


Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

TREATMENT AND SERVICES ADAPTATION CENTER FOR
RESILIENCY, HOPE, & WELLNESS IN SCHOOLS


NATIONAL CHILD TRAUMATIC STRESS NETWORK



www.cbitsprogram.org
www.traumawareschools.org

What is child traumatic stress (CTS)?

- A psychological reaction that some children have after a traumatic event
- Children who suffer from CTS have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended.
- These children may experience:
 - ✓ Intense and ongoing emotional upset
 - ✓ Depression
 - ✓ Anxiety
 - ✓ Behavioral changes
 - ✓ Difficulties at school
 - ✓ Problems maintaining relationships
 - ✓ Difficulty eating and sleeping
 - ✓ Aches and pains
 - ✓ Withdrawal
 - ✓ Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children




Overview

Background:

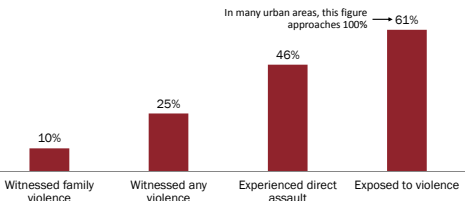
- Trauma and its Impact
- Addressing Trauma in Schools

CBITS step by step

Implementation planning




A startling number of students are exposed to violence and trauma



Category	Percentage
Witnessed family violence	10%
Witnessed any violence	25%
Experienced direct assault	46%
Exposed to violence	61%

SOURCE: National Survey of Children's Experiences (NSCE), 2008



What is a trauma?

Exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

- Direct exposure.
- Witnessing, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

- Diagnostic and Statistical Manual (DSM) V

Examples of Traumatic Experiences

- Community Violence
- Complex Trauma
- Domestic Violence
- Early Childhood Trauma
- Medical Trauma
- Natural Disasters
- Physical Abuse

- Refugee Trauma
- School Violence
- Sexual Abuse
- Terrorism
- Traumatic Grief





DISCUSSION

What types of trauma do you see in your schools?
How do you think it impacts learning?



Distress from trauma can cause a decline in classroom performance

CHILDREN WHO EXPERIENCE TRAUMA ARE MORE LIKELY TO . . .

- Develop posttraumatic stress disorder (PTSD)
- Experience problems with friends and family
- Develop emotional and behavioral problems
- Perform worse in school
 - Inability to concentrate
 - Flashbacks and preoccupation with the trauma
 - Avoidance of school and other places

The emotional impact of violence and other trauma can be profound

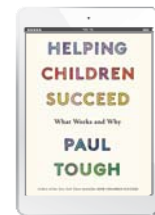
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Childhood trauma affects children's life in school

“Over the past decade, neuroscientists have determined how severe and chronic stress in childhood leads to physiological and neurological adaptations in children that affect the way their minds and bodies develop and the way they function in school.”

—Paul Tough, 2016



Distress from trauma can lead to problems that impede learning and interpersonal relations

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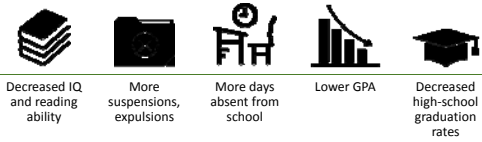
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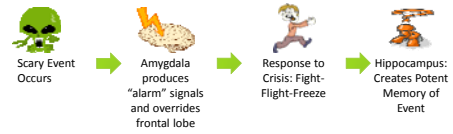
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Trauma experiences take a measurable toll on academic achievement



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Typically Functioning Brain



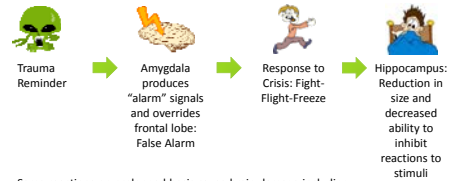
The changes brought about in the brain as a stress reaction are helpful in the immediate face of danger.



The Impact of Trauma on Students *Video* www.cbitsprogram.org



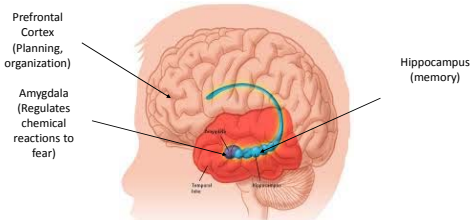
Brain Impacted by Complex Trauma



Same reactions on prolonged basis cause brain damage including impaired use of the prefrontal cortex and indiscriminate fear.



