

Students Exposed to Trauma: An Efficacy Study of CBITS

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Outline of presentation



- Brief overview of:
 - The effects of trauma on children
 - The *Cognitive Behavioral Intervention for Trauma in Schools* (CBITS) program
- Description of study design
- Summary of preliminary results:
 - Trauma screening
 - Baseline measures

Trauma and CBITS

What is trauma?

- Highly stressful event, such as:
 - Abuse
 - Bullying
 - Injury/hospital stay
 - Abandonment
 - Community violence
 - Loss of loved one
 - Accident
 - Homelessness
 - Natural disaster
- Threatens physical or mental well-being
- Evokes feelings of extreme fear or helplessness
- Overwhelms an individual's capacity to cope



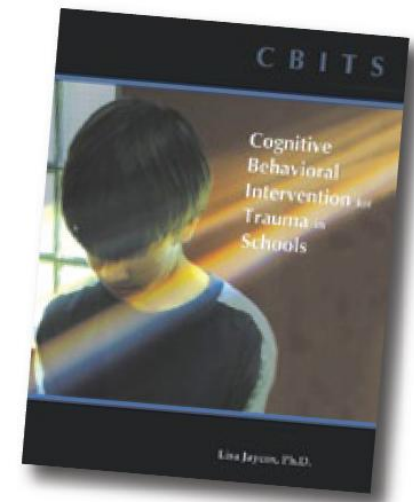
Effects of trauma on children

- 20%–50% of children in the U.S. are victims or witnesses of violence
- Symptoms of trauma may include:
 - Isolation
 - Sadness
 - Hyperactivity
 - Distraction
 - Aggression
 - Fearfulness
- Children exposed to violence are more likely to have:
 - Behavior problems
 - Poor school performance
 - Problems with authority/directions
 - More school absences
 - Somatic complaints
 - Symptoms of depression
 - Fewer friends



CBITS program overview

- School-based intervention developed by UCLA, RAND, & LAUSD
 - Delivered to students experiencing significant distress due to trauma
 - Implementers = MSWs, licensed psychologists, or interns
 - Tailored for the school setting and diverse populations
 - 10 weekly student group sessions, 1 individual (1-on-1) session
 - Two parent education meetings
- Cognitive behavioral techniques
 - Education about common reactions to trauma
 - Relaxation training: imaginal exposure
 - Cognitive therapy: fear thermometer
 - Real life exposure: fear hierarchy and coping strategies
 - Stress or trauma memory: drawing/writing exercises
 - Social problem-solving: HOT seat



Goals of CBITS

- Reduce symptoms of:
 - Post traumatic stress
 - General anxiety
 - Depression
 - Low self-esteem
 - Aggression and impulsivity
 - Other behavior problems
- Build resilience
 - Coping and decision making skills
 - Communication and social skills
 - Self care and self regulation
- Increase peer and parent support



CBITS evidence

- Cited as recommended practice by:
 - U.S. Dept of Justice (OJJDP) (Exemplary Program)
 - Promising Practices Network (Proven Program)
 - White House's Helping America's Youth (Highest Quality Evidence)
 - CDC Prevention Research Center (Effective Program)
 - SAMHSA's National Registry (3.8/4.0 Dissemination Rating)
 - National Child Traumatic Stress Network
- Previous research findings include:
 - Increased coping skills
 - Reduced trauma (PTSD) symptoms
 - Reduced depression symptoms
 - Reduced psychosocial dysfunction



CBITS Website

- www.cbitsprogram.org
- Registration is **free** for:
 - On-line training
 - Sample materials and forms
 - Implementation assistance
 - Video clips
 - On-line community of experts and colleagues
 - Advice, networking, sharing materials

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).

Access our Free Resources

By [registering with our website](#), 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*
- Sample materials and forms to help you deliver the CBITS intervention
- A robust online community where you can engage with discussion boards, "ask the experts," and collaborate on documents
- Video clips of experts providing practical advice on CBITS implementation
- And more!

*NOTE: While the course is free, you'll need to purchase the course manual at a minimal cost.

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 or 703-413-1100, ext. 5118.

Website produced using Interlink Training Dissemination Services
www.interlinkyourtraining.com

E-MAIL:

PASSWORD:

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

"This group helped me because now I can concentrate more and not lose track when I'm in class or at home when I'm reading or doing math."

