# CBITS: State Implementation of an Evidence-based Tier 2 Intervention

**Courage to Risk 2019**

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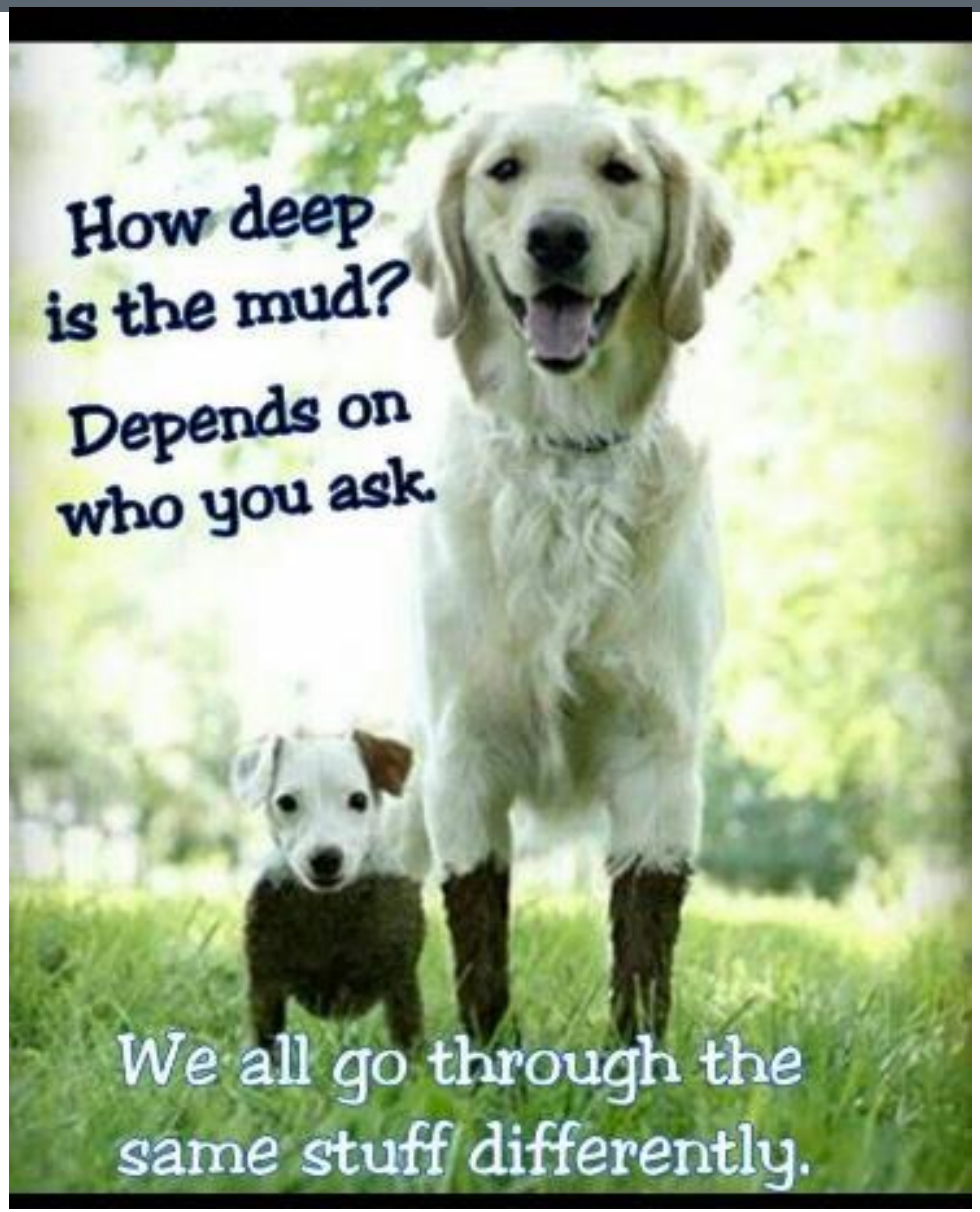
# Agenda

In this presentation, participants will:

- Participants will be informed about implementing Trauma Informed Approaches in Schools at Tiers 1 and 2 through ESSU's extended learning opportunity
- Participants will learn about the CBITS program

# Take Care of yourself



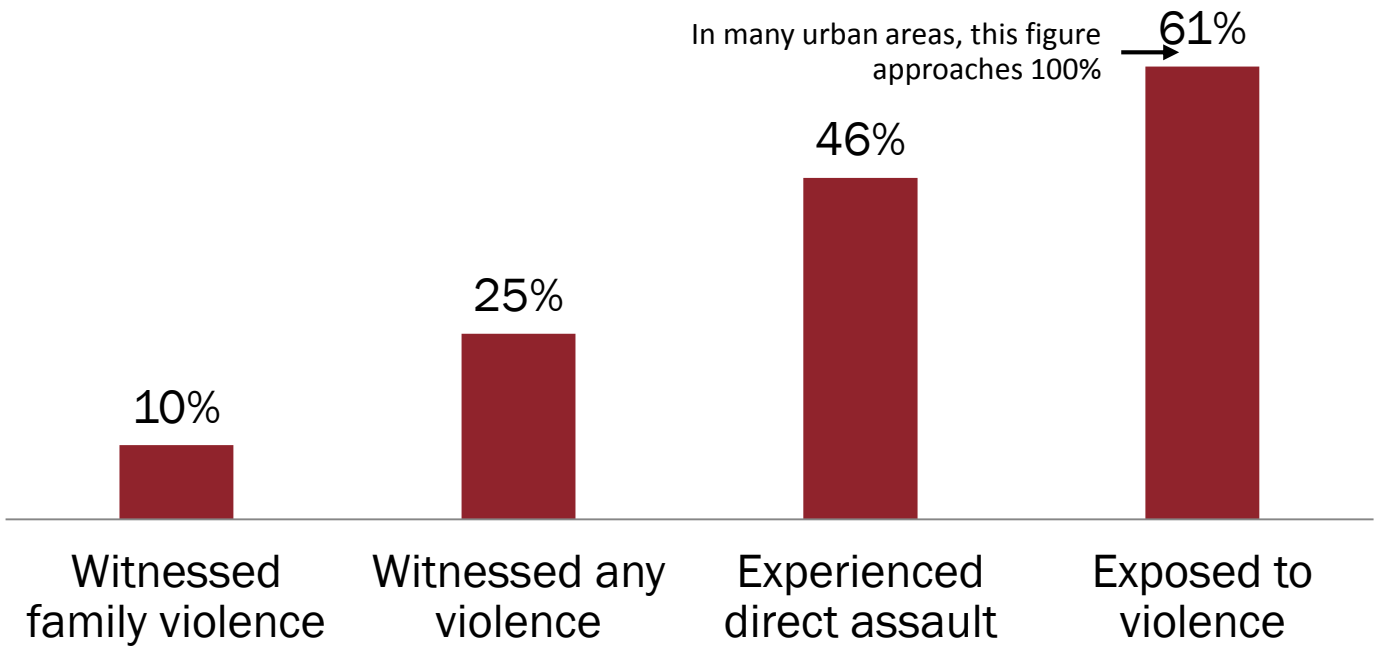
“If we teach today’s students as we taught yesterday’s, we rob them of tomorrow.”

- John Dewey, 1915

# What is trauma?

Trauma "*results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*" (SAMHSA, 2014).