Impact of Trauma on the Brain



Neurological Effects of Trauma on the Brain

- Overly stimulated and damaged brain
- Hippocampal damage (spatial awareness, memory, and recall)
- Decreased prefrontal cortex access (higher order thinking; planning, organization, working memory)
- Altered epinephrine (adrenaline)
- Decreased serotonin (hormone that elevates mood)
- Increased norepinephrine (action chemical: fight, flight, freeze)

Carter et al., 2009



VIDEO

The stressors can be relentless on the brain



<http://www.raisingofamerica.org/watch>

As the number of Adverse Childhood Experiences (ACEs) increase, so does risk for:

- Risk for Intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Chronic Obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease



ACE Study:

The Relationship of Adverse Childhood Experiences and Adult Health

Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>



ACEs Impacts Learning

51% of children with 4+ ACE scores had learning and behavior problems in school

Compared with only 3% of children with NO ACE score

Source: Burke, N.J., Hellman, J.L., Scott, B.G., Weems, C.F. & Cannon, V.C. (June 2011). "The Impact of Adverse Childhood Experiences on an Urban Pediatric Population." Child Abuse and Neglect, 35, No. 6.



Adverse Childhood Experiences (ACEs)

- Of 17,000 respondents, **two-thirds** had at least **one** adverse childhood event
- Physical, emotional or sexual abuse
 - Emotional or physical neglect
 - Growing up with family members with mental illness, alcoholism or drug problems
 - Family violence
 - Incarcerated family member
 - One or no parents
 - Parental divorce

Source: Adverse Childhood Experiences (ACE) Study. Information available at <http://www.cdc.gov/ace/index.htm>



VIDEO

Adversity in your environment



Roy Wade, Jr., MD, MPH, MEd
Instructor of Pediatrics at the University of Virginia



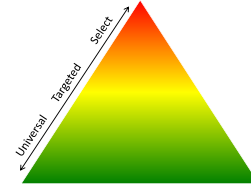
<http://www.raisingofamerica.org/watch>

Schools are ideal settings for helping children who have experienced trauma

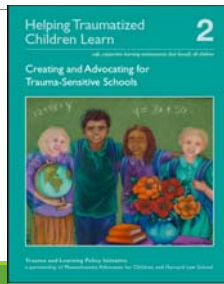


The trauma-informed school is the structure for a range of interventions for traumatized students

A multi-tiered system of support (MTSS) is a continuum of supports for students that provide a range of service and support intensities



Frameworks for Trauma-Informed Schools

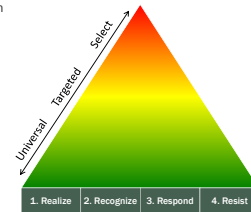


The trauma-informed school is the structure for a range of interventions for traumatized students

A multitier system of support is a continuum of supports for students that provide a range of service and support intensities

The system is built to facilitate the four R's:

1. Realize
2. Recognize
3. Respond
4. Resist



What is a trauma-informed school?

- ✓ 1. REALIZES the prevalence and impact of trauma
- ✓ 2. RECOGNIZES signs of trauma and the need for learning supports
- ✓ 3. RESPONDS to trauma with developmentally appropriate support to enhance student success
- ✓ 4. RESISTS retraumatization by integrating principles of trauma-informed care into classroom practices and responding to student and staff needs for self-care

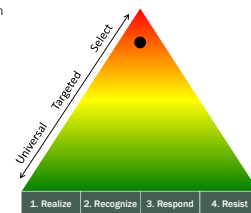
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An individual student will move along the continuum



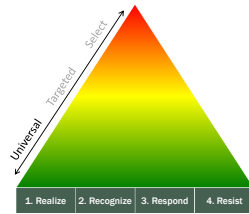
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UNIVERSAL

Interventions for all students

Goals

- Change climate to see actions through a "trauma lens"
- Consider why a student is responding a particular way before reacting
- Realize and recognize symptoms of trauma
- Skillful interactions with traumatized students
- Use trauma informed discipline and policing strategies

