checklist for Children

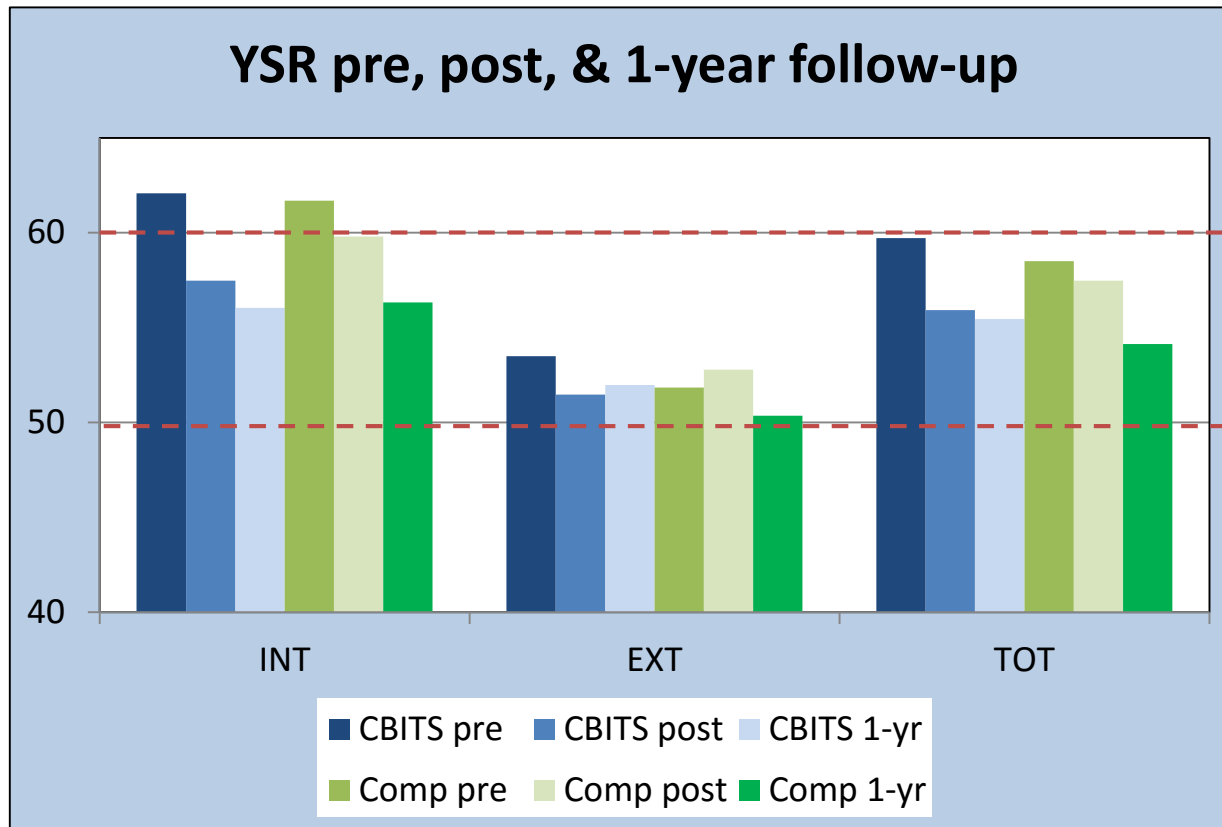


**CBITS**  $n = 150$

**Comp**  $n = 143$



# Youth Self Report



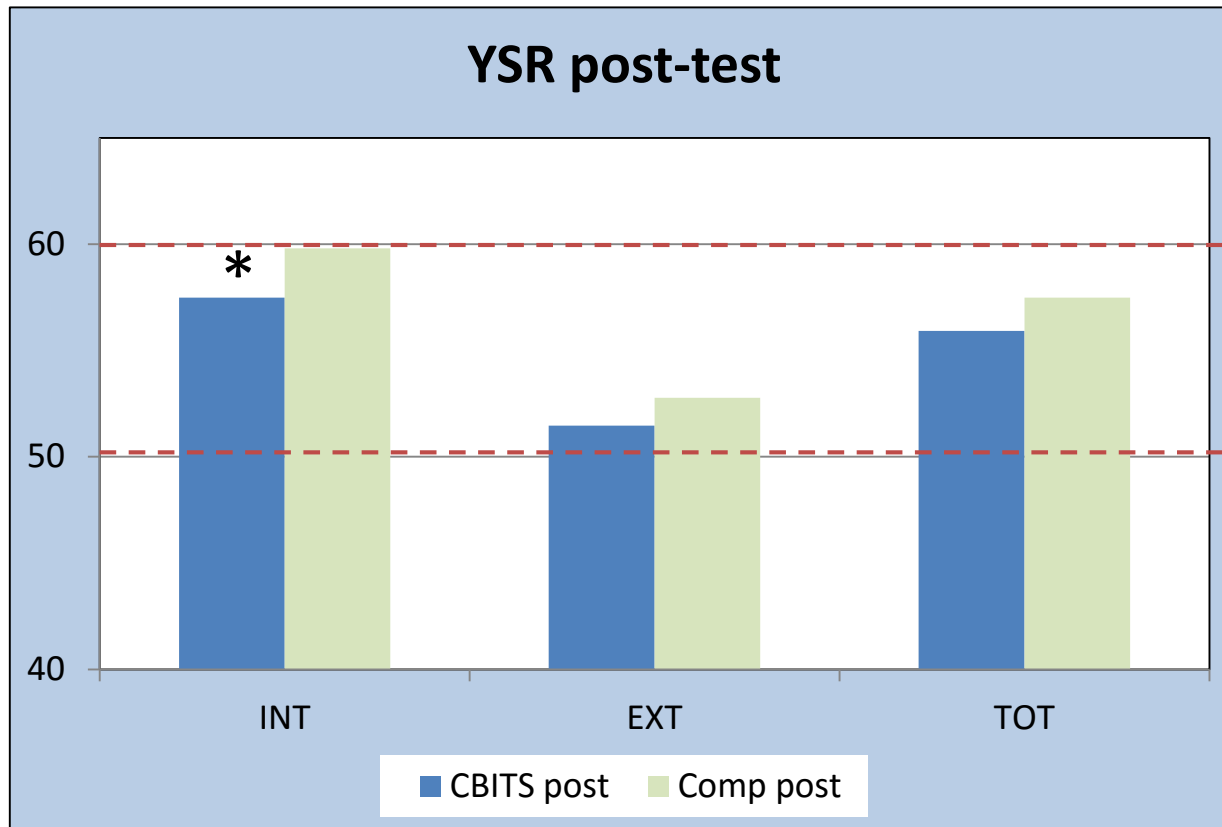
*Clinical Range*

*Average*

**CBITS**  $n = 150$

**Comp**  $n = 143$

# Youth Self Report



*Clinical Range*

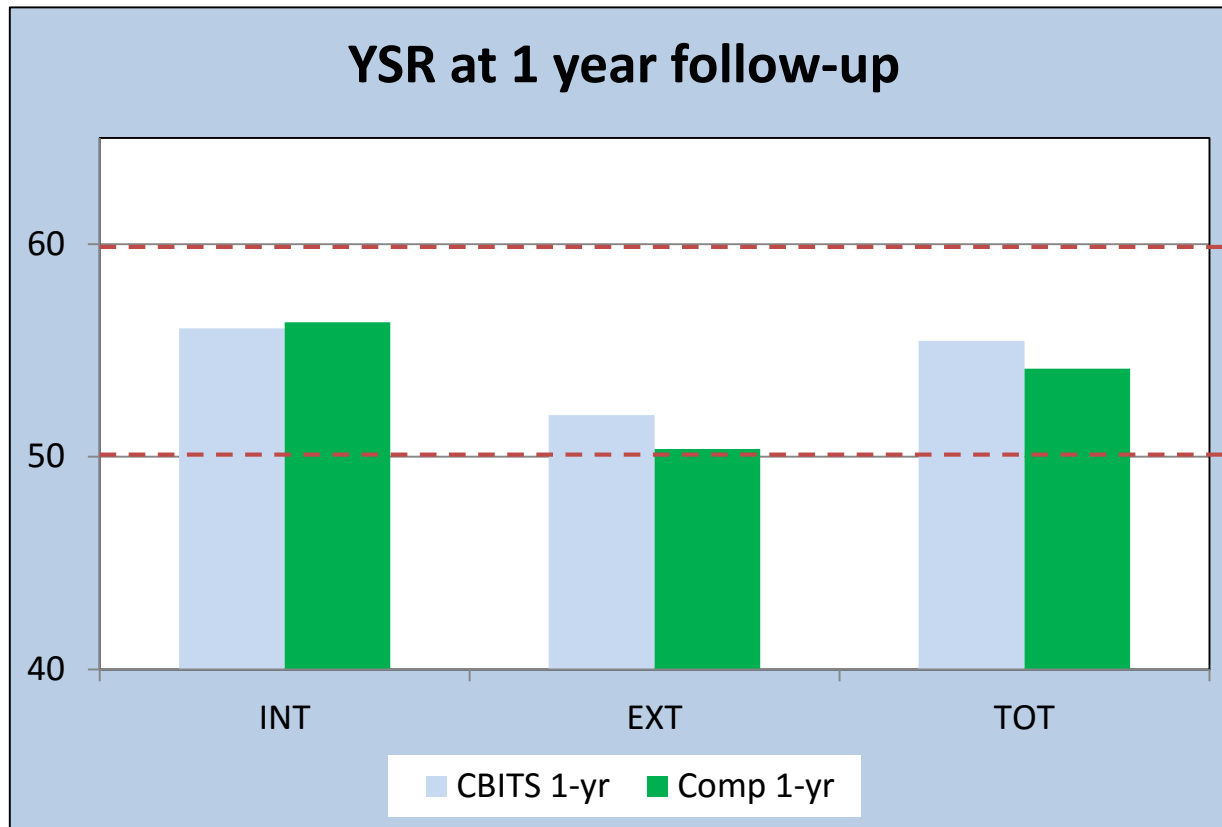