# A startling number of students are exposed to violence and trauma

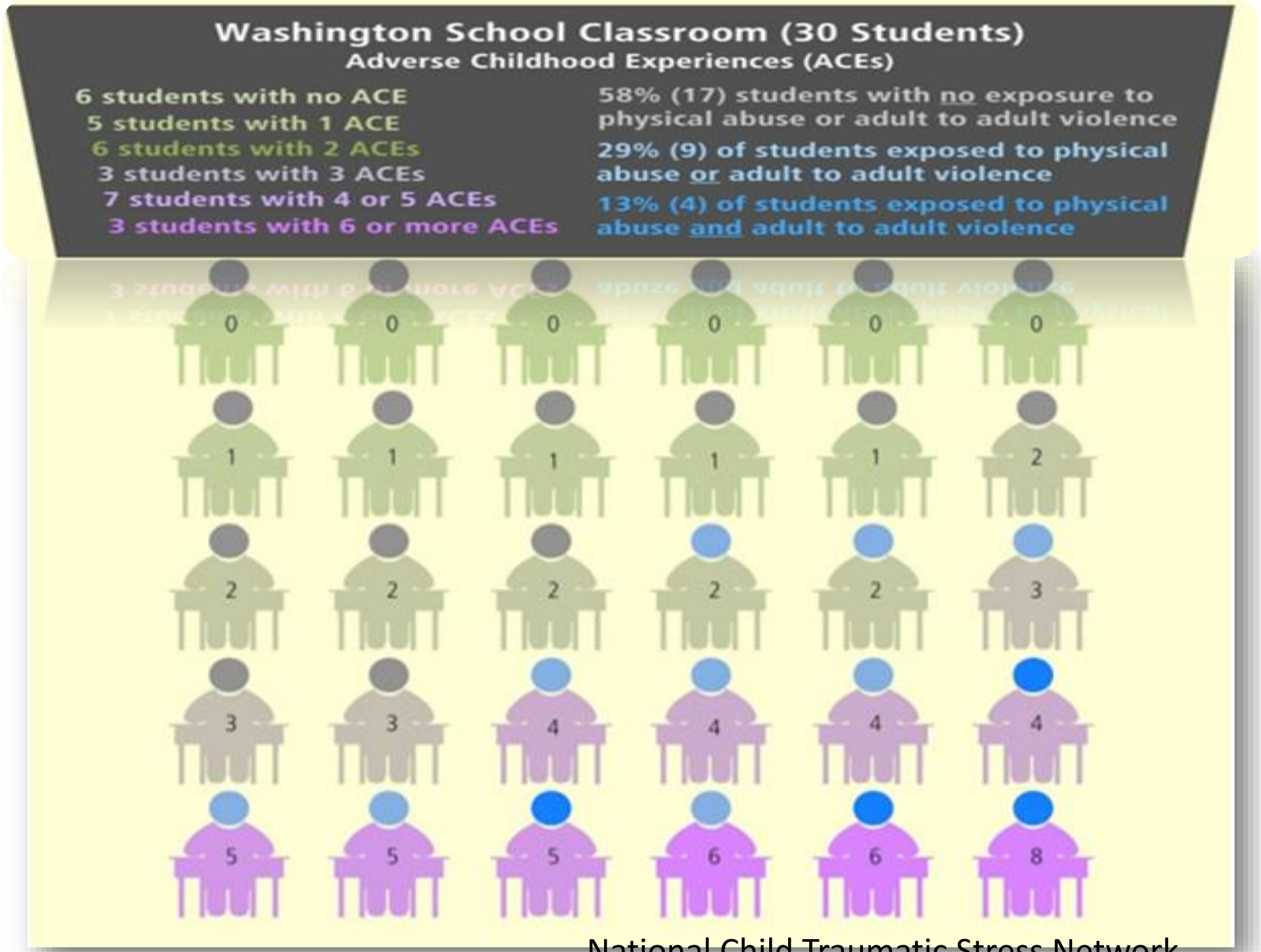



Finkelhor, D. (2009). *Children's exposure to violence: A comprehensive national survey*. DIA

# Most Common Adverse Childhood Experiences (ACEs)

- Recurrent physical abuse
- Emotional abuse
- Sexual abuse
- Alcohol/drug abuser in household
- Incarcerated house-hold member
- Household member with chronic mental illness
- Violence between adults in the home
- Parental separation or divorce

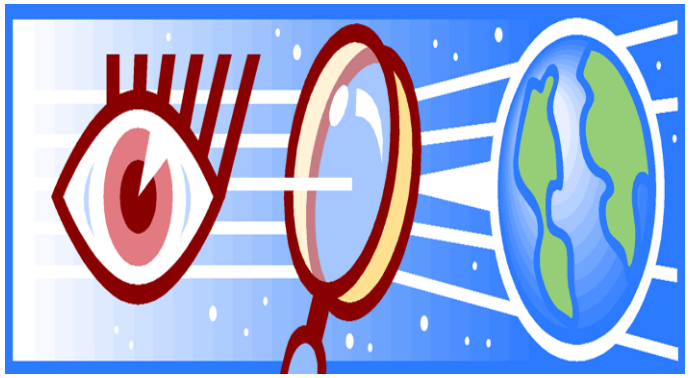
It is estimated that 66% of the population has at least 1 ACE and 25% have 2 or more ACEs before age 18.




National Child Traumatic Stress Network

# Trauma Changes Perceptions

- I am not safe
- I cannot trust others
- I cannot trust myself
- I cannot depend upon others
- I am not worthy of care
- I deserve the bad things that happen to me
- It's my fault

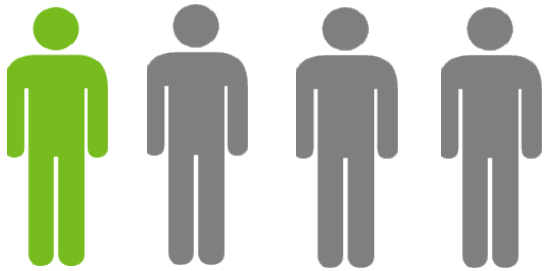


# Trauma Informed Approaches in Schools

# Trauma-Informed Approaches in Schools

The CDE Trauma-Informed Work Group defines ***trauma-informed approaches in schools*** as the school-wide implementation of:

*"explicit recognition, understanding, and responsiveness to trauma with intentional efforts made in utilizing evidence-based practices to build healthy relationships, restore emotional safety, and create positive opportunities where students can practice self-regulation strategies and prosocial skills"* (SAMHSA, 2014).




**1 out of every 4 students attending school has been exposed to a traumatic event within the past year that can affect learning and/or behavior.**


Goldson, 2002 reports maltreatment among children with disabilities:

Incidents per 1,000

| | W/out Disability | W/Disabilities |
|---|---|---|
| Physical abuse | 4.5 | 9.5 |
| Sexual Abuse | 2.0 | 3.5 |
| Emotional Abuse | 2.9 | 3.5 |

UCLA

# Culturally Responsive, Trauma and Resiliency Informed

Trauma lens: A shift in perspective from: "What is wrong with this child/family?" to "**What has this child/family been through?**"

Not just a list of traumas, but **must include History and context** (i.e., child welfare, immigration, poverty) not just list of traumas

Impact of experience with **discrimination/marginalization,** access to opportunities and pathways to success, disparities and disproportionality

Now…we have to **use this combined lens** in our approach

Audra Langley, UCLA

# Symptoms That May Occur in High School Students with Trauma History:

- Irritability with friends, teachers, events
- Angry outbursts and/or aggression
- Change in academic performance
- Decreased attention and/or concentration
- Increase in activity level
- Absenteeism
- Increase in impulsivity, risk-taking behavior
- Increased risk for substance abuse
- Negative impact on issues of trust and perceptions of others
- Repetitive thoughts and comments about death or dying (including suicidal thoughts, writing, art, or notebook covers about violent or morbid topics, internet searches)
- Heightened difficulty with authority, redirection, or criticism
- Hyper-arousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors
- Emotional numbing

The National Child Traumatic Stress Network

Find more examples at:
https://wmich.edu/sites/default/files/attachments/u57/2013/child-trauma-toolkit.pdf

# Shifting Perspectives

| Traditional School Perspective | Trauma-Informed Approaches in Schools Perspective |
|---|---|
| ❖ Student's challenging behaviors are the result of individual deficits (e.g., what's wrong with you?)<br>❖ Understands difficult student behaviors as purposeful and personal.<br>❖ Focuses on changing the individual to "fix" the problem.<br>❖ Adults need to uphold authority and control with students and families.<br>❖ Punitive discipline works.<br>❖ Support for students exposed to trauma is provided by counseling professionals. | ❖ Students challenging behaviors may be ways of coping with a traumatic experience(s).<br>❖ Understands difficult student behaviors may be automatic responses to stress.<br>❖ Focuses on changing the environment.<br>❖ Adults need to offer flexibility and choice to students and families.<br>❖ Positive discipline that is instructional and focuses on teaching and reinforcing prosocial replacement behaviors works.<br>❖ Support for students exposed to trauma is the shared responsibility of all staff.<br>❖ Restorative practices. |

# What exactly *IS* a trauma-sensitive school?

1. All staff understand the prevalence and impact of trauma of their students and themselves.
2. School strives for physical, emotional, social, academic safety for all.
3. The school addresses holistic student needs.
4. The school is inclusive and connects students to the community instead of excluding them.
5. The school staff work collaboratively to support students.
6. School leaders adapt services and supports based on contemporary needs of students.