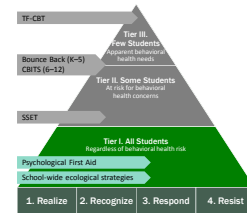


Specific strategies and programs help students at each level

TIER I: ALL STUDENTS

Strategies and programs

- Recognize common student triggers
 - Loud chaotic environments
 - Situations that generate feelings of helplessness, vulnerability
- Clear predictable routines and expectations
- Provide opportunities for student choice and sense of control, options and spaces for calming down
- In-service trainings about trauma and ways to interact with students exposed to trauma (Psychological First Aid)
- Promote supportive positive school culture and climate using school wide strategies (School-wide Positive Behavioral Intervention and Supports, Social Emotional Learning/Mindfulness Practices)



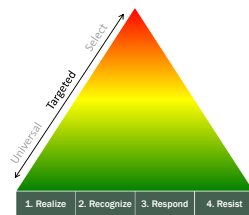
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TARGETED

Preventive interventions for at-risk youth

Goals

- Interventions to support at-risk students
- Psychoeducation about trauma and signs and impact
- Strengthening self-regulation skills
- Reinforcing personal and educational support systems

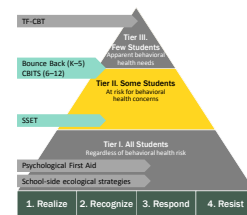


Specific strategies and programs help students at each level

TIER II: AT-RISK STUDENTS

Strategies and programs

- Give permission to leave class if feelings become overwhelming
- Provide additional support (e.g., check to ensure homework is written down)
- Appropriate accommodations on 504 or IEP plans
- Provide a safe place to talk about experience
- Programs include SSET, CBITS, Bounce Back



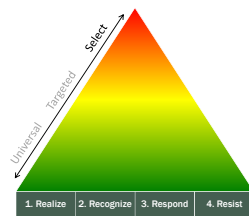
The trauma-informed school is the foundation for a range of interventions for traumatized students

SELECT

Psychological interventions to remediate adverse effects and avoid re-traumatization

Goals

- Ensure students get appropriate and effective treatment
- Address disorders that can impair learning
- Remediate adverse effects and avoid re-traumatization

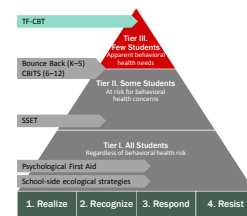


Specific strategies and programs help students at each level

TIER III: FEW STUDENTS

Strategies and programs

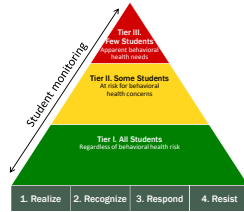
- Refer for evaluation and appropriate treatment
- School and/or Community Based services
- Advocate for student
- Appropriate accommodations and supports on 504 or IEP plans
- Ensure good communication between clinician and school personnel
- Clinical interventions include TF-CBT, CBITS, Bounce Back



Specific activities and interventions to help students at each level

Monitor students to provide appropriate range of least intensive supports

- What is best for each student will change over time



Why a program for traumatized students?

While walking we saw people crying because they had no food and water. We saw bodies in the street. They had an old man dead in a chair. I was so scared I thought I was going to die. We were walking on the bridge, and the army men started to shoot in the air, and I just started to cry I was so scared. It started to rain and everyone started to cry, saying, "I hope another hurricane don't pass by."

Keoka, 10th grade



Why a trauma program in schools?



www.cbhisprogram.org

Why a program for traumatized students?

More and more youth are experiencing traumatic events

- Community violence
- Natural and technological disasters
- Terrorism
- Family and interpersonal violence

Most youth with mental health needs do not seek treatment

Many internalizing disorders in children go undetected



Why a program for traumatized students?

One night several years ago, I saw men shooting at each other, people running to hide. I was scared and I thought I was going to die. After this happened, I started to have nightmares. I felt scared all the time. I couldn't concentrate in class like before. I had thoughts that something bad could happen to me. I started to get in a lot of fights at school and with my siblings.

Martin, 6th grader



Increasing school buy-in



www.cbhisprogram.org

Bringing evidence-based treatment to schools

Kids are in schools (removes obstacles such as transportation, stigma, etc.)