Fifth-grade
CBITS participant

"The group has helped a lot in the way that I think. I was more fearful about things before. It helped me to trust myself and my decisions."

Ninth-grade
CBITS participant

CBITS Study Design

Funders and partners



- Funders
 - Department of Education, IES, NCSER (Goal 3 RCT)
- Partners:
 - **Local School District:** Learning Support Professionals (LSP)
 - **UCLA:** training, technical assistance, and fidelity rating
 - **Stanford University:** weekly clinical supervision



Sheryl Kataoka



Audra Langley

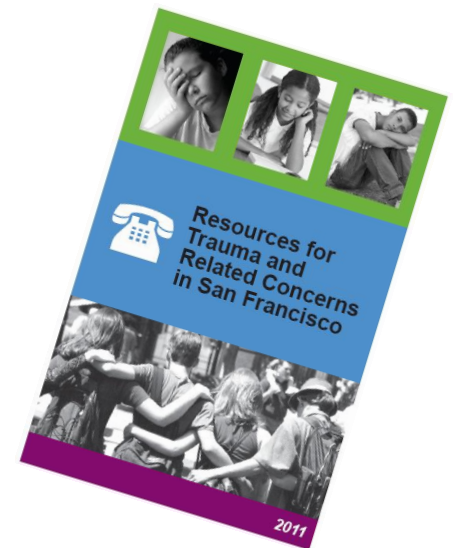


Shashank Joshi

School participation



- Selected **7 middle schools** in neighborhoods with elevated violence, crime, and poverty rates
- Each school has at least 1 LSP, a certified clinician
- Each participating school receives:
 - **Resources** and **support** to implement CBITS
 - Yearly **stipends** (\$500 per school)
 - Ongoing **staff education** and consultation
 - Training for *all* LSPs (including non-participating)
 - Weekly clinical supervision
 - Local **Resource Guide** for trauma services
 - **Data** to support applications for potential funding