# Cognitive Behavioral Interventions for Trauma in Schools (CBITS)

# What is CBITS?

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.

https://cbitsprogram.org/

# How is CBITS Implemented?

CBITS is designed for delivery by mental health professionals in a school setting. The program consists of:

- 10 group sessions
- 1-3 individual sessions
- 2 parent psychoeducational sessions
- 1 teacher educational session

https://cbitsprogram.org/

# Is CBITS Evidence-based?

Yes. Extensive research since 2000 has shown that students who participate in the program have significantly fewer symptoms of post-traumatic stress, depression, and psychosocial dysfunction.

- CBITS is cited as a recommended practice by several national agencies that assess the quality of mental health interventions, including:
  - CDC Prevention Research Center
  - SAMHSA's National Registry of Evidence-Based Programs and Practices
  - U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention

# Where has CBITS been implemented?

Since 2001, CBITS has been implemented widely across the United States and abroad and is also being actively disseminated through SAMHSA's National Child Traumatic Stress Network. Implementation settings have included:

- **In the US:** California, Colorado, District of Columbia, Illinois, Louisiana, Maryland, Mississippi, Missouri, Montana, New Jersey, New Mexico, Tennessee, Washington, and Wisconsin
- **Abroad:** Australia, China, Japan, and Guyana

https://cbitsprogram.org/

# What does CBITS address?

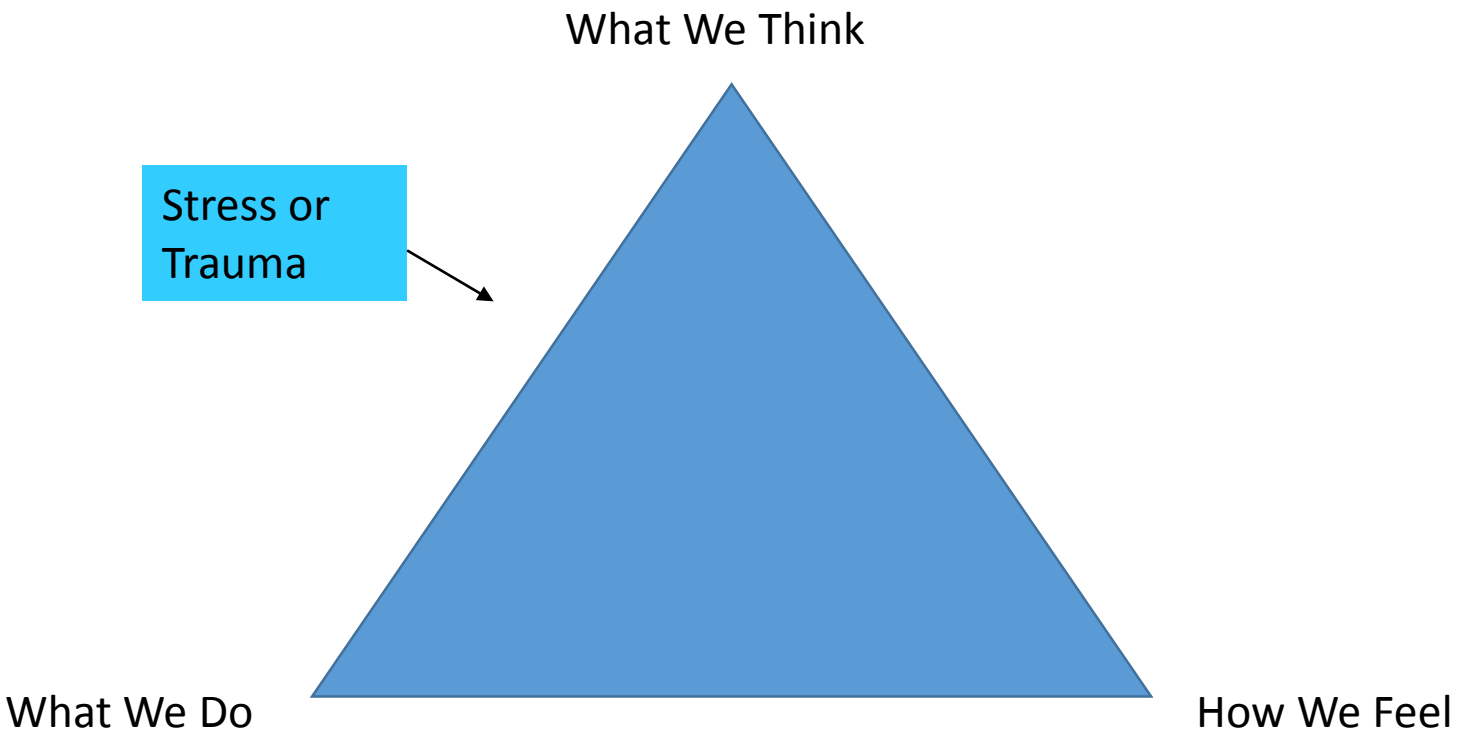
Educates Students on Common Reactions to Trauma, for example:

- Having nightmares or trouble sleeping
- Thinking about it all the time/re-enacting it
- Wanting to NOT talk about it
- Avoiding places, people, or things that make you think about it
- Being on guard to protect yourself; feeling like something bad is about to happen to you

# CBITS - Common Reactions to Stress or Trauma

- Having nightmares or trouble sleeping
- Thinking about it all the time
- Wanting to NOT think or talk about it
- Avoiding places, people, or things that make you think about it
- Feeling scared for no reason
- Feeling “crazy” or out of control
- Not being able to remember parts of what happened
- Having trouble concentrating at school or at home
- Being on guard to protect yourself; feeling like something bad is about to happen
- Jumping when there is a loud noise
- Feeling anger
- Feeling shame
- Feeling guilt
- Feeling sadness/grief/loss
- Feeling bad about yourself
- Having physical health problems and complaints