CBT in school setting

- Acceptable
 - Feasible
 - Amenable to group structure
 - Focus on building skill
- Empowering



How did CBITS start?



www.cbitsprogram.org

Gaining support from your school community

Liaison with teachers and administration

- Flexibility in finding time/place for group
- Present education about trauma and respond to concerns about the program
 - **Students and Trauma DVD**
 - **Trauma Awareness PowerPoint Slides**
 - **Trauma Toolkit/Factsheets for Educators**



How did this program start?

Concerned with the impact of violence on students, Los Angeles Unified School District officials wanted an effective program for traumatized students

- Based on the best available science
- Tailored for the school setting
- Designed for children and families of diverse ethnic and social backgrounds



Gaining support from your school community

Outreach to parents

- Consider working with parent leaders to engage parents in process
- Develop parent component depending on needs of parents



CBITS program

10 child group therapy sessions to address trauma symptoms

1-3 individual child sessions for exposure to trauma memory and treatment planning

Parent outreach, 2 sessions on education about trauma, parenting support

1 teacher session including education about detecting and supporting traumatized students

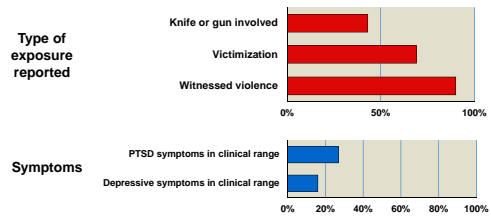


Goals of CBITS

- Symptom reduction
 - PTSD
 - General anxiety
 - Depression
 - Self-esteem
 - Behavior problems
 - Aggressive/impulsive
- Build resilience
- Peer and parent support



Screening identified many with clinical symptoms

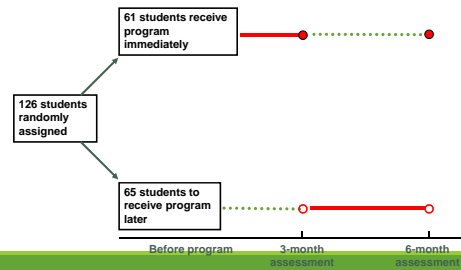


Does CBITS work?

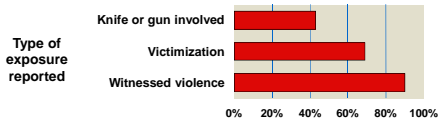


www.cbitsprogram.org

Evaluating program effectiveness



High rates of violence exposure in LAUSD 6th graders



Results from LAUSD: Immediate & Delayed Groups at 6 months

- PTSD and depressive symptoms decreased
- Grades and classroom behavior improved
 - As trauma symptoms decreased, grades improved
 - Teachers reported fewer classroom learning problems after program
- Parents reported overall improved behavior and functioning



Other results

- Madison, WI
- Baltimore, MD
- Chicago Public Schools
- Native American Reservation Schools in Montana and South Dakota
- New Orleans, LA
- Jersey City, NJ
- Minneapolis, MN



What did students say?

Things I learned from my CBITS group:

- Do things that scare you and you won't be scared anymore
- How to deal with stress
- How to keep control of myself when it's a stressful situation
- How to control anger, how to deal with fear, how to stay calm in bad situations



Additional outcomes

- Increased awareness for teachers and parents about trauma pervasiveness and PTSD
- Increased school staff knowledge of trauma, its effects and helpful interventions
- Classroom teachers reframe some children's behaviors as traumatic stress responses



What did families say?

My son is not afraid to come to school anymore... he comes home and talks to me. Before he would just cry and not say anything. Now he'll come home and tell us what's bothering him. I realize how important it is to spend time with our kids and listen to them.

Martin's mother



What did students say?

The group helped me because I don't have nightmares about that anymore. I don't think about what happened anymore. Even though I was nervous when I shared this in the group, I felt much better after that. It helps kids concentrate better in class and improve their grades like I did and get along with their teachers.

Martin



What did families say?

- I liked the fact that [he] had the chance to see that he was not alone
- It is a great idea to have this group. It should be more constant and should be part of the education to all the kids
- Thank you for your time and energy trying to help [my son] to live with life after the storm



What did teachers say?

"I was surprised that so many students qualified for the program."