*Average*

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

**CBITS**  $n = 150$

**Comp**  $n = 143$

# Youth Self Report



*Clinical Range*

*Average*

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.



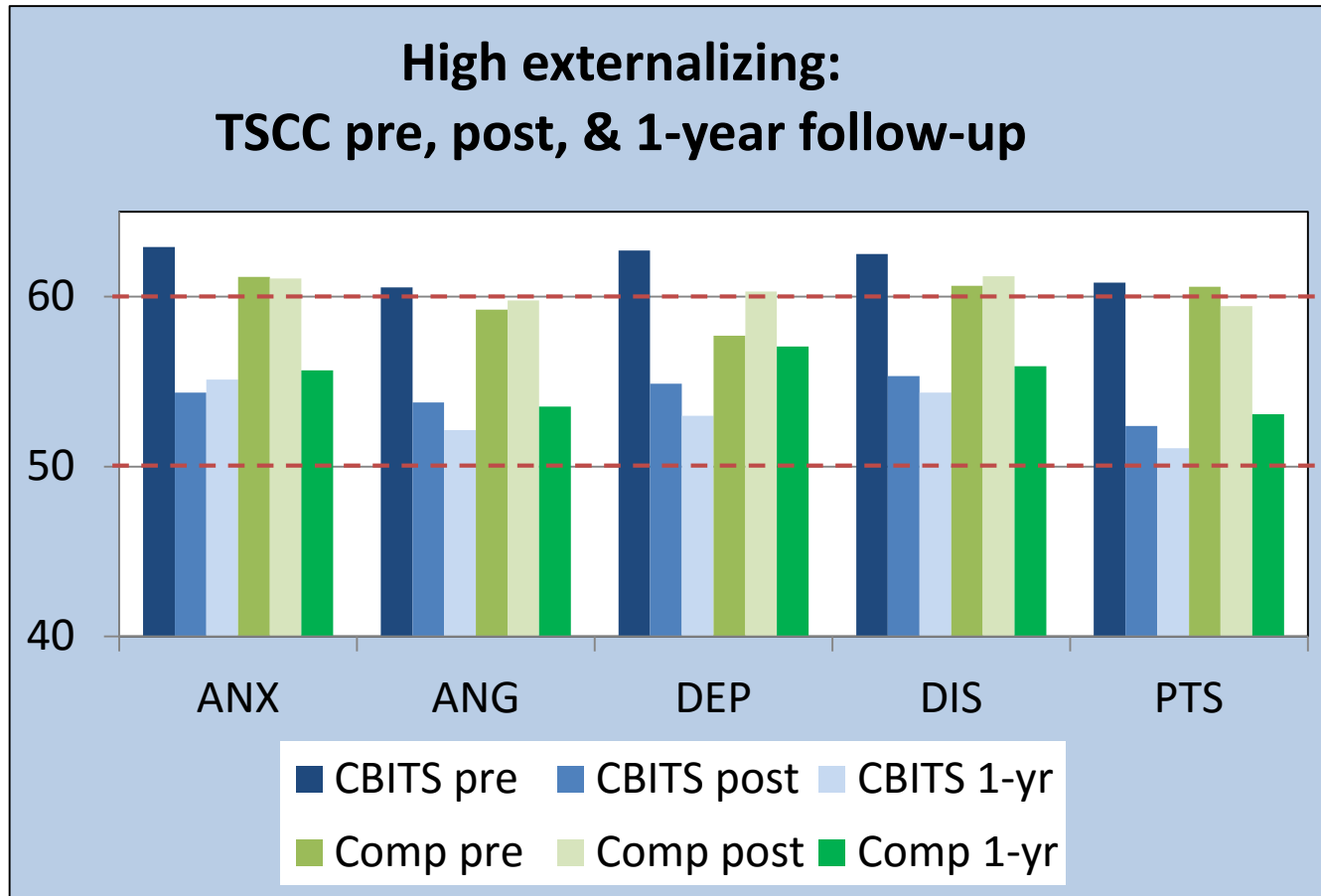
# Subgroup Analyses: Trauma Symptoms and Behavioral Outcomes