# How stress or trauma affects us



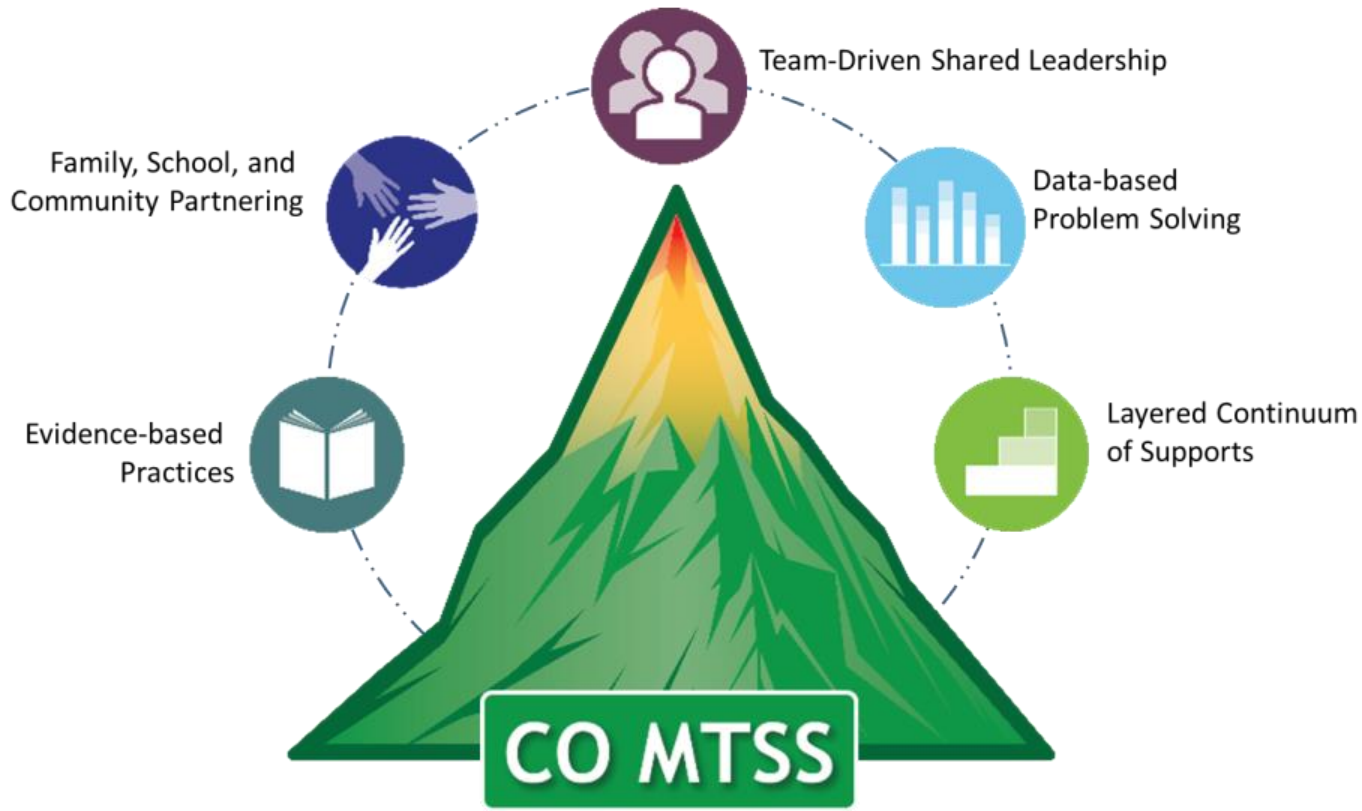
# CBITS

- Relaxation exercises to combat anxiety
- Education about common symptoms
- Work on negative/maladaptive thoughts to generate more positive/accurate/flexible ways to interpret them
- Social problem solving
- Real life trauma exposure
- Exposure to memory through different mediums (i.e., drawing, telling others, etc.)

# Tips for Teaching Children Who Have Been Traumatized

- See children's behavior through a "trauma lens"
- Give children choices and consistency
- Understand that attempts by children to replay trauma through play or through their interactions with others is a way to cope with trauma
- Understand that children who have experienced trauma have idiosyncratic triggers that make them highly anxious
- Seek support and consultation to prevent burn-out

# MTSS and Essential Components

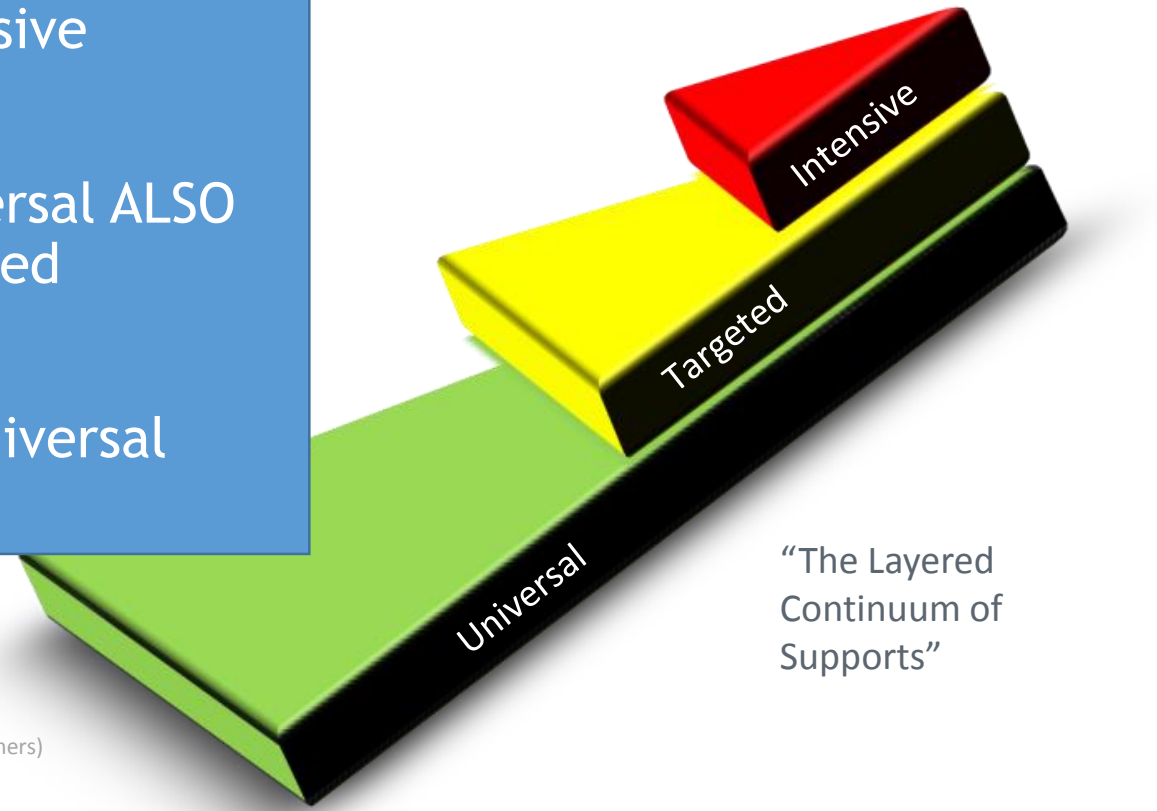


# Layered Continuum of Supports

Few = Universal + Targeted + Intensive

Some = Universal ALSO Targeted

Every = Universal



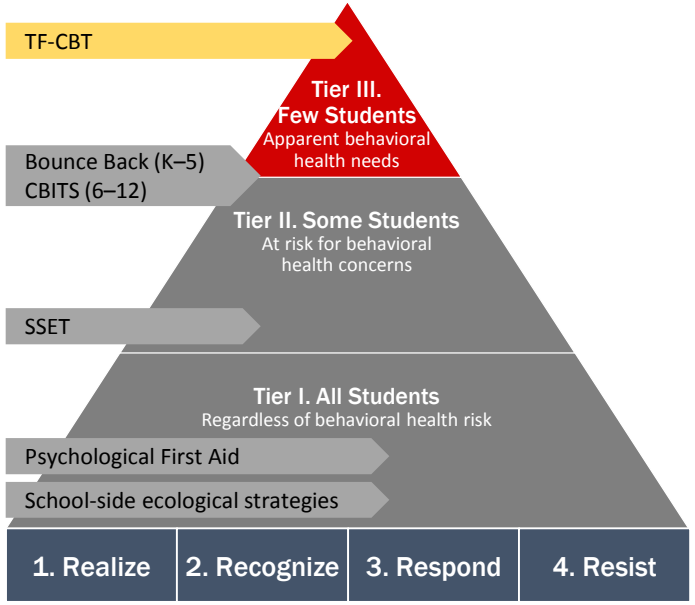

(Note: Visual graphic Representation Adapted from practitioners)

"The Layered Continuum of Supports"