"Initially, I was concerned because students would be pulled out of class... they weren't going to do as well. But then you could see them settling down... and doing better."

"I've noticed that after the program, students just seem more comfortable in class. And because they are more comfortable, they behave better and do better in class."



CBITS step by step



www.cbtsprogram.org

Access: What you do is extremely important!

CBITS (N=58)

- Group and individual sessions at school
- 53 participated in groups
- 2 dropped out, 2 pulled by parents, 1 left school

TF-CBT (N=60)

- Individual sessions at community MH clinic
- 7 completed treatment
- 6 ineligible, 1 Asperger's
- 16 no-showed, 7 no interest, 16 never reached



How do we select students for CBITS?

Screen from referral list

Individual meetings to screen (especially with low literacy students)

Group screening (i.e., by class or grade level)



Quality mental health treatment in schools is vital for our youth!

You are the local experts! CBITS at your site must be a marriage of core treatment components that work and your clinical and cultural expertise about your students

Using a new skill or approach WILL feel strange at first

CBITS is not a panacea



How do we screen students for CBITS?

Step 1: Administer screening surveys, either individually or to class-size group

The screener includes:

- Trauma Exposure Checklist
- Child PTSD Symptom Scale (CPSS)



How do we screen students for CBITS?

Step 2: Score screener to identify eligible students for CBITS

Any lifetime trauma exposure
PTSD cut-off score of 14 or higher

Review summing up scores



Starting groups: Setting the tone

Make it FUN

"The Balance" = Follow the core concepts and be creative with language and examples

Make examples relevant

Put agenda on board - make it predictable

Model good coping



How Do We Screen Students for CBITS?

Step 3: Interview eligible students individually

Verify results and identify primary traumatic event
Assess appropriateness for group
Review individual meeting guidelines



Session 1: Introductions

AGENDA:

- Introduction to the Group
 - Meeting Schedule
 - Confidentiality / Group Rules
 - Group Management Techniques
 - Introduction Game (M&M)

Explanation of CBITS

Why Are We Here: Our Stories

Activities Assignment (Goals)



Forming CBITS groups

- Do not screen more youth than you can serve/treat
- If there are multiple groups, consider age and gender in forming groups
 - Start at the beginning of the quarter to make sure that there is time to screen, score, meet with eligible students individually, and complete the program



Confidentiality

Explain to all group members that everything that is talked about in group remains within group

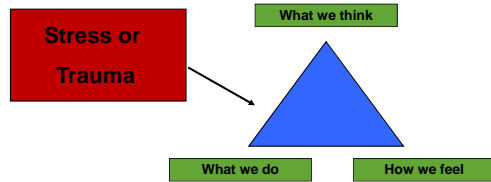
Exceptions include the following:

- Harm to self
- Harm to others

Ask questions to ensure that all group members understand confidentiality



Conceptual model for participants (Session 1)



Psychoeducation about trauma symptoms

Why?

- To reduce stigma about symptoms
- To build peer and parent support
- To increase parent-child communication

How?

- Structured group discussion about symptoms
- Handouts sent home about symptoms
- Homework assignment to discuss with caregivers



Why we are here: Our stories

GOAL: have group members talk very briefly about why they are in the group but to not leave the group feeling upset

- Want to limit self-disclosure
- Help them to feel comfortable sharing the reason why each of them is in the group

Goals Review Sheet

Psychoeducation about trauma symptoms

Keep the tone educational and stress commonalities among students

Emphasize two things when responding to each symptom:

- Normalize
- Provide hope for how group can help

Demonstration



Session 2: Psychoeducation about trauma and relaxation

AGENDA:

- Activities Review
- Education about Common Reactions to Trauma
- Relaxation Training to Combat Anxiety
- Activities Assignment



Relaxation training

Why?

- To enable child to reduce anxiety
- First tool to help students "calm their bodies down"

How?

- Exercise combining positive imagery, slow breathing, muscle relaxation
- Homework assignment/ practice



Relaxation training

Giggling

- Warn them that it sometimes feels funny
- Explain that you'll move around the room to check in with students.
- Set up seating to diminish self-consciousness
- Pre-record exercise

Demonstration



Sessions 3 & 4: Introduction to Cognitive Therapy

AGENDA:

- Activities Review
- Fear Thermometer
- Thoughts and Feelings (Intro to Cognitive Therapy)
- Linkage between Thoughts and Feelings
- Hot Seat: Combating Negative Thoughts
- Activities Assignment



Feeling Thermometer (Sessions 2 & 3)

Why?