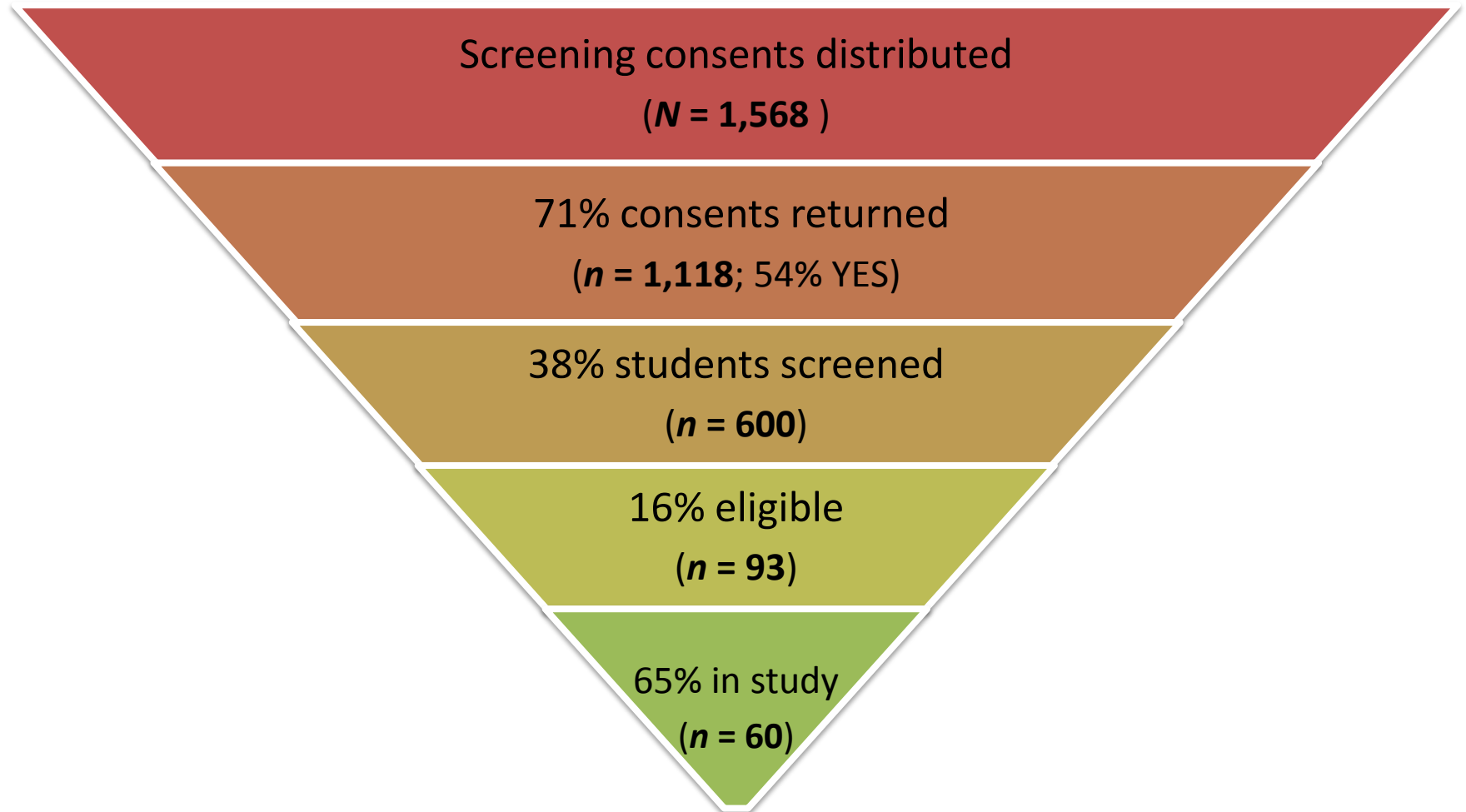


Screening and recruitment process

- Active consent for all incoming 6th grade students
 - 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*



Cohort 1 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 LSPs)
 - Assess satisfaction with program content, materials, and impact
- Alliance surveys (students and LSPs)
 - Assess satisfaction with relationship
- Fidelity measures
 - Ratings of audiotaped sessions by external (UCLA) staff
 - Random sample: 20% of all sessions



Data collection timeline

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Year 1	Cohort 1 (C1) Screening and Consent		C1 Baseline	C1 Treatment			C1 Posttest				
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Year 2	Cohort 2 (C2) Screening and Consent		C2 Baseline	C2 Treatment			C2 Posttest C1 Follow-up				
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Year 3	Cohort 3 (C3) Screening and Consent		C3 Baseline	C3 Treatment			C3 Posttest C2 Follow-up				
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Year 4							C3 Follow-up				
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	

Preliminary Results

Student screening: Total population ($N = 600$)

- Overall prevalence of elevated trauma = 15.5%
 - Prevalence ranged from 12% to 23% by school
- Prevalence by gender:
 - 15.6% of females
 - 15.4% of males



C1 Participant screening: Trauma events

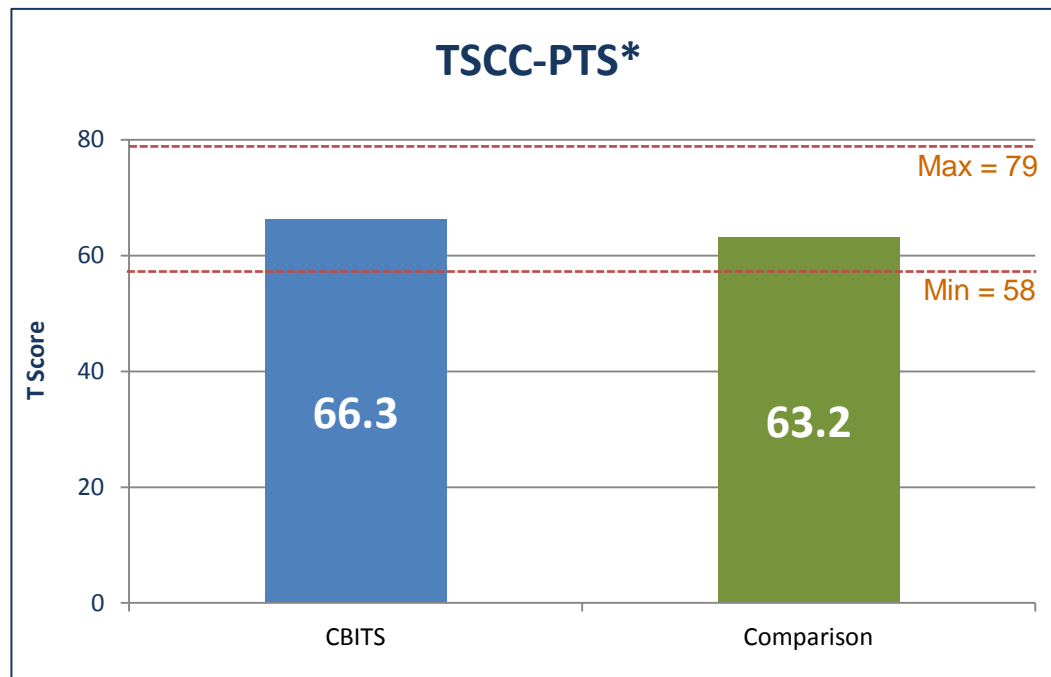
Traumatic Event	% Students (<i>n</i> = 60)
Been in serious accident	36%
Witnessed serious accident	66%
Natural disaster	31%
Relative sick/injured	78%
Been seriously ill/injured	66%
Relative died	71%
Separated from family	41%
Attacked by animal	38%
Threatened with harm	59%
Slapped, punched, or hit	71%
Witnessed someone slapped or hit	72%
Witnessed attack with weapon	28%