# Specific strategies and programs help students at each level

## TIER III: FEW STUDENTS

- Strategies and programs
  - Refer for evaluation and appropriate treatment
  - School and/or Community Based services
  - Advocate for student
  - Appropriate accommodations and supports on 504 or IEP plans
  - Ensure good communication between clinician and school personnel
  - Clinical interventions include TF-CBT, CBITS, Bounce Back

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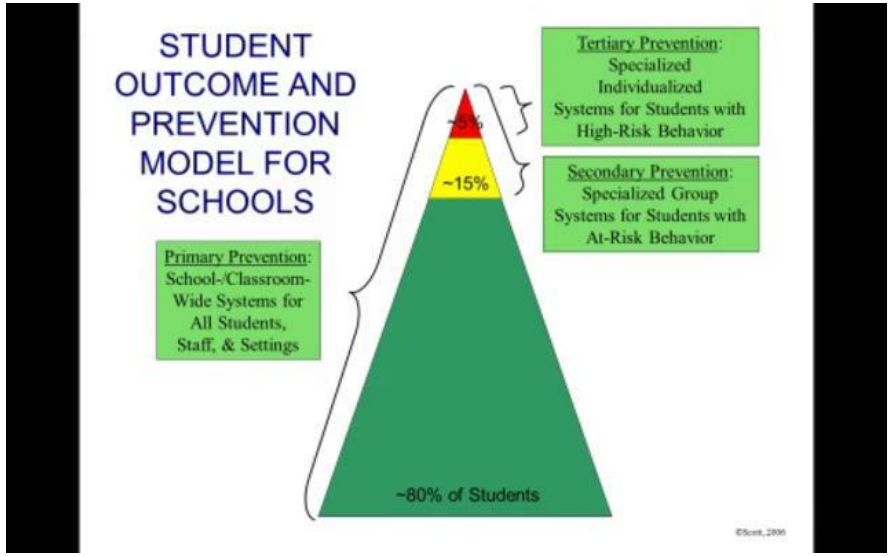
# Activity: Continuum of Trauma Supports

- Directions:
  - Fill out the triangle for your school or organization: what supports are available for trauma at the universal, targeted, and intensive levels?
  - Turn and talk to your neighbor about the strengths and gaps in your system



# Who participated?

# CBITS – Cohorts 1 & 2

- Each CBITS implementer team (14 in total) is comprised of two CDE licensed school mental health professionals (school psychologists and/or school social workers), who will be certified CBITS implementers at the end of the pilot
- School-level leadership teams in the buildings were also given the opportunity to learn about trauma and trauma-informed approaches for schools
- Each team co-facilitates the CBITS intervention in one or more school buildings
- Each team is given support through monthly/bi-monthly coaching from a certified CBITS trainer
- This training encourages a multi-tiered approach for implementing trauma-informed approaches in schools

# 14 School-Level Teams

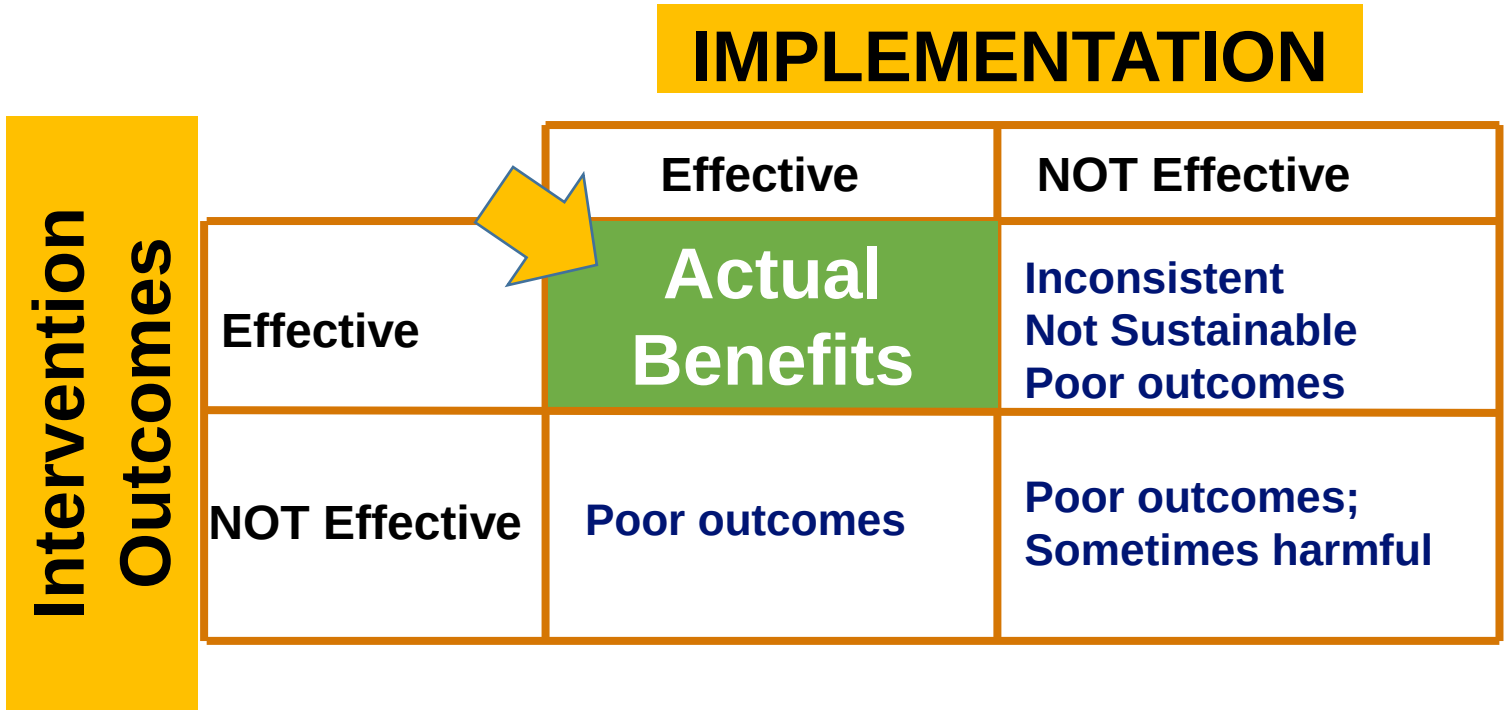
## CBITS Provider Teams:

- Teams of two CDE licensed school mental health professionals
- Will be certified CBITS providers
- Will implement CBITS in schools
- Will be points of contact for the project
- Will participate on the school team

## School Building-level Teams:

- Will lead school in building systems and universal supports
- Must include an administrator with decision-making abilities
- Must include other stakeholders

# Teams & Implementation Science




***Paraphrased from NIRN:***
**(Institute of Medicine, 2000; 2001; 2009; New Freedom Commission on Mental *Health*, 2003; National Commission on Excellence in Education,1983; Department of Health and Human Services, 1999)**