- To enable child to observe his or her own anxiety level
- To introduce a common language in describing fear or anxiety

How?

- Fear thermometer used throughout the groups



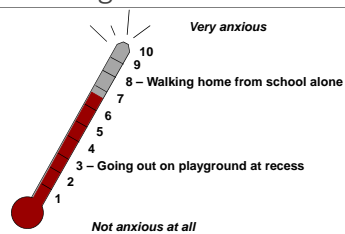
Intro to cognitive therapy

Why?

- To increase children's ability to observe their own thoughts and interpretations, and to challenge ones that are getting in their way
- Focus on thoughts like,
 - "The world is dangerous. I can't trust anyone."
 - "I can't deal with things. What happened is my fault."



The Feeling Thermometer



Intro to cognitive therapy

How?

- Didactic and exercises (the "Hot Seat")
- Teaching child to look at thoughts more realistically
- Help them challenge thoughts that are unhelpful or are getting in the way
- Hot Seat goal: combat unrealistic or unhelpful thoughts





Cognitive therapy summary

Cognitive Restructuring should target MALADAPTIVE thinking (inaccurate/unhelpful thoughts)

Example: Child comes home and mom is drunk. Child thinks, "this is bad news/not safe."

- The thought is very likely to be accurate and adaptive. Thus, we don't want to challenge or change this thought.
- This is an example of a situation where we would want to be sure the child could use social problem solving to look at options for managing their thoughts and actions in the situation.

Sessions 3 & 4 are to help get at some of the core unhelpful thoughts that are interfering with children's functioning.



HOT Seat

Helpful
Other
Thoughts



Cognitive therapy summary

- Keep an eye out for the most common maladaptive thoughts related to trauma
 - Continually normalize these kinds of thoughts, link them to traumatic event
 - Do not shift to overly positive thoughts that may be equally unrealistic
- Unrealistically (-) Realistic Unrealistically (+)
 <----->
- Demonstration



Questions to argue against negative thoughts

- Other way to think about it
- Is there another way to look at this?
- What will happen next
- If true, what's best/worst/most likely?
- Plan of attack
- What can I do about it?
- Check the facts
- How do I know this is true?



Individual Sessions

AGENDA:

- Explain Rationale and Answer Questions
- Imaginal Exposure to the Stressful or Traumatic Event
- Planning for Group Support
- Planning for Additional Individual Sessions, if needed



Exposure: Processing the trauma memory (Individual Sessions)

Why?

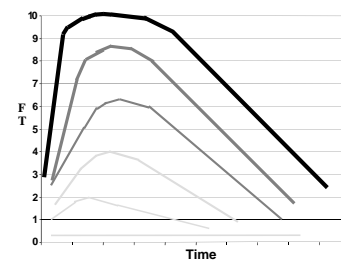
- To decrease anxiety when thinking about the trauma
- To help child "process" or "digest" what happened to them
- To build parent and peer support and reduce stigma

How?

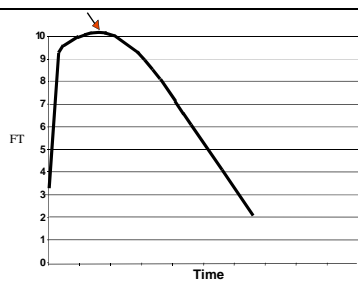
- Individual sessions when the child recounts their trauma story
- Encouragement to talk about the trauma at home while groups are running



Exposure-Habituation contd.