# 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

# TSSC outcomes for students with high YSR Externalizing scores



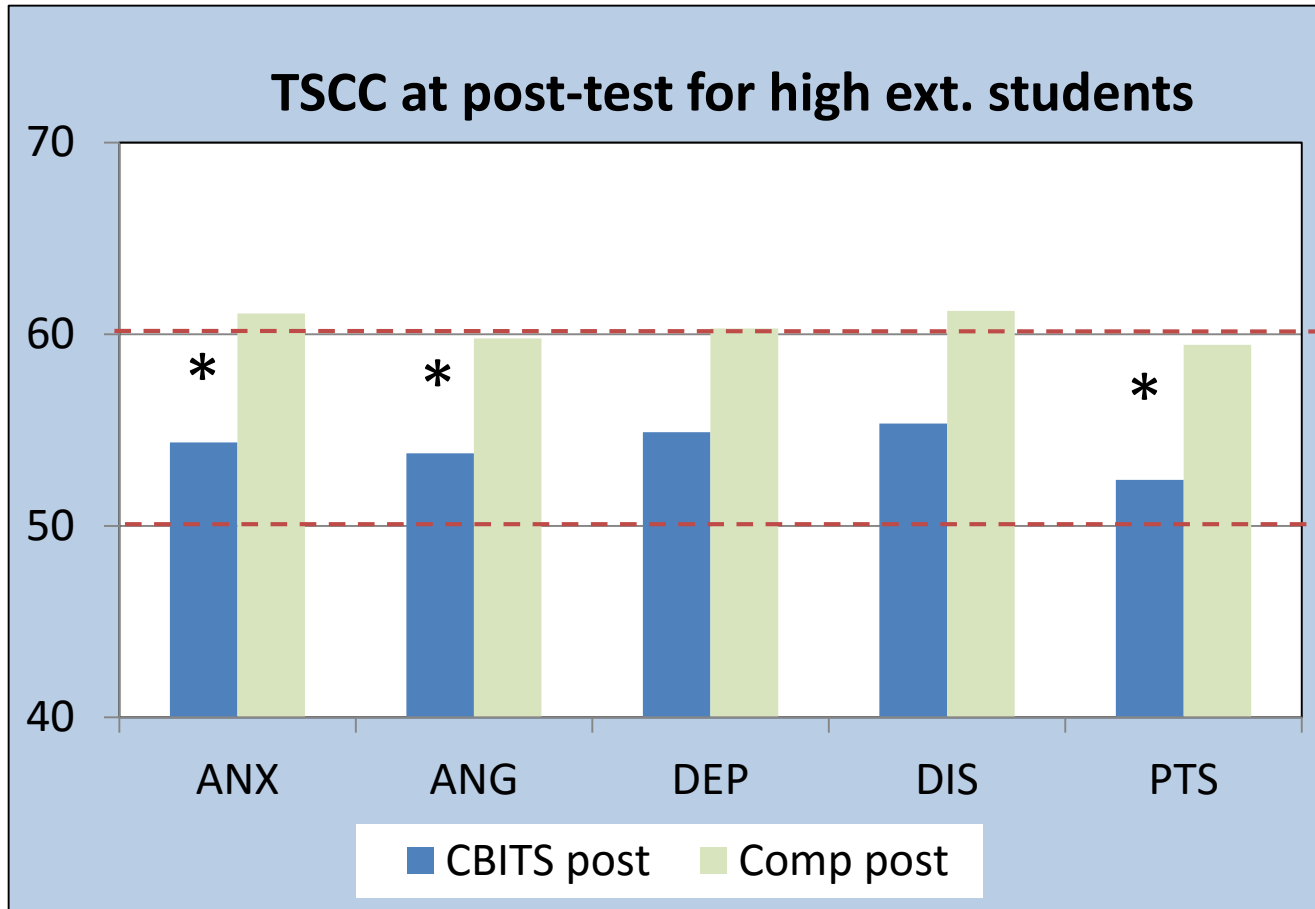
Subclinical/ At-risk

Average

**CBITS**  $n = 43$

**Comp**  $n = 30$

# TSCC outcomes for students with high YSR Externalizing scores



\*ANX  $p < .05$ ,  $d = -.56$

\*ANG  $p < .05$ ,  $d = -.57$

\*PTS  $p < .05$ ,  $d = -.69$

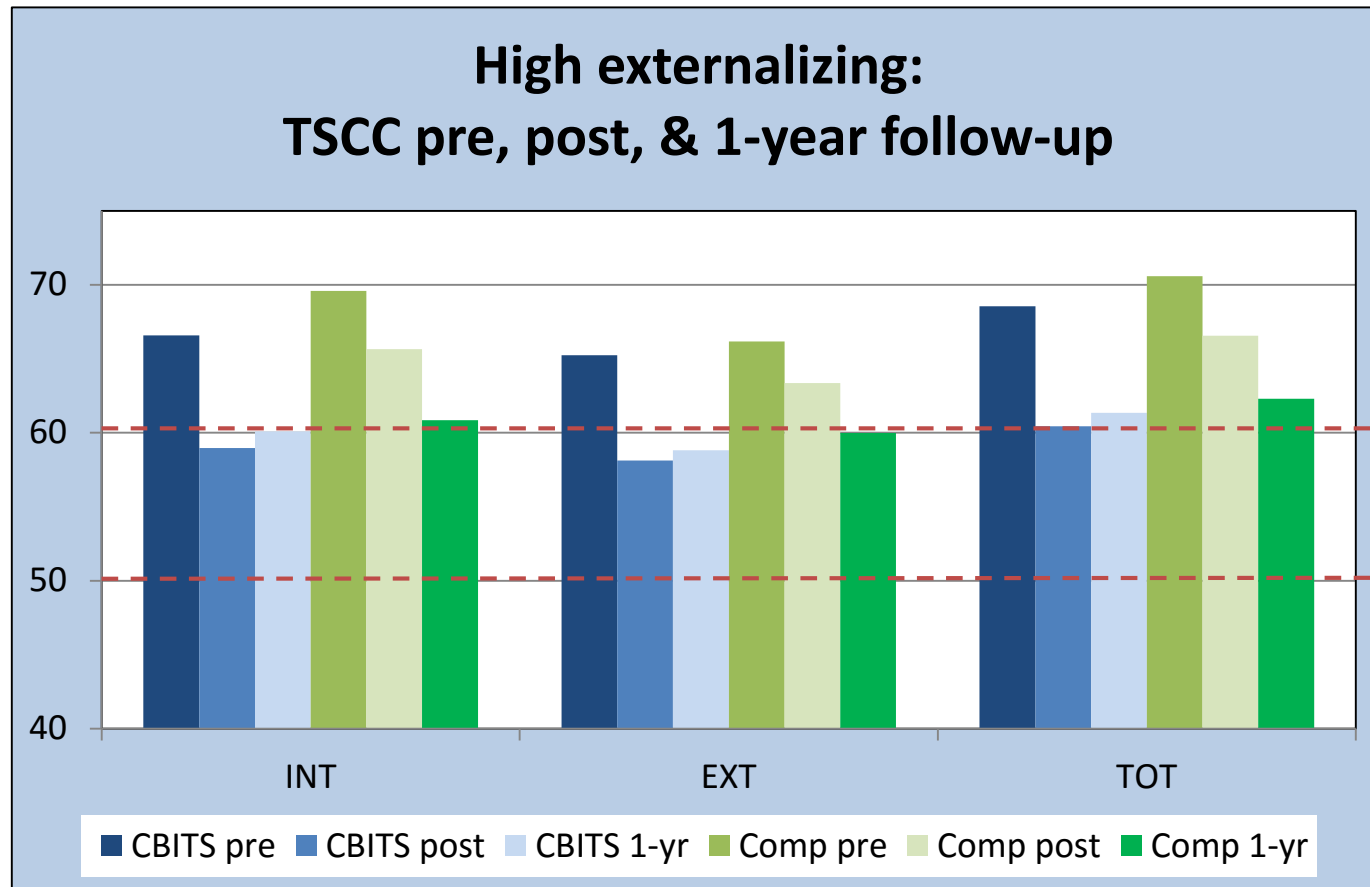
No significant differences between groups at 1-year follow-up