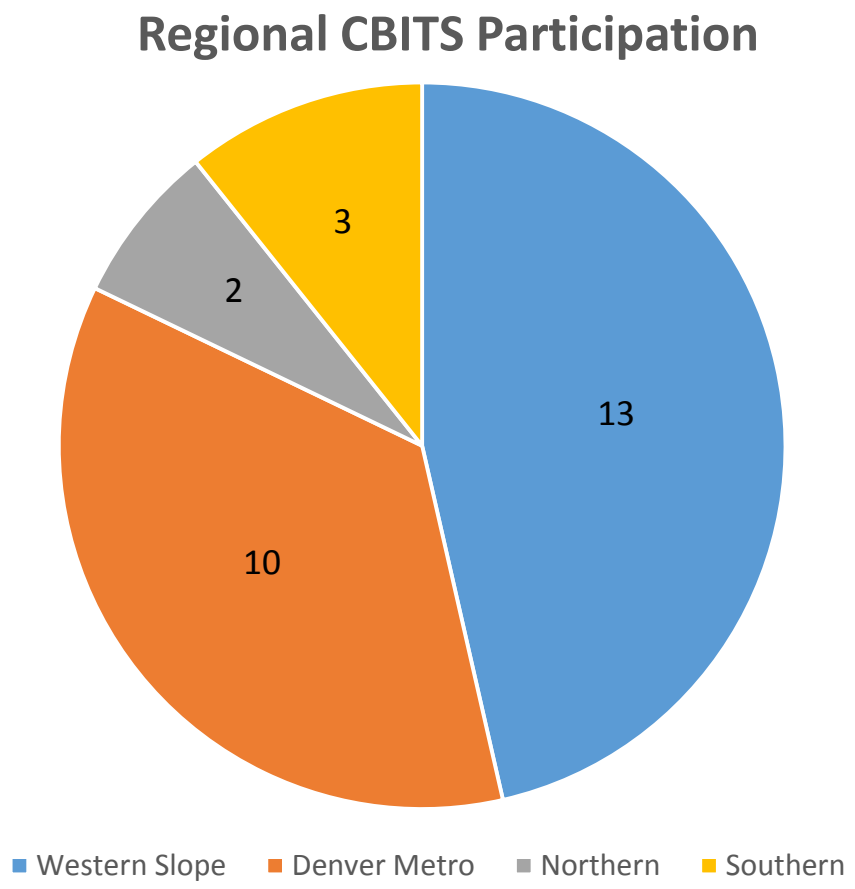
# CBITS 2017-2018 Cohort

## CBITS Cohort 1

| |
|---|
| Central High School |
| Clayton Elementary |
| Craig Middle School |
| Denver Language School |
| Fossil Ridge High School |
| Fountain Middle School |
| Johnson Elementary School |
| Lake County Intermediate School |
| Nisley Elementary |
| North High School |
| Olathe Middle & High School |
| Orchard Avenue Elementary |
| Redlands Middle School |
| Windsor High School |

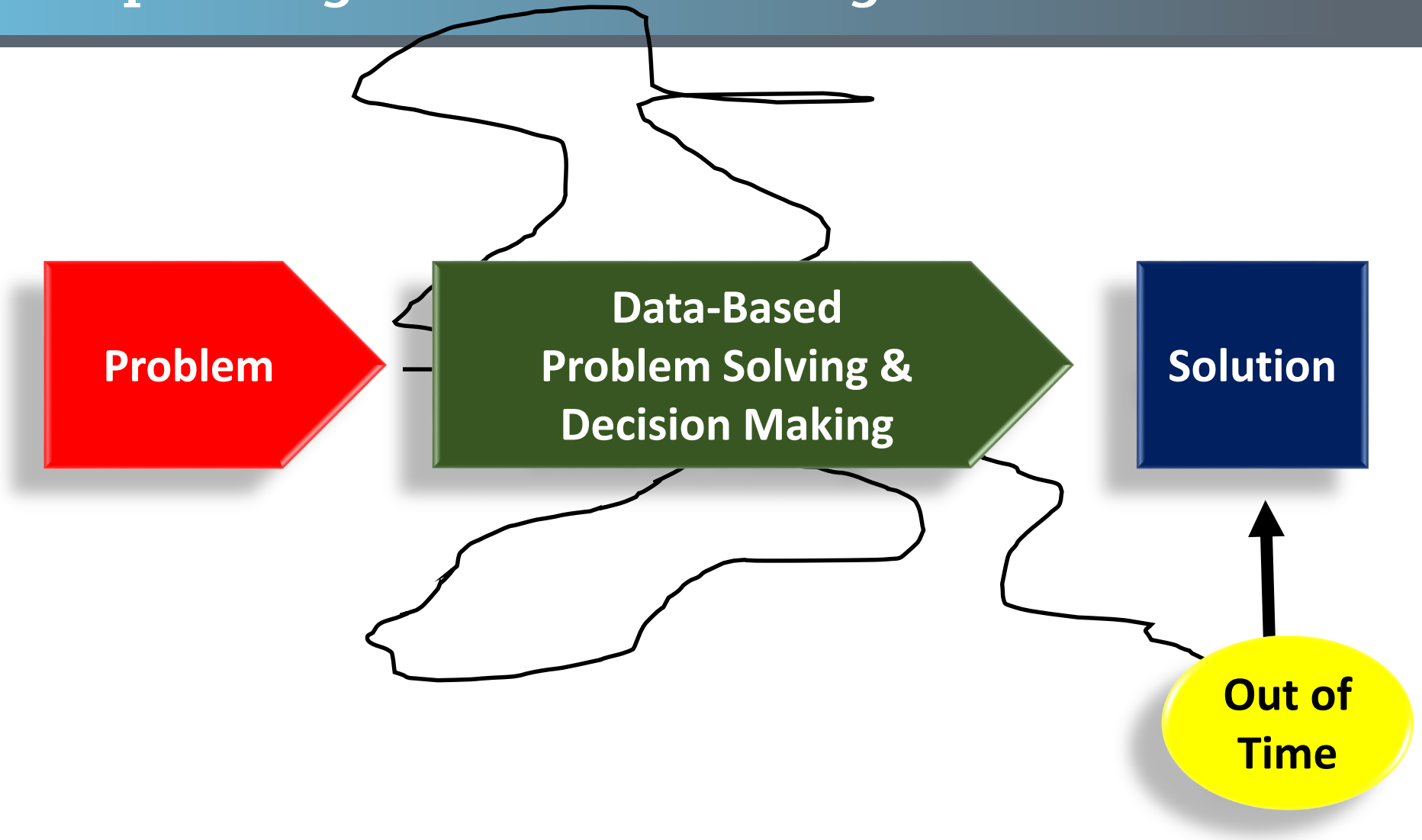
## CBITS Cohort 2

| |
|---|
| Columbia Middle School |
| Contemporary Learning Academy |
| Cortez Middle School |
| Dillon Valley Dual Language Elementary |
| Englewood Middle School |
| George Washington High School |
| Gypsum Creek Middle School |
| Hidden Lake High School |
| Ignacio Middle School |
| Josephine Hodgkins Elementary |
| KIPP Northeast Denver Middle School |
| Palisade High School |
| Red Hill Elementary |
| West Jefferson Middle School |



# Desired Outcomes

# Improving Decision-Making




*Adapted from TIPS/Rob Horner/Anne Todd*

# Data Driven Decision Making

- Self-assessment for Universal Practices
- Screening for trauma symptoms
- Fidelity Adherence
- Student Outcomes

# Self-Assessment

## Trauma Responsive Schools – Implementation Assessment (TRS-IA)

1. Whole School Safety Planning
2. Whole School Prevention Programming
3. Whole School Trauma Programming
4. Classroom-based Strategies
5. Prevention/Early Intervention Trauma Programming
6. Targeted Trauma Programming
7. Staff Self-Care
8. Community Context