Avoidance



Therapist stance during exposure

Quiet

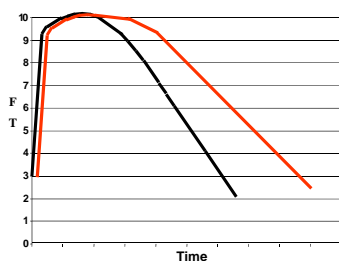
Supportive / empathic

Probing only as necessary to engage the student

Not asking why's or how's or trying to analyze what happened



Exposure-Avoidance vs. Habituation



How to help students process the memory

1. Provide an example and rationale (i.e. digestion) of why to do this
2. Tell the student to tell the story of the trauma in movie-like details and take notes
3. Break down story into parts and ask student what he/she feels (NOW) at each part
4. Ask student to re-tell story, and get fear ratings for the 2-3 most bothersome parts.
5. Repeat until distress is reduced if possible, or schedule another meeting
6. Plan for disclosure and support in the group meetings (sessions 6 and 7)



Taking care of yourself is important

Self-care is important

Seek support/consultation if:

- You are dreaming about students' traumas, or can't stop thinking about them
- You are having trouble concentrating, sleeping, or are feeling more irritable
- You feel numb or detached



Approaching anxiety-provoking situations

Why?

- To teach children that anxiety does not last forever
- To get children able to do all the things they want and need to do
- To build confidence and to gain mastery



Group Activity

- What are your body clues when you are feeling anxious?
- Think of triggers that make you feel anxious
 - Fear Rating 6 – 8
- What things do you do to help you relax/cope.....?



Approaching anxiety-provoking situations

How?

- Identify things children are avoiding related to the trauma, that are safe to do; how has the trauma generalized?
- Make a plan for decreasing that avoidance in gradual steps
- Practice approaching those situations and staying long enough for anxiety to decrease or go away



Session 5: Introduction to Real Life Exposures

AGENDA:

- Activities Review
- Avoidance and Coping (Introduction to Real Life Exposure)
- Construction of Fear Hierarchy
- Alternative Coping Strategies
- Activities Assignment



Avoidance and coping

Goal: Introduce the idea that avoidance is one form of coping with anxiety but that it also usually creates more problems than it solves

- First day of school
- Public speaking

Use examples until the group members understand that repeated exposure to feared events will make them less afraid



Approaching anxiety-provoking situations

Practice approaching those situations and staying long enough for anxiety to decrease or go away

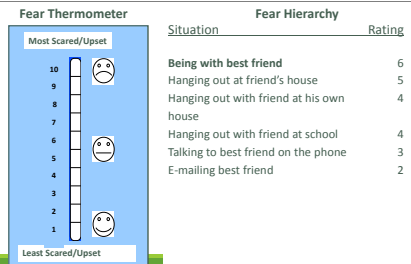
Dangerous situations should not be attempted

Assess your own anxieties or thoughts about what is safe and not safe

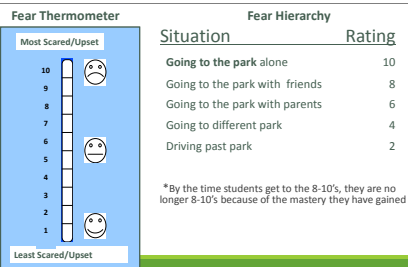
For non-avoidant students, put other useful things on their hierarchy (e.g., talking in front of class)



Sample Hierarchy



Sample Hierarchy: 10 year old boy who was with his friend at a park when they witnessed a shooting death.



Sample hierarchies

Common responses

- Being alone/sleeping alone
- School
- Dogs
- Cars/buses

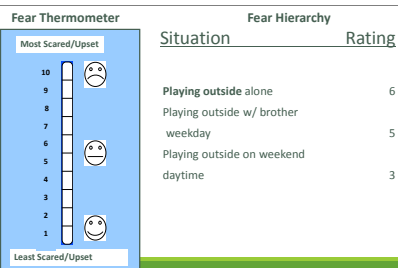
Questions to help identify successive steps

- Time of day
- Who they are with/support people
- Imagination
- Reading about/watching video of/internet
- Different but similar place/object
- Amount of time

Example & Practice



Sample Hierarchy



Alternative coping strategies

Discuss and practice the following techniques:

- Thought stopping
- Distraction
- Positive Imagery
- Relaxation



Parent call and homework

Parent call useful at this point

- May need transportation, safety assessment, emotional support, etc.
- Work with parents on their own anxiety and avoidance, find a motivator for them to get things back to normal at home



Exposure: Processing the trauma memory (6 & 7)

How?

