Office Hours: *Cognitive Behavioral Intervention for Trauma in Schools & Check and Connect*

Sharon Hoover Stephan, *University of Maryland School of Medicine Center for School Mental*

Jana Hallas*, Institute on Community Integration University of Minnessota*

Safe Supportive Learning
Engagement | Safety | Environment

Agenda

1	Brief *Second Cognitive Behavioral Intervention for Trauma in Schools (CBITS)* Overview
2	*Second Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Q&A*
3	Brief *Check and Connect* Overview
4	*Check and Connect* Q&A
5	Wrap up

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Sharon Hoover Stephan Ph.D.

Principal Investigator and Co-Director at the University of Maryland School of Medicine, Center for School Mental Health.

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Question

- **What is your biggest challenge in implementing CBITS?**

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Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Slides developed by the *National Child Traumatic Stress Network* and the *Trauma Services Adaptation Center for Resiliency, Hope, & Wellness in Schools*

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Center for School Mental Health

MISSION
To strengthen the policies and programs in school mental health to improve learning and promote success for America's youth

- Established in 1995. Federal funding from the Health Resources and services Administration.

- Focus on advancing school mental health policy, research, practice, and training.

- Shared family-schools-community agenda.

- Co-Directors:
  Sharon Stephan, Ph.D. & Nancy Lever, Ph.D.
  http://csmh.umaryland.edu, (410) 706-0980

CSMH
Center for School Mental Health

The Treatment and Services Adaptation (TSA) Center for Resiliency, Hope, and Wellness in Schools
## http://traumaawareschools.org

Marleen Wong, Ph.D. LCSW
Associate Dean and Clinical Professor
University of Southern California School of Social Work
Principal Investigator, USC/LAUSD/RAND/UCLA
NCTSN Trauma Services Adaptation Center
For Resilience Hope and Wellness in Schools

- Pia Escudero, LCSW
- Steve Hydon. MSW
- Lisa Jaycox, PhD
- Joshua Kaufman, LCSW
- Sheryl Kataoka, MD, MSHS
- Audra Langley, PhD
- Bradley Stein, MD, PhD
- Pamela Vona, MA

We created CBITS to help children cope with trauma

CBITS

Cognitive Behavioral Intervention for Trauma in Schools

Lisa Jaycox, Ph.D.
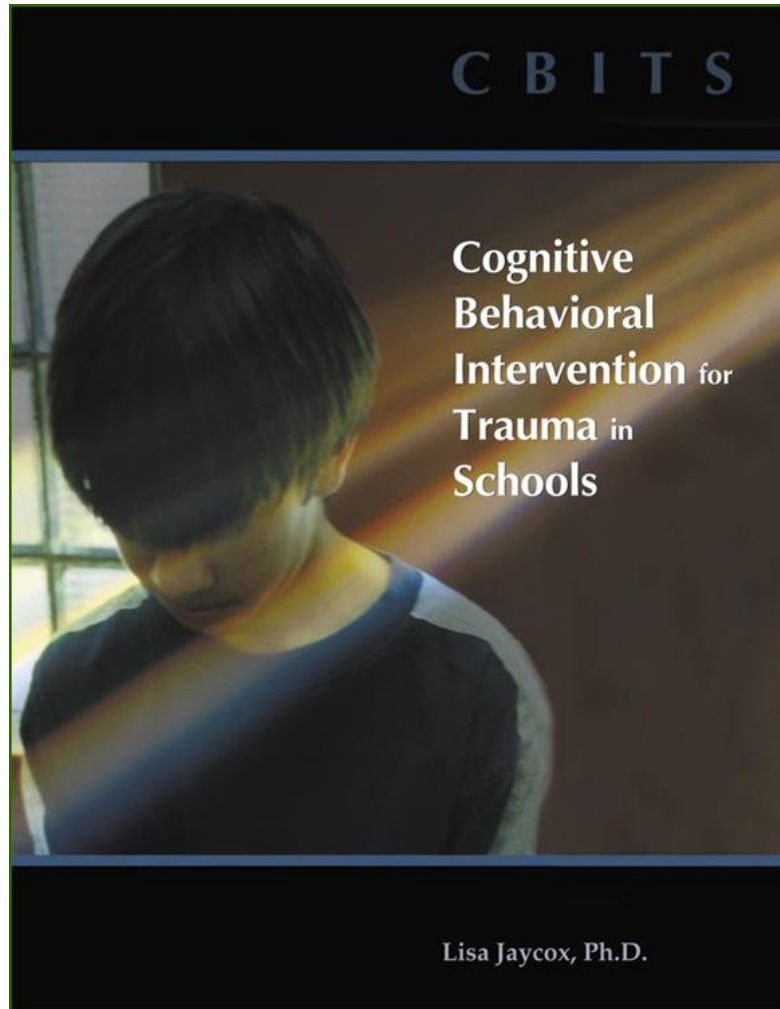
- Begun in 1998

- Collaboration with Los Angeles Unified School District, University of California, Los Angeles