Mean Events endorsed

7.2

# Events	% Students
1–2	2%
3–4	10%
5–6	28%
7–8	26%
9–11	34%

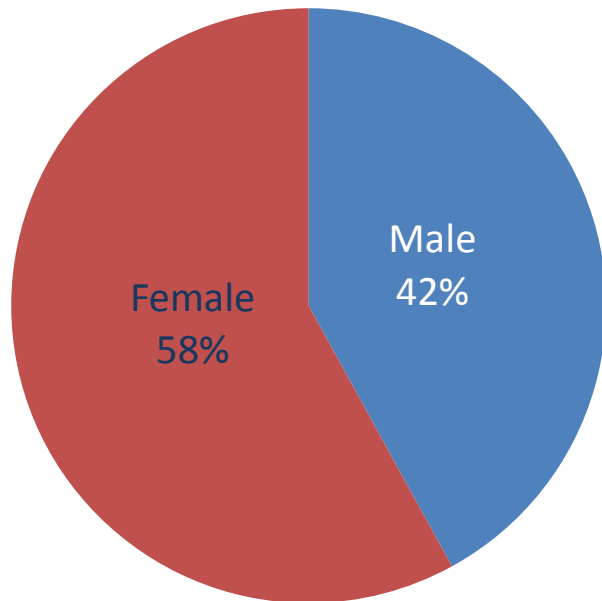
C1 Participant screening: PTS subscale



*Significant differences across groups ($p = .04$, $d = 0.55$)