**CBITS**  $n = 43$

**Comp**  $n = 30$



# YSR outcomes for **students with high YSR Externalizing scores**



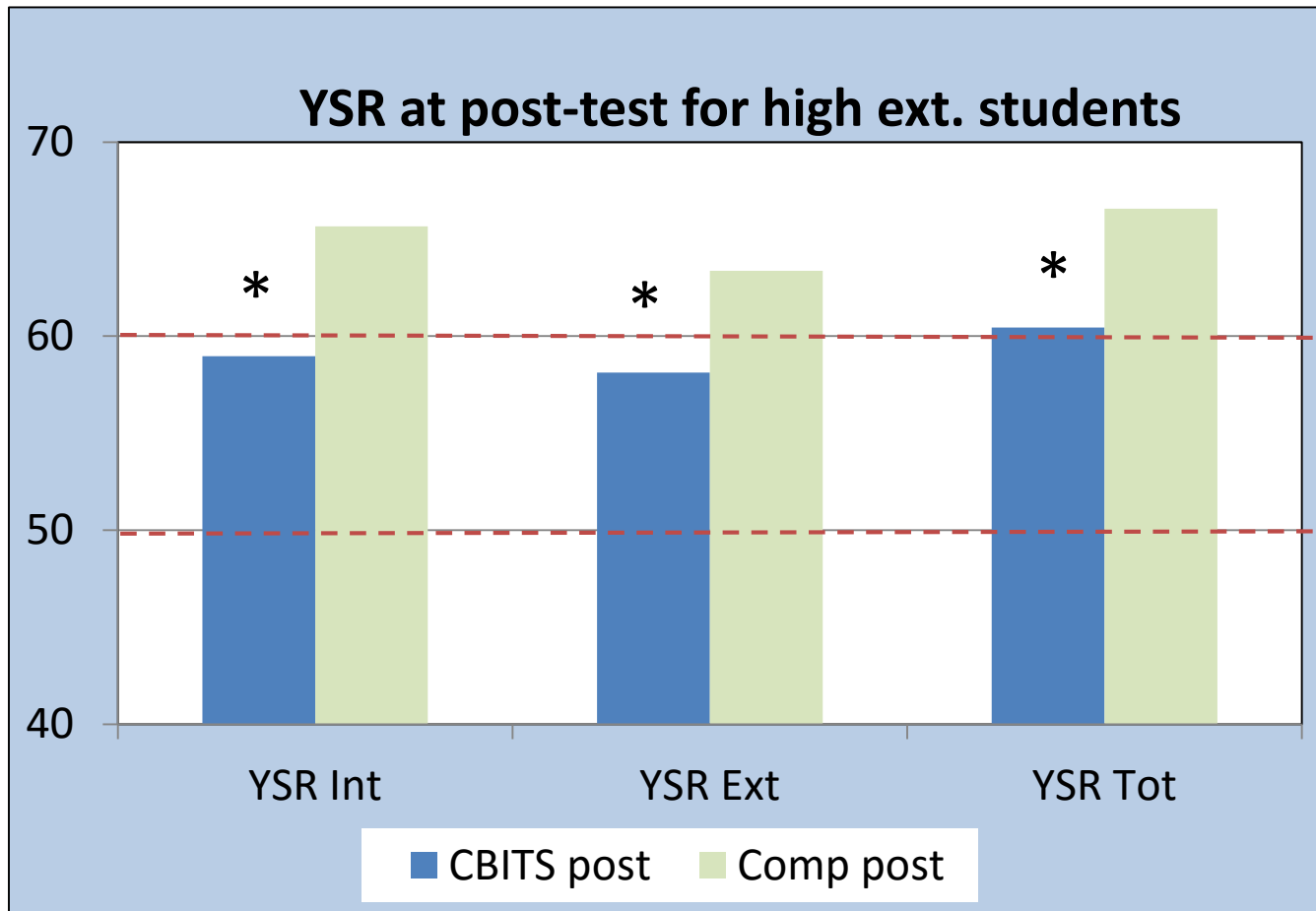
*Clinical Range*

*Average*

**CBITS** *n* = 43

**Comp** *n* = 30

# YSR outcomes for students with high YSR Externalizing scores



\*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**  $n = 30$

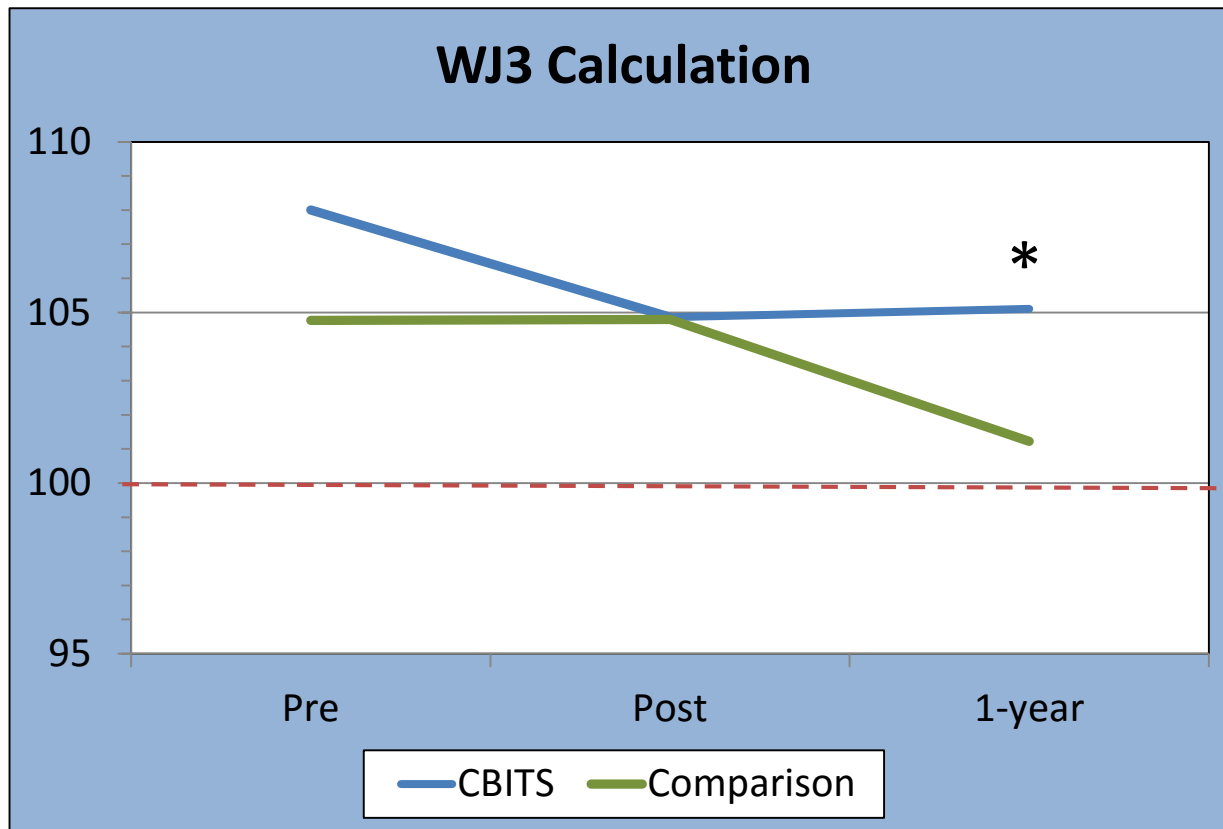
# Subgroup Analyses: Academic Outcomes

# 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**



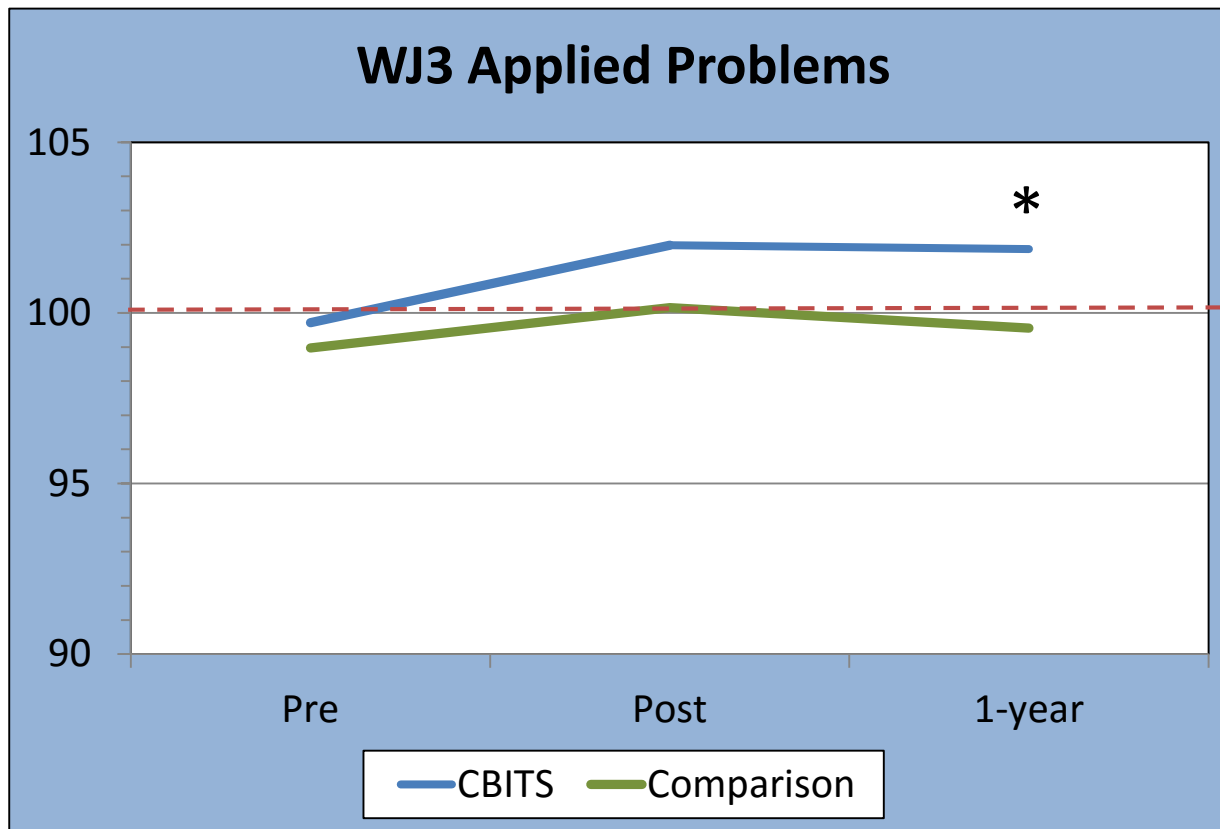
\*Calc  $p < .05$ ,  $d = .34$