Key aspects of CBITS

Early Detection

Student Coping Skills

Parent, Peer and Teacher Support
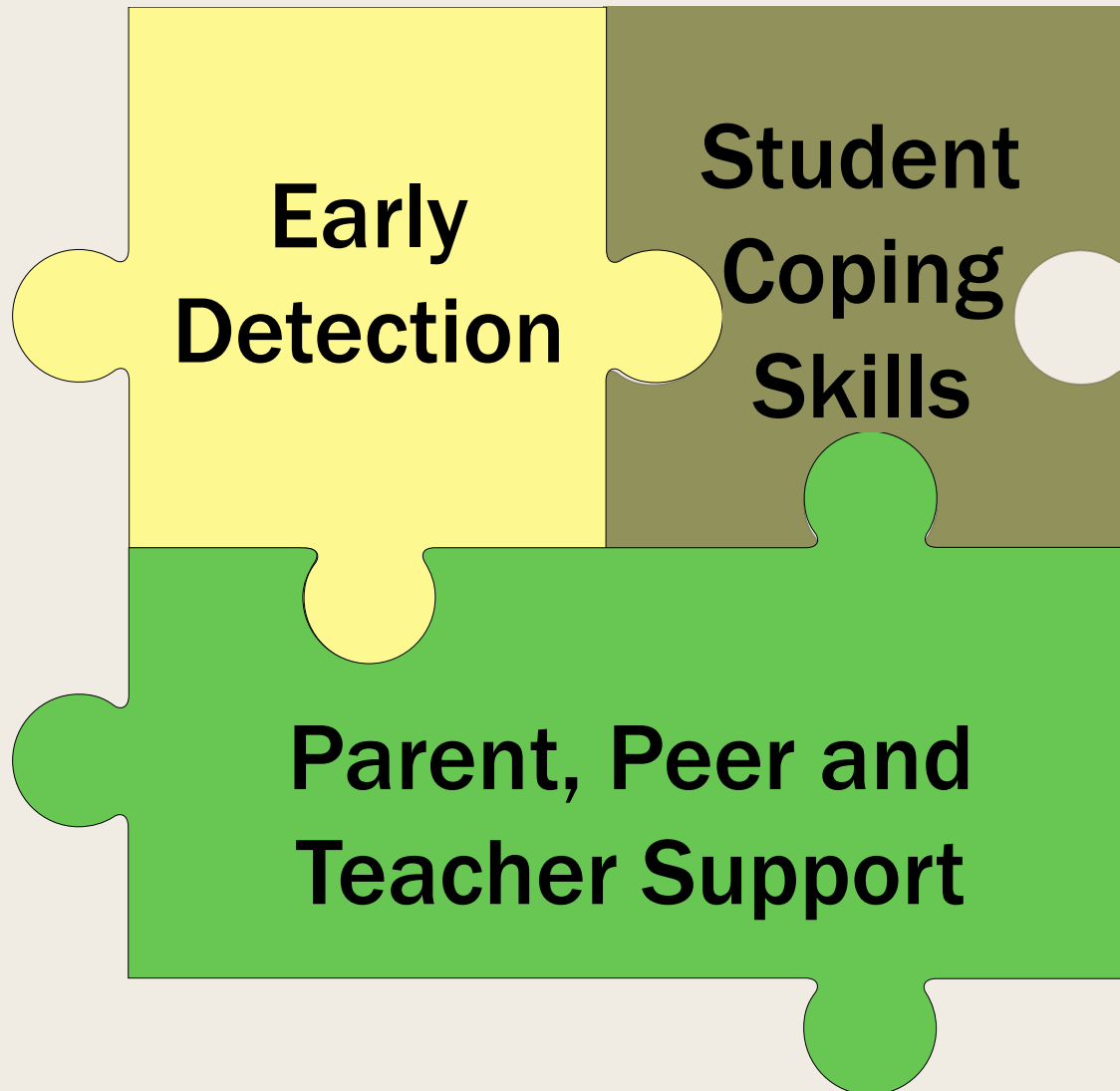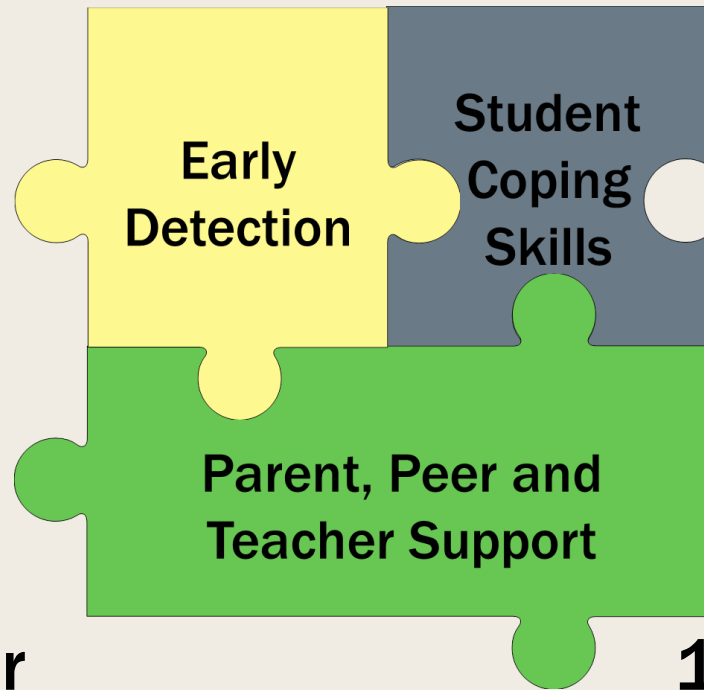
Universal or targeted screening