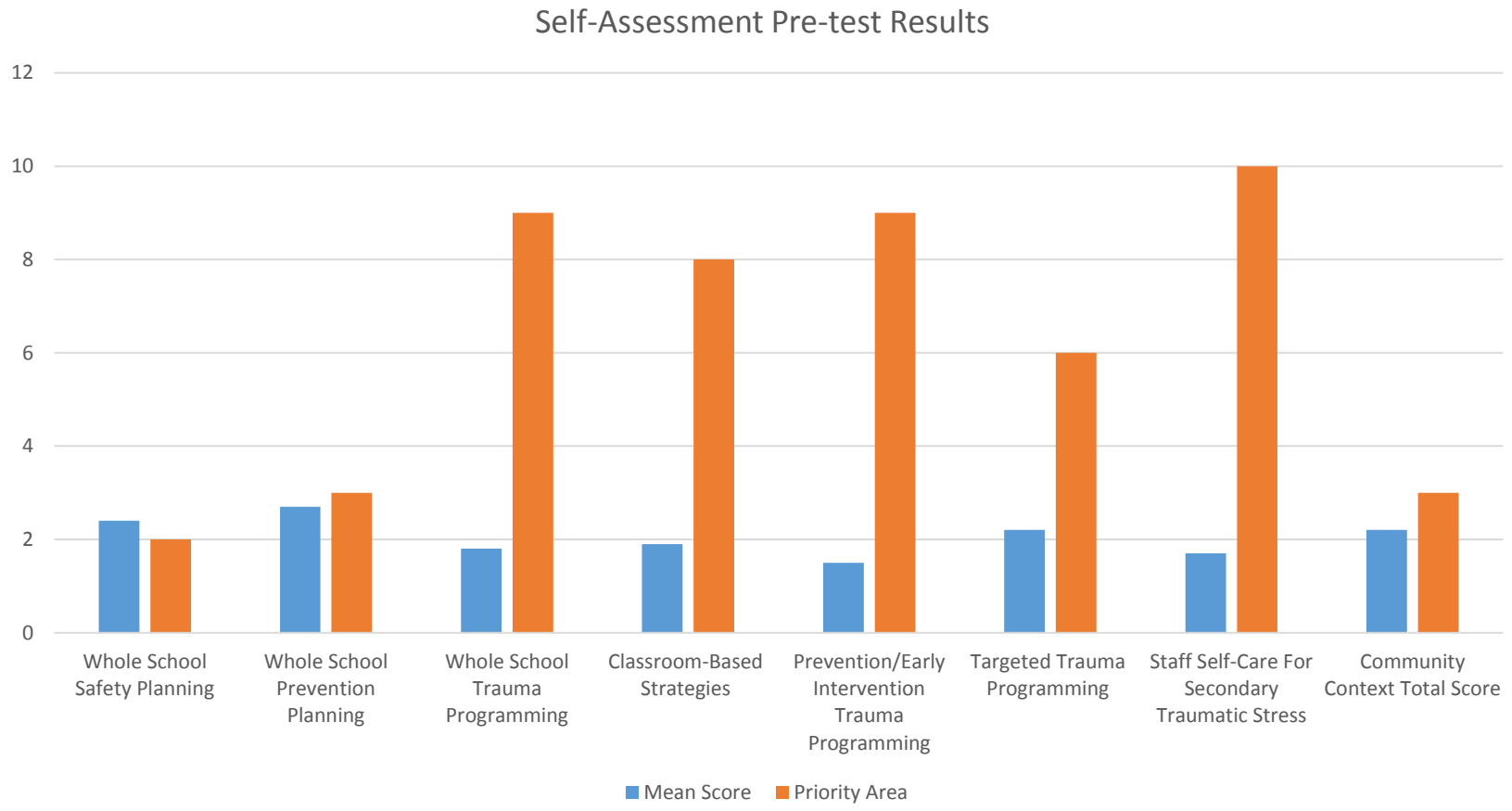
# TRS-IA Sample Section

| STAFF SELF CARE FOR SECONDARY TRAUMATIC STRESS | | | |
|---|---|---|---|
| **1. To what extent does your school have a standard approach for building staff awareness of compassion fatigue and STS which include providing tools for self-monitoring and building self-care strategies.** | | | |
| 1 | 2 | 3 | 4 |
| No Approach. | | | Standardized and comprehensive approach is implement. |
| **2. To what extent does your school facilitate peer support among staff working with students exposed to trauma?** | | | |
| 1 | 2 | 3 | 4 |
| No defined strategies. Teachers provide support when they notice a colleague in distress. | | | Clearly defined strategy for supporting peers. |
| **3. To what extent are there professional resources available for staff on campus?** | | | |
| 1 | 2 | 3 | 4 |
| No resources. | | | Resources specific to secondary traumatic stress |

**Whole School Safety Programming Total Score: _____/3 = Mean Score: _____**

| | | | | | | |
|---|---|---|---|---|---|---|
| **School:**<br>**Date:**<br>**Team Members:**<br>**Objective:** | | | | | | |
| **Action Item: (In measureable Terms)** | Resources needed: | Demonstrated need for action item (measurable data may include ODRs, discipline data, special education referral data, school climate data, threat assessment data, baseline data, etc.) | Measureable Criterion for success: | Person(s) Responsible: | Who needs to know and who will communicate the plan? | Target Completion Date: |
| **Action Item 1:** | | | | | | |
| **Action Item 2:** | | | | | | |
| **Action Item 3:** | | | | | | |

# Self-Assessment Pre-test



# Trends in CBITS Team Action Plans

- Whole staff (teachers and administrators) trainings on trauma informed practices
- Focus on self-care strategies for staff
- Educating parents on trauma
- Implementation of CBITS

# How were students placed in groups?

## Universal or Targeted Screening

- All students or targeted groups of students
- Trauma Exposure Checklist and PTSD Screener: https://cbitsprogram.org/_static/cbits/uploads/files//Trauma%20Exposure%20Checklist.pdf
- Other screeners available locally (for example the BESS)

## Referral from building-level problem-solving teams

## Individual referral

# Child Trauma Exposure Checklist and PTSD Screener

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

# Child Trauma Exposure Checklist and PTSD Screener – sample items

Have any of the following events EVER happened to you? (Circle Yes or 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