*Average*

**CBITS**  $n = 92$

**Comp**  $n = 91$

# Academic outcomes for students with high YSR Internalizing scores



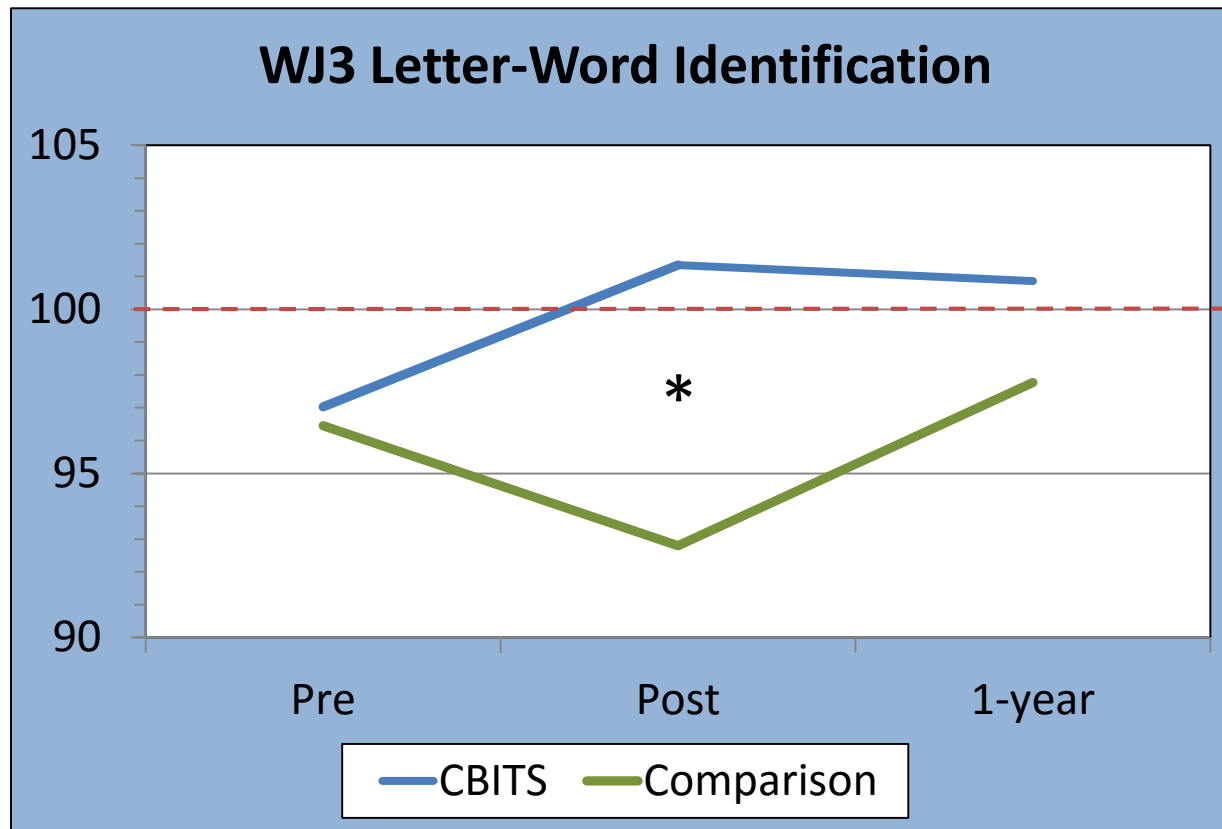
\***ApProb**  $p < .05$ ,  $d = .38$

*Average*

**CBITS**  $n = 92$

**Comp**  $n = 91$

# Academic outcomes for **students with high YSR Externalizing scores**



\*LW  $p < .05$ ,  $d = .61$

*Average*

**CBITS**  $n = 43$

**Comp**  $n = 30$

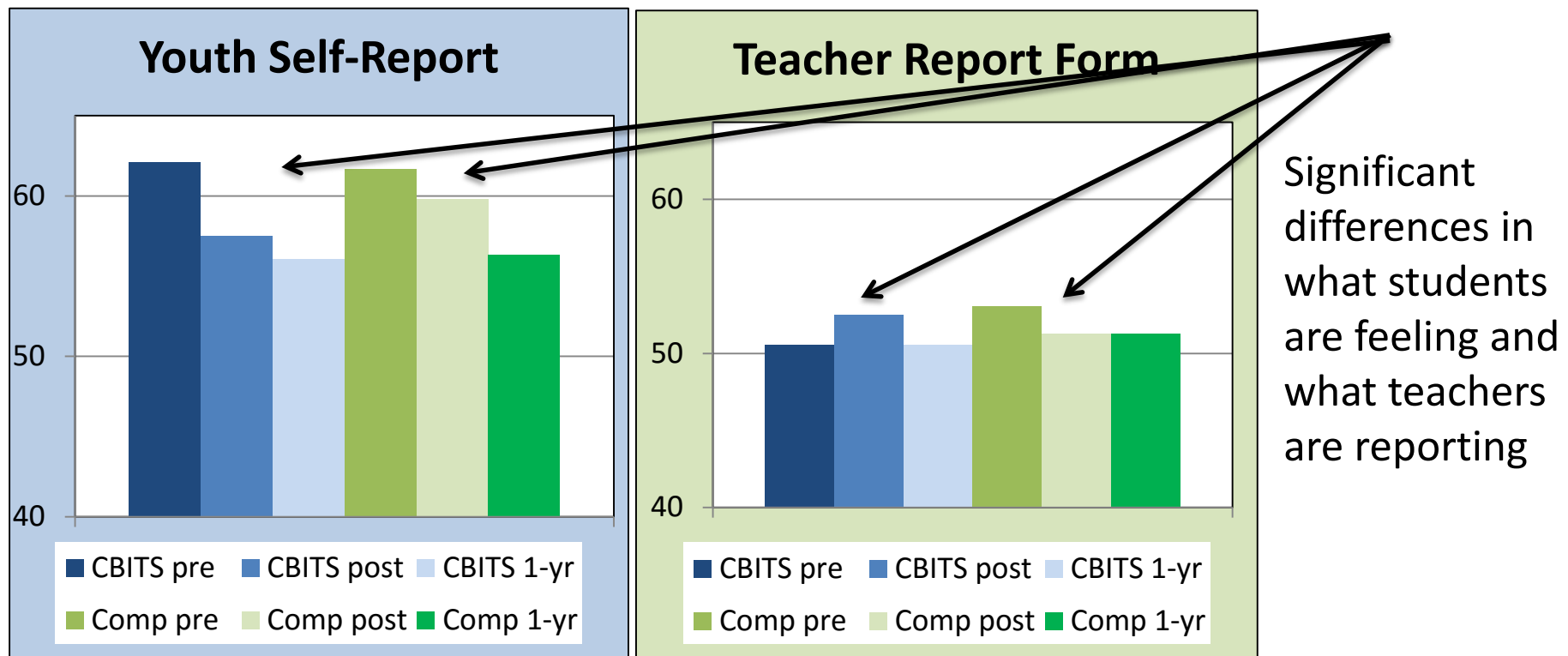
# Subgroup analyses: Academic outcomes

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