C1 Participant demographics

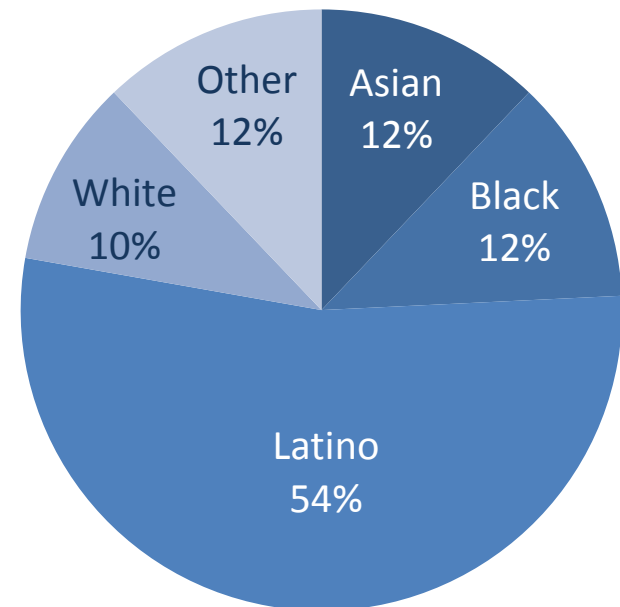
Gender*



Mean Age

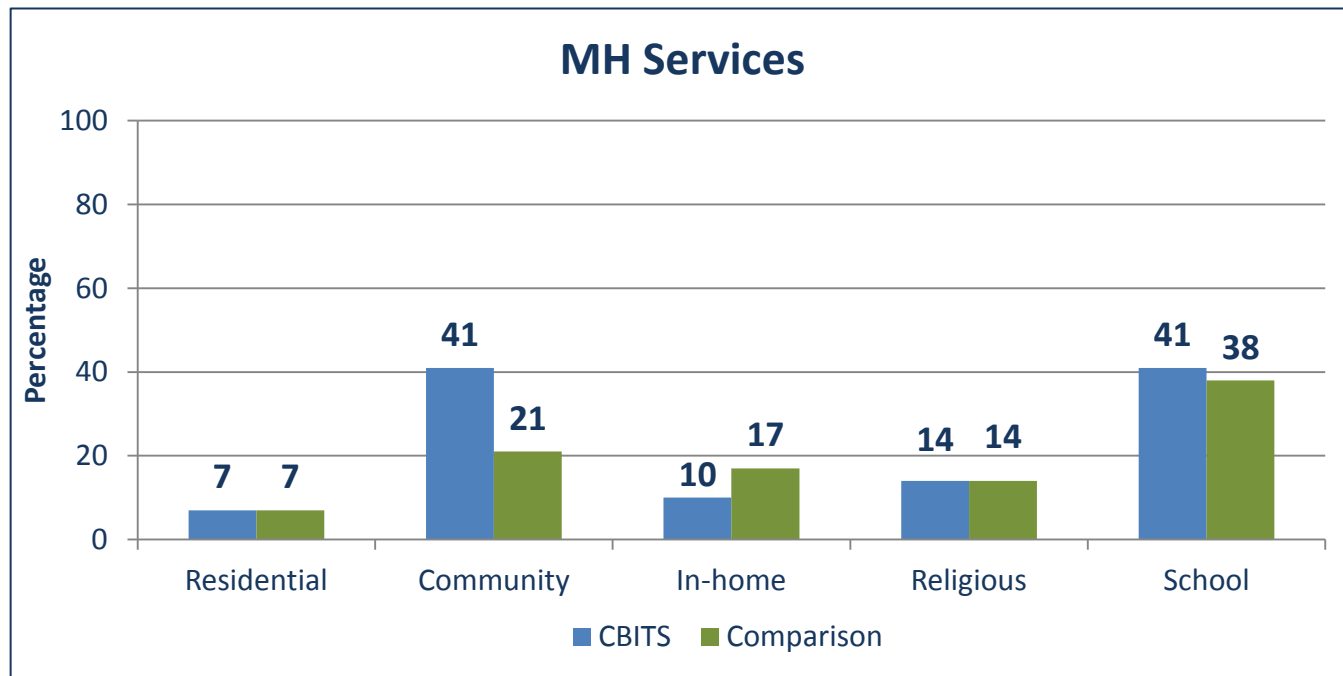
11.6 years

Ethnicity



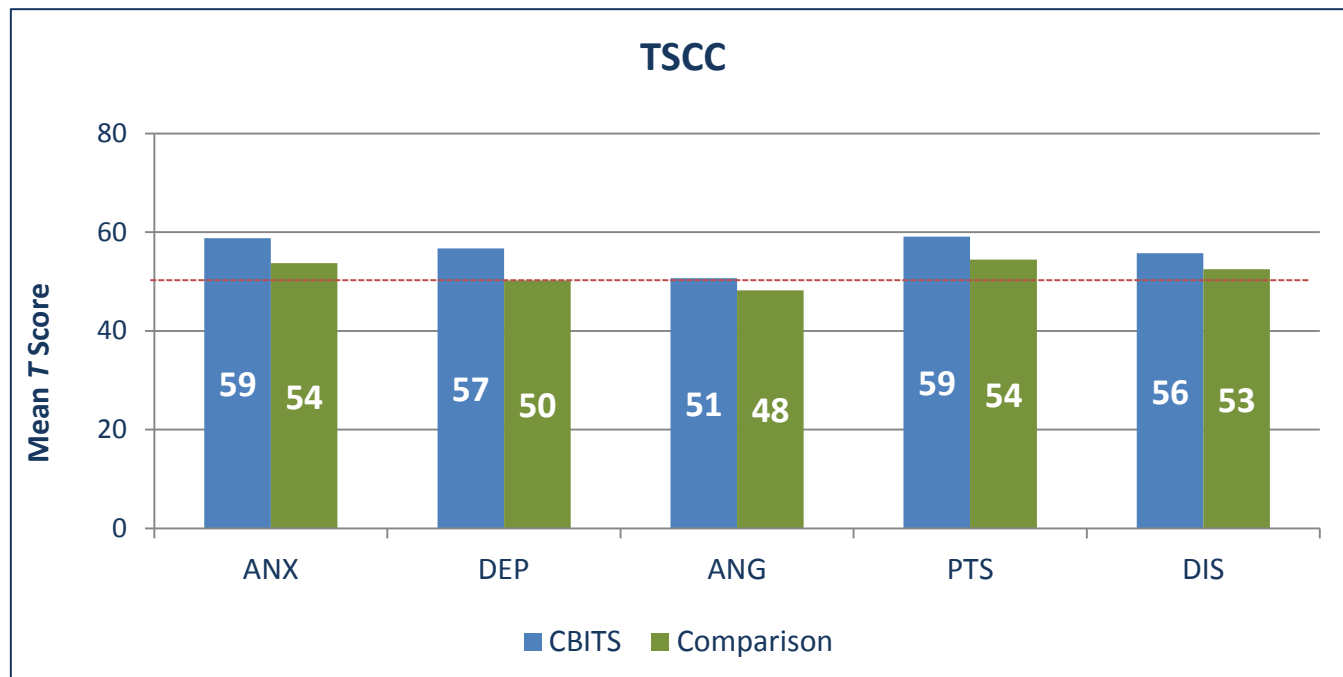