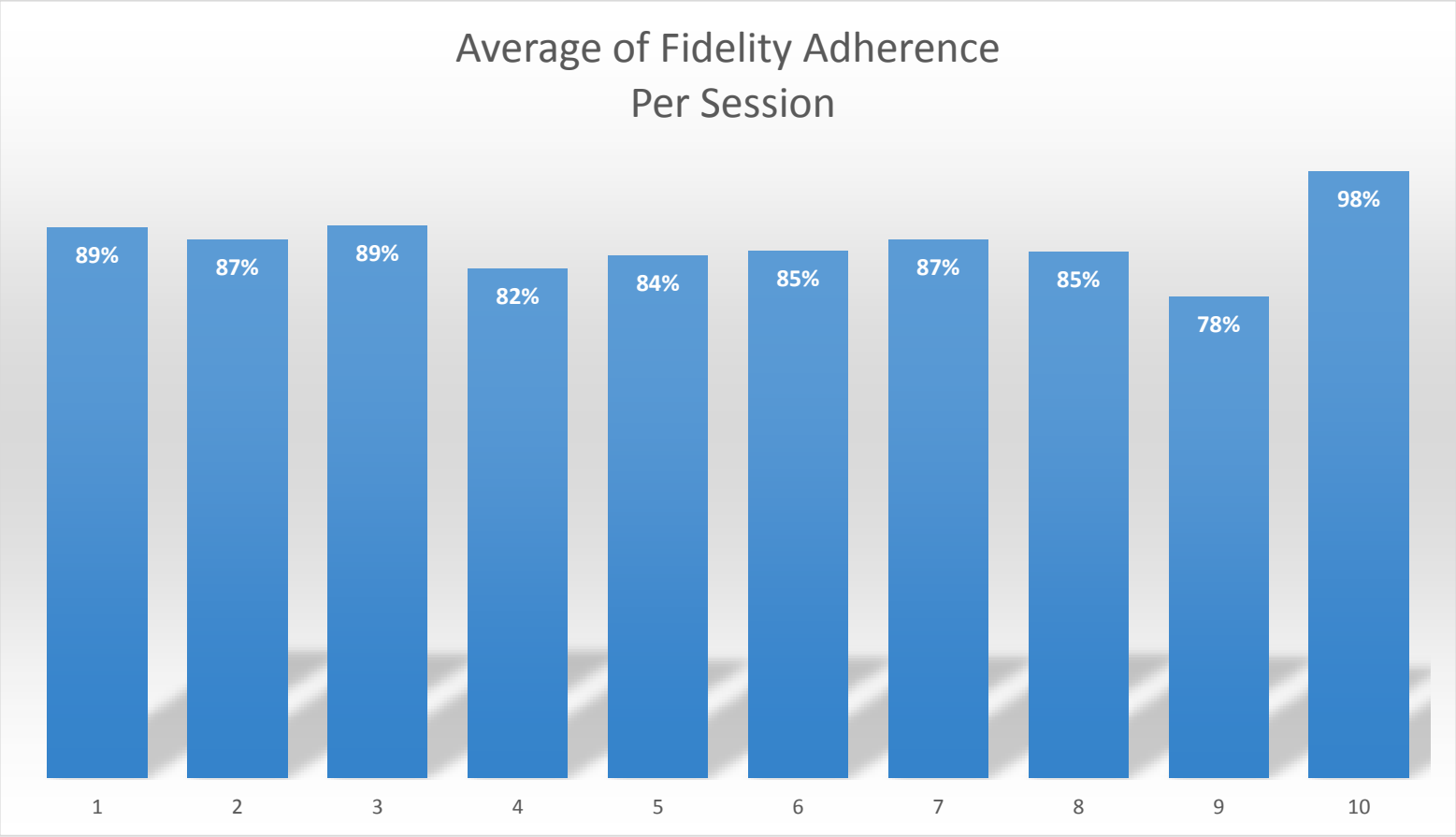
5. Has anyone close to you died? Yes No

# CBITS Evaluation


- Pre/Mid/Post Test
  - Strengths and Difficulties Questionnaire (Children/Parent/Teacher)
  - Other measures available locally (for example the Youth Outcome Questionnaire, BASC-3)
- Systems-level data
- Implementation data and fidelity adherence

# High Fidelity Implementation

## Cohort 1 Fidelity Data

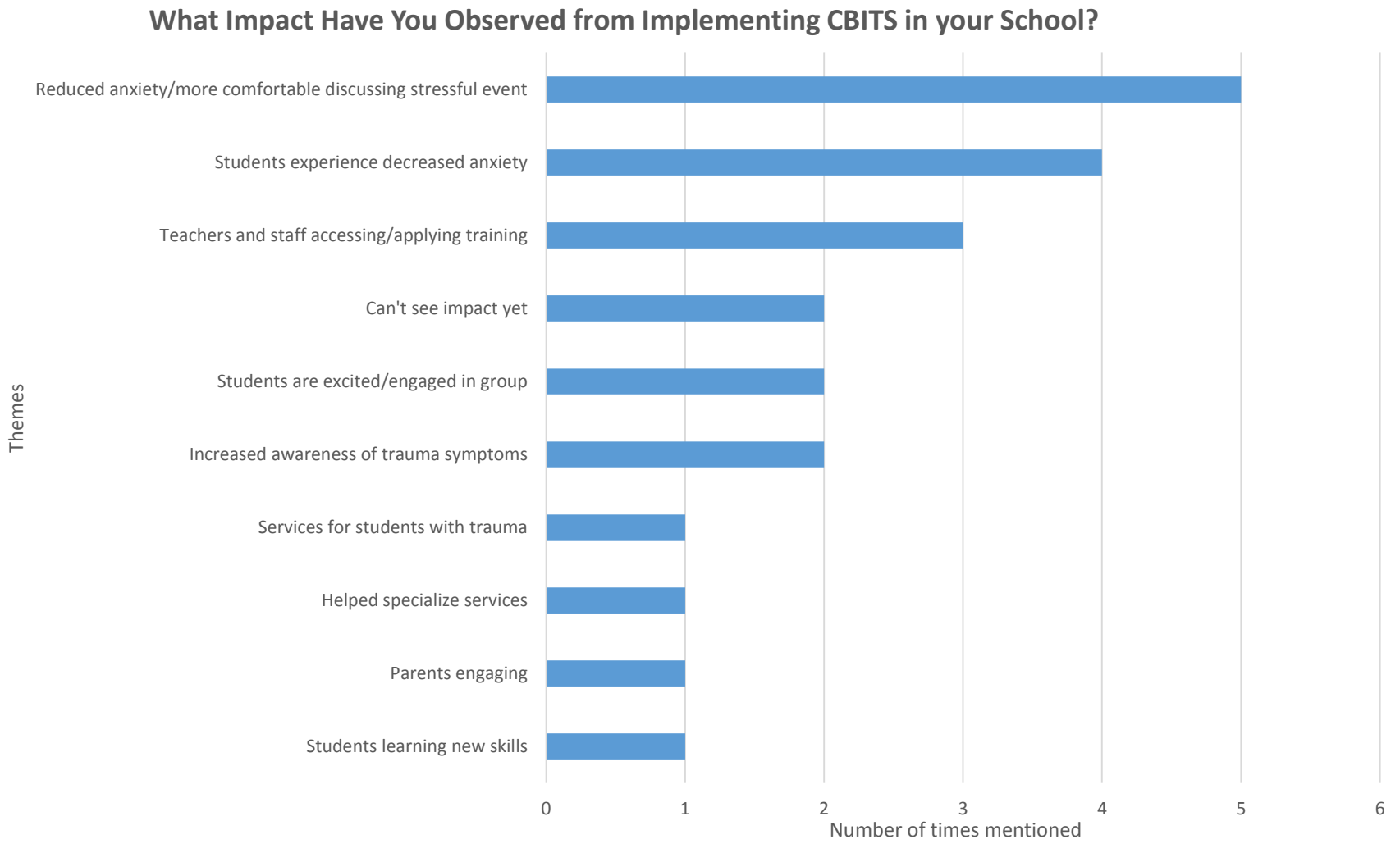



We just began collecting data for our 2018-2019 cohort. So far teams are at an average of 94% fidelity for the first few sessions.

# Improved Student Outcomes:

What student outcomes might you predict after implementing the CBITS intervention? What about universal trauma informed approaches?

# Perceived Impact



# Comments from Participants

*"I believe that we would not have otherwise had the opportunity to implement the program because of rural locality and limited resources"*

*"We would never have known about research based interventions for the significant amount of trauma we see in our schools. The CBITS material is direct and user friendly. The ongoing consultation sessions have helped in knowing we're not alone, questions can be answered, and guidance can be obtained easily"*

# IMPLEMENTATION OF CBITS AT THE DENVER LANGUAGE SCHOOL

Bryn Harris, PhD (School Psychologist)
Whitney Steele, MS, LMFT (Middle School Counselor)

# OVERVIEW OF DLS

- K-8 Language Immersion School in Denver Public Schools

- Mandarin or Spanish Immersion

- Two campuses

- Diverse population regarding ethnicity, language abilities, demographics

- Support staff members: School psychologist (one day per week), middle school counselor (4 days per week), school social worker (5 days per week)

# CBITS IMPLEMENTATION AT DLS

- Population with diverse needs regarding supports, some students that have experienced trauma in past and are regularly seen by support staff
- School had not collected data on trauma exposure
- Support staff wanted to create a more trauma-informed school
- Supported by administration

# LOGISTICS

- CBITS Group 2018-2019: Sent out parent permission forms for trauma screener to parents in the middle school
- Screened middle school females
- Four students were appropriate for our group based on the screener
- All parents gave permission to attend group
- First session began in January 2018
- Had teacher session with middle school teachers (lunch provided) in January 2018
-
-CBITS/Bounce Back Group 2019-2020: Screened elementary for Bounce Back and Middle School for CBITs in Fall of 2018
-Out of four middle school students, two permissions returned, group not advisable
-All four elementary students received parent permission
-Bounce Back started in January 2018

# HOW DID WE ENGAGE TEACHERS AND PARENTS

Had teacher session with middle school teachers (lunch provided)

Administration support

Phone calls with parents

Parent education nights

# THINGS TO CONSIDER

- Pick a gender?

- Age range?

- For individual sessions, broke down group and Psychologist took two group members that the School Counselor had a relationship with. This built the relationship with the psychologist and the other group members and helped change some of the relationship dynamic

- Challenges with measuring improvement

# THINGS WE LEARNED FOR NEXT TIME

- Space is always an issue

- Getting kids out of class is sometimes challenging (tests, presentations etc.) even though we communicated with teachers about times

- Some group sessions were better suited to do over two weeks

# Questions

# For more information

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