# Summary: Screening and Implementation

- 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



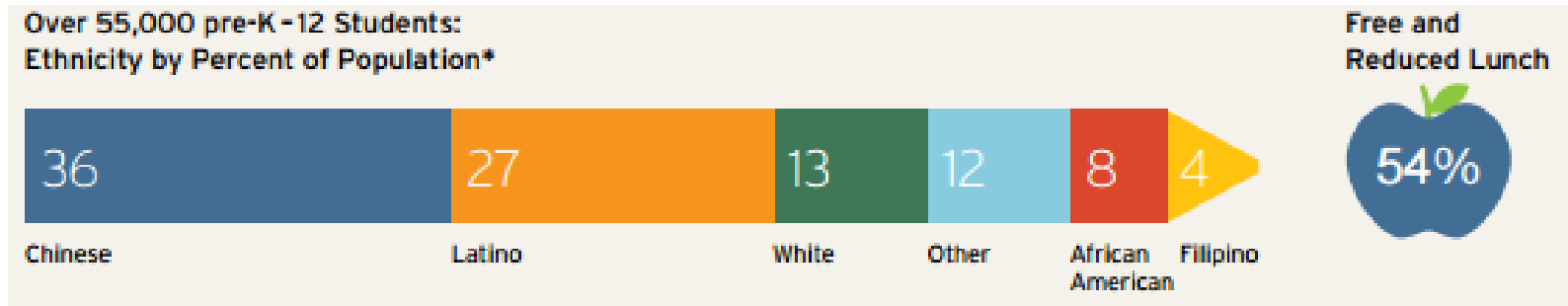
# CBITS in San Francisco Unified School District

- 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



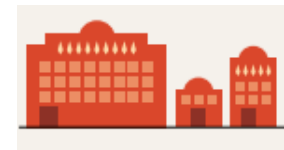
# San Francisco Unified School District

## 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*

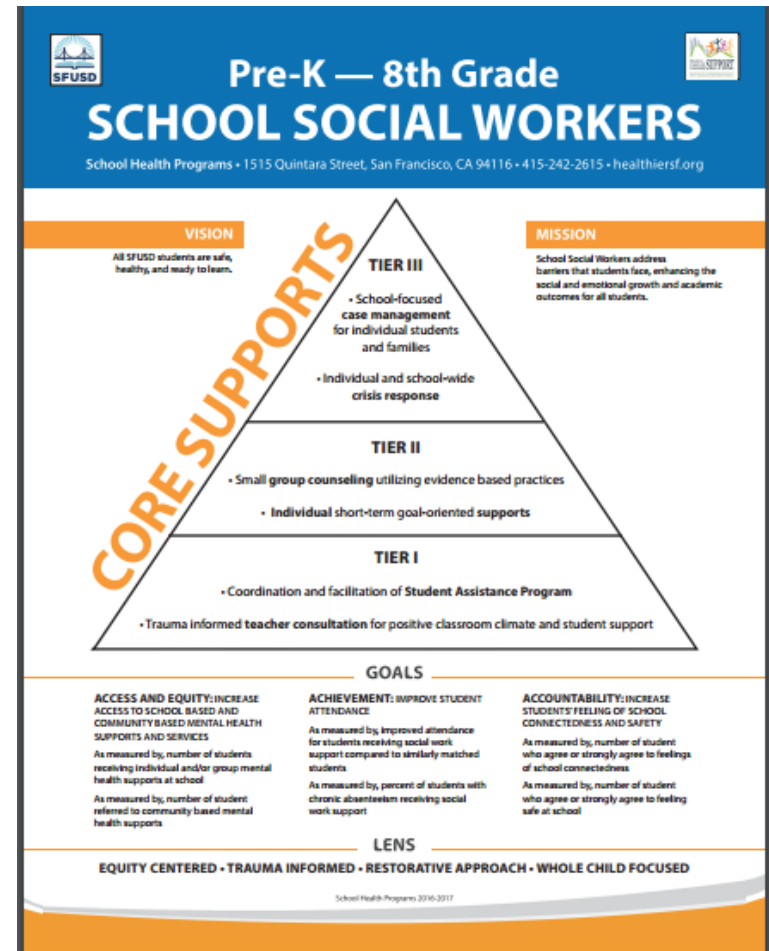
*“I was surprised in the last session when we reviewed all the sessions, the students really remembered the lessons and activities we talked about. They were learning things”*

*- 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

**Part A.**

People may have stressful events happen to them. Read the list of stressful things below and circle YES for each of them that have EVER happened TO YOU. Circle NO if it has never happened to you.

Do not include things you may have only heard about from other people or from the TV, radio, news, or the movies. Only answer what has happened to you in real life. Some questions ask about what you SAW happen to someone else. And other questions ask about what actually happened to YOU.