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C1 Participant demographics



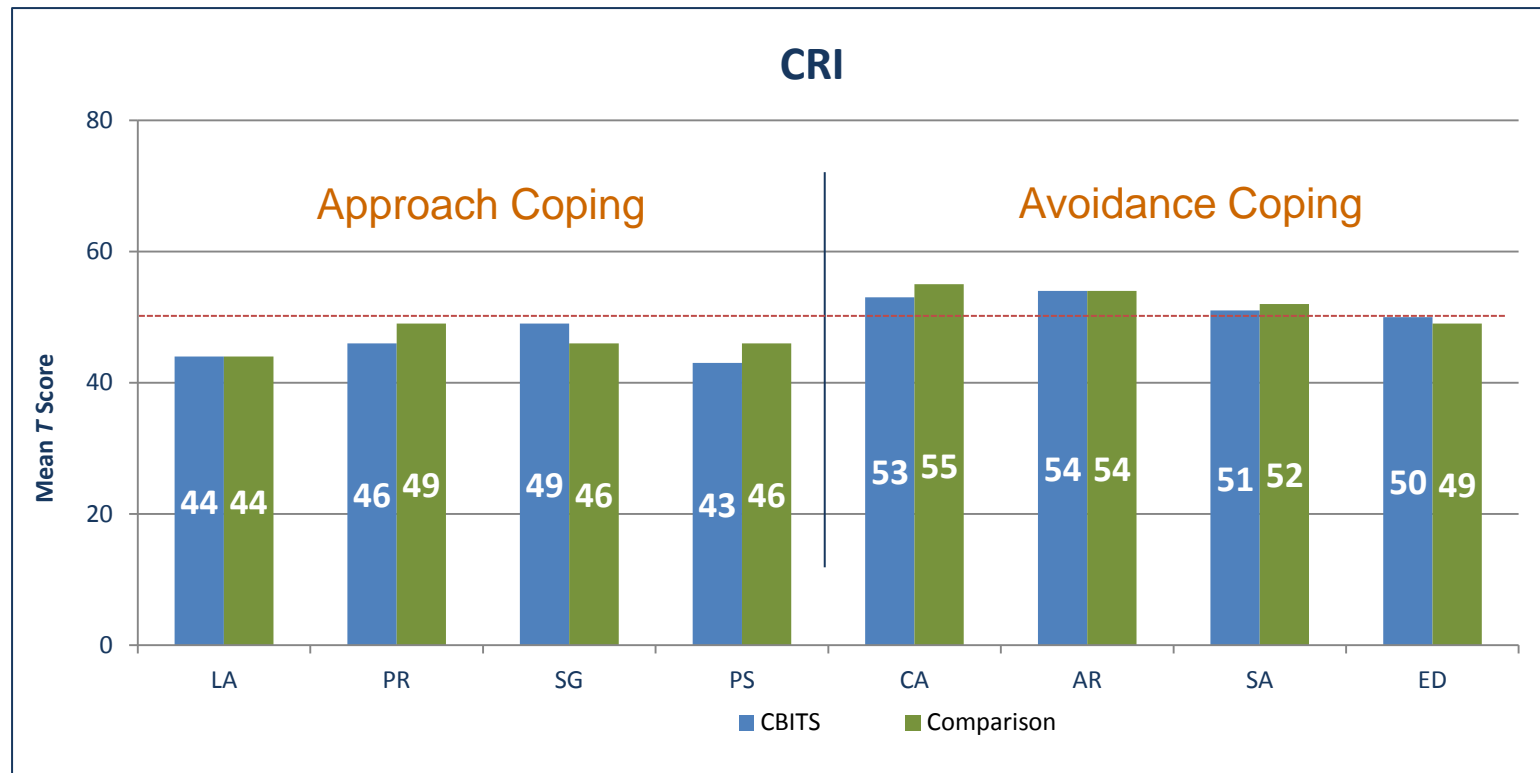
No significant differences across groups (intervention vs. comparison)