- Group sessions in which child has an exposure to their own memory, privately and through sharing
- Builds on individual session work
- Encouragement to talk about the trauma at home while groups are running



Imaginal, pictorial, and verbal exposures

Sessions 6 & 7: Exposure to stress or trauma memory

AGENDA:

Activity Review

Exposure to Trauma Memory through Imagination and Drawing/Writing

Providing Closure to the Exposure

Activities Assignment



Sample breakdown of sessions

Session 6

- Imaginal exposure exercise
- Drawing, painting, writing, etc.
- Relaxation if necessary

Session 7

- Review confidentiality
- Share pictures/stories
- Provide support to group members



Exposure: Processing the Trauma Memory (6 & 7)

Why?

- To decrease anxiety when thinking about the trauma
- To help child “process” or “digest” what happened to them
- To build parent and peer support and reduce stigma



Sessions 8 & 9: Introduction to Social Problem-Solving

AGENDA:

Activities review

Introduction to Social Problem Solving

Link between Thoughts & Actions

Brainstorming Solutions

Decision Making: Pros and Cons

Activities Assignment



Social problem solving

Why?

- To decrease impulsive reactions and decisions
- To improve real-life problems
- To build skills in handling future problems



Social problem solving

Thoughts underlie actions

- Creating flexibility in the way one thinks about a situation increases the number of potential solutions to then select from
- Example: Tom wants to ask Yolanda to the dance. He sees her talking to Jose.
 - What does he think?
 - How does this impact his actions?



Social problem solving

How?

- Teach children the link between thoughts and actions
- Teach children to “brainstorm” solutions to a problem
- Teach children to weigh the “pluses and minuses” or “pros and cons” for possible actions
- Practice in group with real problems and worksheets at home



Social problem solving

What social problems come up for your kids?

Group Example

- Brainstorm possible actions
- Pluses and minuses
- Choose course of action to start with

Trauma Example (DV)

Role Play



4 Parts to Every Problem

1. Physical events (the facts)
2. How others think and act
3. How YOU think (which affects how you feel)
4. How YOU act or what you do



Social problem solving

Group Leader concerns:

- Get stuck on a complicated problem
- Work on just a part of the problem
- Seems impossible to solve this one
- Therapist can examine own negative thoughts!
- Can always put information-gathering, seeking social support on the list of solutions



Session 10: Relapse Prevention and Graduation

AGENDA:

Relapse Prevention
Graduation Ceremony
Celebration



Other treatment issues

Inclusion/exclusion criteria
Referrals
Reinforcement / rewards
Homework
Missed sessions



Graduation/Relapse Prevention (Session 10)

Certificates
Celebration of Progress
Special activity/food/party
Troubleshooting and applying
CBITS skills to upcoming stressors



Parent Education Sessions

New Orleans Student Opinion Surveys
What was most helpful about the program?

“When I said my story over and over again until I could say it without being sad”

“Getting all the stress off my chest”

“I say it was when we drew the pictures. It felt like I was exactly getting out my fear”



Parent Education Session 1

AGENDA:

Introductions and Agenda
Education about Common Reactions to Trauma and Stress
Explanation of CBITS
Teaching your Child to Measure Fear
How to Help your Relax
Wrap up



Parent Education Session 2

AGENDA:

- Introduction and Agenda
- Teaching children to Look at their Thoughts
- Teaching Children to Face their Fears
- Teaching Children to Digest What Happened to Them
- Teaching Children to Solve Everyday Problems
- Wrap Up



CBITS implementation at your site



www.cbitsprogram.org

Teacher Education Session

AGENDA:

- Introduction and Agenda
- Education about Common Reactions to Stress or Trauma
- Explanation of CBITS
- Elements of the CBITS Program
- Tips for Teaching Children who have been Traumatized
- Answering Questions



Implementation break-out groups

1. What would you need in terms of administrative support and shifting your schedules/responsibilities in order to have the time and space required to implement CBITS?
2. To what extent are your school or program's staff, including senior leadership, committed to implementing CBITS at your site?
3. What will be the best way for your site to identify potential group members that are appropriate for CBITS?
4. What type of clinical support/consultation would you like/need for successful implementation of CBITS?
5. What are some solutions to overcome potential barriers to implementation?



Tour of CBITS website

<http://cbitsprogram.org>

Registration is free

- Email
- Password

Includes training materials, sample forms, Spanish language materials, slides, discussion board, etc.