SAMPLE:

a. Have you EVER gone to a basketball game? (Circle YES or NO)	Yes	No
--	-----	----

Have any of the following events EVER happened to you? (Circle Yes or No)

	Yes	No
1. Have you been in a serious accident, where you could have been badly hurt or could have been killed?	Yes	No
2. Have you seen a serious accident, where someone could have been (or was) badly hurt or died?	Yes	No
3. Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?	Yes	No
4. Has anyone close to you been very sick or injured?	Yes	No
5. Has anyone close to you died?	Yes	No
6. Have you had a serious illness or injury, or had to be rushed to the hospital?	Yes	No
7. Have you had to be separated from your parent or someone you depend on for more than a few days when you didn't want to be?	Yes	No
8. Have you been attacked by a dog or other animal?	Yes	No
9. Has anyone told you they were going to hurt you?	Yes	No
10. Have you seen someone else being told they were going to be hurt?	Yes	No
11. Have you yourself been slapped, punched, or hit by someone?	Yes	No
12. Have you seen someone else being slapped, punched, or hit by someone?	Yes	No
13. Have you been beaten up?	Yes	No
14. Have you seen someone else getting beaten up?	Yes	No
15. Have you seen someone else being attacked or stabbed with a knife?	Yes	No
16. Have you seen someone pointing a real gun at someone else?	Yes	No
17. Have you seen someone else being shot at or shot with a real gun?	Yes	No

**PART B:**

Below is a list of problems that kids sometimes have after experiencing something scary like we were just talking about. Of all the things that we just talked about, try to remember the thing that bothers you the most.

Now these next questions ask about the thing that bothers you most (whether it was getting hit, beaten up, threatened, or anything else). Listen carefully and circle the word that best describes how often these problems have bothered you IN THE PAST TWO WEEKS.

	0	1	2	3
1. Have you had upsetting thoughts or images about the event that came into your head when you didn't want them to?	Not at all	Once in a while	Half the time	Almost always
2. Have you had bad dreams or nightmares?	Not at all	Once in a while	Half the time	Almost always
3. Have you been acting or feeling as if the event was happening again (for example, hearing something or seeing a picture about it and feeling as if you were there again)?	Not at all	Once in a while	Half the time	Almost always
4. Have you been feeling upset when you think about or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)?	Not at all	Once in a while	Half the time	Almost always
5. Have you had feelings in your body when you think about or hear about the event (for example, breaking out in a sweat, heart beating fast)?	Not at all	Once in a while	Half the time	Almost always
6. Have you been trying not to think about, talk about, or have feelings about the event?	Not at all	Once in a while	Half the time	Almost always
7. Have you been trying to avoid activities, people, or places that remind you of the event (for example, not wanting to play outside or go to school)?	Not at all	Once in a while	Half the time	Almost always

	0	1	2	3
8. Have you not been able to remember an important part of the event?	Not at all	Once in a while	Half the time	Almost always
9. Have you had much less interest or not wanting to do things you used to do?	Not at all	Once in a while	Half the time	Almost always
10. Have you not felt close to people around you?	Not at all	Once in a while	Half the time	Almost always
11. Have you not been able to have strong feelings (for example, being unable to feel very happy)?	Not at all	Once in a while	Half the time	Almost always
12. Have you been feeling as if your future plans or hopes will not come true (for example, you will not go to high school, have a job, get married, have kids,)?	Not at all	Once in a while	Half the time	Almost always
13. Have you had trouble falling or staying asleep?	Not at all	Once in a while	Half the time	Almost always
14. Have you been feeling irritable or having fits of anger?	Not at all	Once in a while	Half the time	Almost always
15. Have you had trouble concentrating (for example, losing track of a story on television, forgetting what you read, or not being able to pay attention in class)?	Not at all	Once in a while	Half the time	Almost always
16. Have you been overly careful (for example, checking to see who is around you and what is around you)?	Not at all	Once in a while	Half the time	Almost always
17. Have you been jumpy or easily startled (for example, when someone walks up behind you)?	Not at all	Once in a while	Half the time	Almost always



# 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



SAN FRANCISCO UNIFIED SCHOOL DISTRICT

SCREENING COVER SHEET  
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Complete one cover sheet for each student who consented to screen. Attach Parent Consent to Screen and completed screening tool.

Student Name:	Grade:	Screening Date:	School:
1. Is student eligible for the CBITS Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, stop here			
If YES, continue with question 2.			
2. Did parent Parent/Guardian <b>consent</b> to CBITS group?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Did student <b>assent</b> to group?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, stop here.		Must refer to SAP for appropriate supports and interventions at school or referral to community supports	
If YES, continue with question 4.			
4. Will the student participate in CBITS group?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, you are done. (Thank you!)			
If no, why won't student be included in the group?		<input type="checkbox"/> Not a good fit for this intervention <input type="checkbox"/> Screener confusion/Answers are ambiguous <input type="checkbox"/> Group full <input type="checkbox"/> Other:	
If student was eligible but did not participate in the group, <b>what other supports or interventions did you offer?</b>		<input type="checkbox"/> Discussed the student at SAP and assigned supports and interventions <input type="checkbox"/> Talked to/met with guardians to talk about additional referrals for supports and services <input type="checkbox"/> Met with student to teach coping tools for managing stress <input type="checkbox"/> Held a group workshop on managing stress <input type="checkbox"/> Made a referral to a CBO for appropriate support	
NOTES			

# 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](http://www.cbitsprogram.org)

**CBITS** Cognitive Behavioral Intervention for Trauma in Schools

Phone: 310-393-1100  
E-mail: [info@cbits.org](mailto:info@cbits.org)

Home Learn More About Us Success Stories News **School Crises**

**School Crises**

Please [click here](#) for more information about helping students through school crises.

**CBITS At-a-Glance**

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.

CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.

CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).

**Take a CBITS Training Course**

CBITS offers both online and in-person training. To learn more about our online training or to take the online course, [register with our website](#). For more information about our in-person training, contact us at [info@cbitsprogram.org](mailto:info@cbitsprogram.org) or 703-413-1100, ext. 5118.

**Access our Free Resources**

Professionals can [register with our website](#) for training and implementation information.

By [registering](#), you'll gain access to a host of **free** resources, including **everything you'll need to implement CBITS** in your school:

- Our interactive online training course that will prepare you to implement CBITS

**E-MAIL:**

**PASSWORD:**

[Reset Password](#)  
[Register with Website](#)

*"I would not experience fear if I had learned about cognitive behavioral therapy and the best thing of all that I have my individuality also."*

*"This experience was rewarding because we made a difference in these kids' lives. This straight up well as from"*

# 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?