C1 Participant baseline measures (by group)



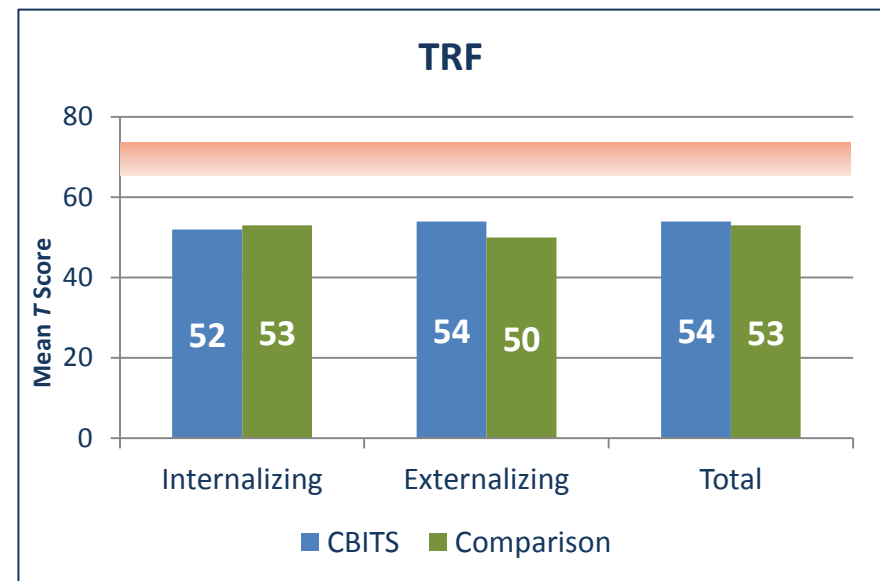
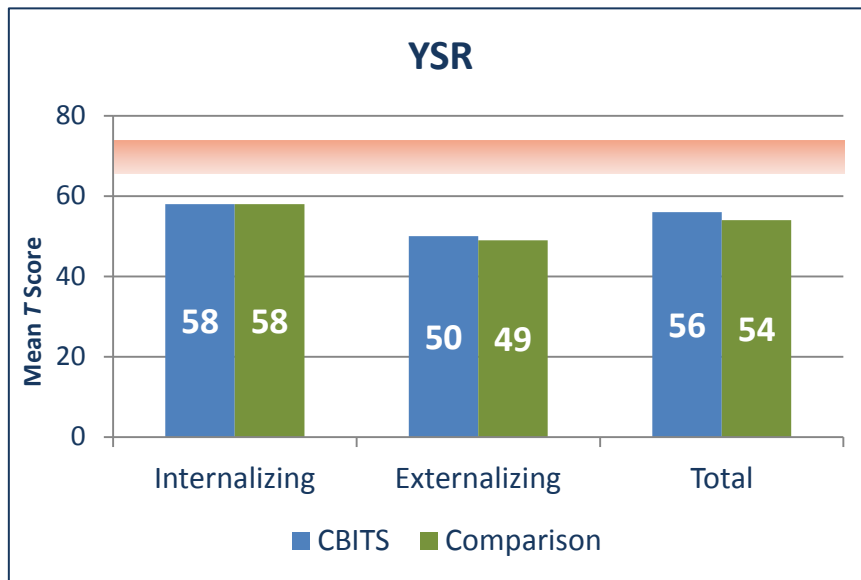
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C1 Participant baseline measures (by group)



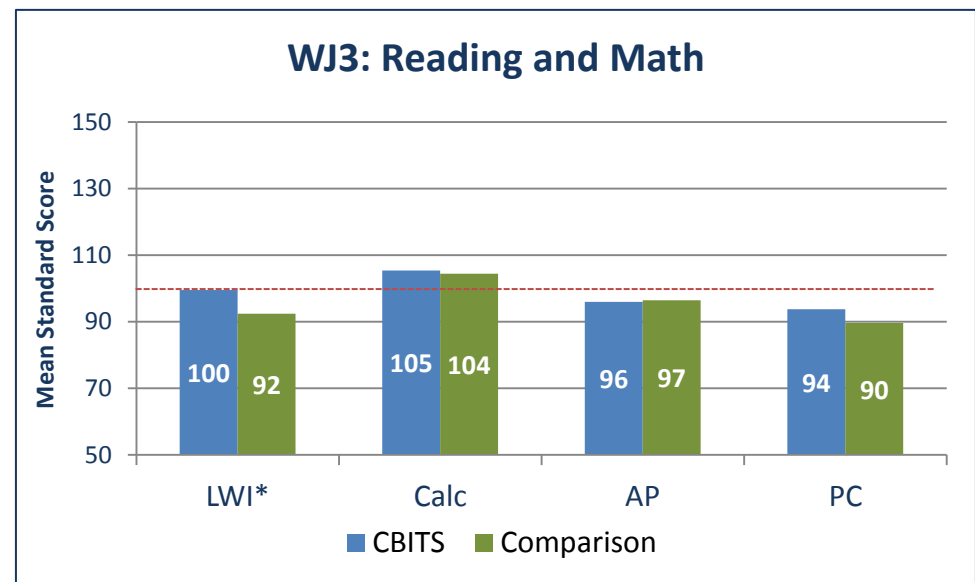
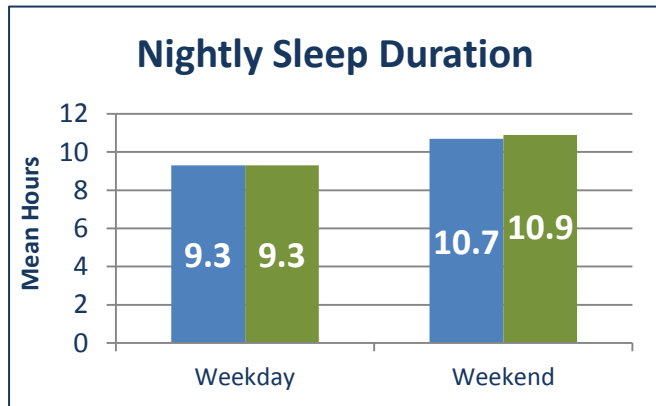
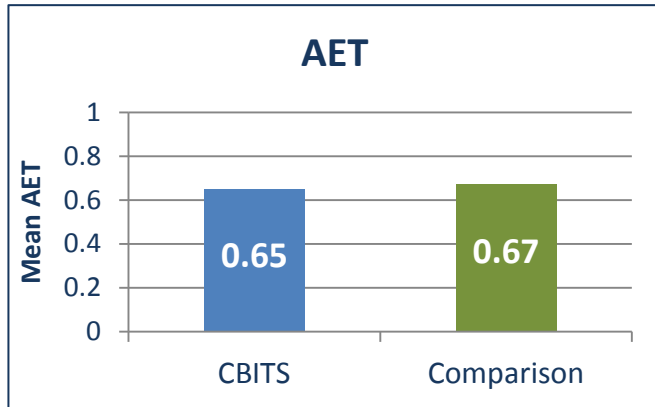
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C1 Participant baseline measures (by group)



No significant differences across groups (intervention vs. comparison)

C1 Participant baseline measures (by group)



*Significant differences across groups ($p = .047$, $d = 0.54$)

No significant differences across groups

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Questions?