10 group sessions

1-3 individual sessions

Parent and teacher education sessions

CBITS Structure and Content

- Screening
- Individual/Family Meeting
- Session 1 – Intro, Why are we here
- Session 2 – Relaxation, Psychoeducation

Between Sessions 2-5 – Individual Session – Trauma Narrative

- Sessions 3, 4 – HOT Seat (cognitive)
- Session 5 – Fear Hierarchy
- Sessions 6, 7 – Exposure (drawing, writing, imagining, telling)
- Sessions 8, 9 – Problem Solving
- Session 10 – Graduation, Relapse Prevention

- 2 Parent Sessions
- 1 Teacher Session

How do we select students for the group ?

- Screen from referral list
- Individual meetings to screen (especially with low literacy students)
- Group screening (i.e., by class or grade level)

How do we screen students for CBITS?

Step 1. Administer screening surveys

- The screener includes:
  - **Trauma Exposure Checklist:** 17 items asking about traumatic and violent events
  - **Foa's Child PTSD Symptom Scale**: 17 items

- Screening should be conducted as close to first CBITS session as possible (within 1-2 months)

Step 2. Score screener to identify eligible students for CBITS

- Any lifetime trauma exposure
- PTSD cut-off score: 14 or more points

How do we screen students for CBITS?

Step 3. Interview eligible students individually

- Verify survey results and identify main traumatic event
- Assess appropriateness for group

Goals of CBITS

Symptom Reduction

- PTSD symptoms
- General anxiety
- Depressive symptoms
- Low self-esteem
- Behavioral problems
- Aggressive and impulsive

- Build Resilience

- Peer and Parent Support

Fidelity Monitoring
What do we look for?

Did the group leader cover the following elements?

• **0 – not covered at all**

• **1 – cursory reference to this topic and quick review**

• **2 – group leader clearly covers the topic, with or without cooperation of group members**

• **3 – group leader covers the topic thoroughly, integrating it into the larger context of therapy and in an interactive style)**

Did the therapist ask the group to summarize part of the session, or ask if they understand the material presented?

- 0: Therapist never asks children if they understand session material, and never asks children to summarize a point that had been discussed or covered in skill training.

- 1: Therapist summarizes a point but does not ask children to do so and does not check-in to assure that children "gets" the point.

- 2: Therapist elicits one or more summaries from the children during session or checks in at end of session by asking children to indicate if they feels work is meeting their needs (e.g., "making sense" to them).

- 3: Therapist meets criteria for 2, above, and weaves summaries or check-ins into session in well-integrated, "natural," fashion.

Did the therapist convey empathy to the children?

- 0: Major and consistent lack of empathy, e.g., therapist is "reading to" the group, and likely to be missing major cues over entire session; no effort to understand the children

- 1: Although there may be moments of emphatic connection, session as a whole is marked by absence of empathy; therapist clearly annoyed at children, impatient or intolerant of children

- 2: Therapist makes consistent effort to understand children and responds with empathy to the emotions of the children

- 3: Therapist meets criteria for 2, above, and maintains empathic relationship throughout session

Did the therapist work within a cognitive-behavioral framework?

- 0: Session consists entirely of supportive, non-directive therapy, of interpersonal therapy, or of another model of treatment that is not CBT

- 1: Some CBT concepts or techniques are included in session, but out of the context of a CBT model; for example, CBT concepts or techniques serve as an add-on to what the therapist is doing

- 2: The therapist stays within a CBT framework consistently throughout the session, and does not use another treatment model

- 3: The therapist stays within a CBT model, conveys an understanding of that model to the patient and uses the model to deal with the children's concerns

Cognitive Behavioral Intervention for Trauma in Schools

DISSEMINATION

INNOVATION

RESEARCH

- **Included in evidence-based program repositories**

- **Train-the-trainer and certification procedures**

- **Training and support website**

Making training more accessible

CBITSprogram.org is expanding reach
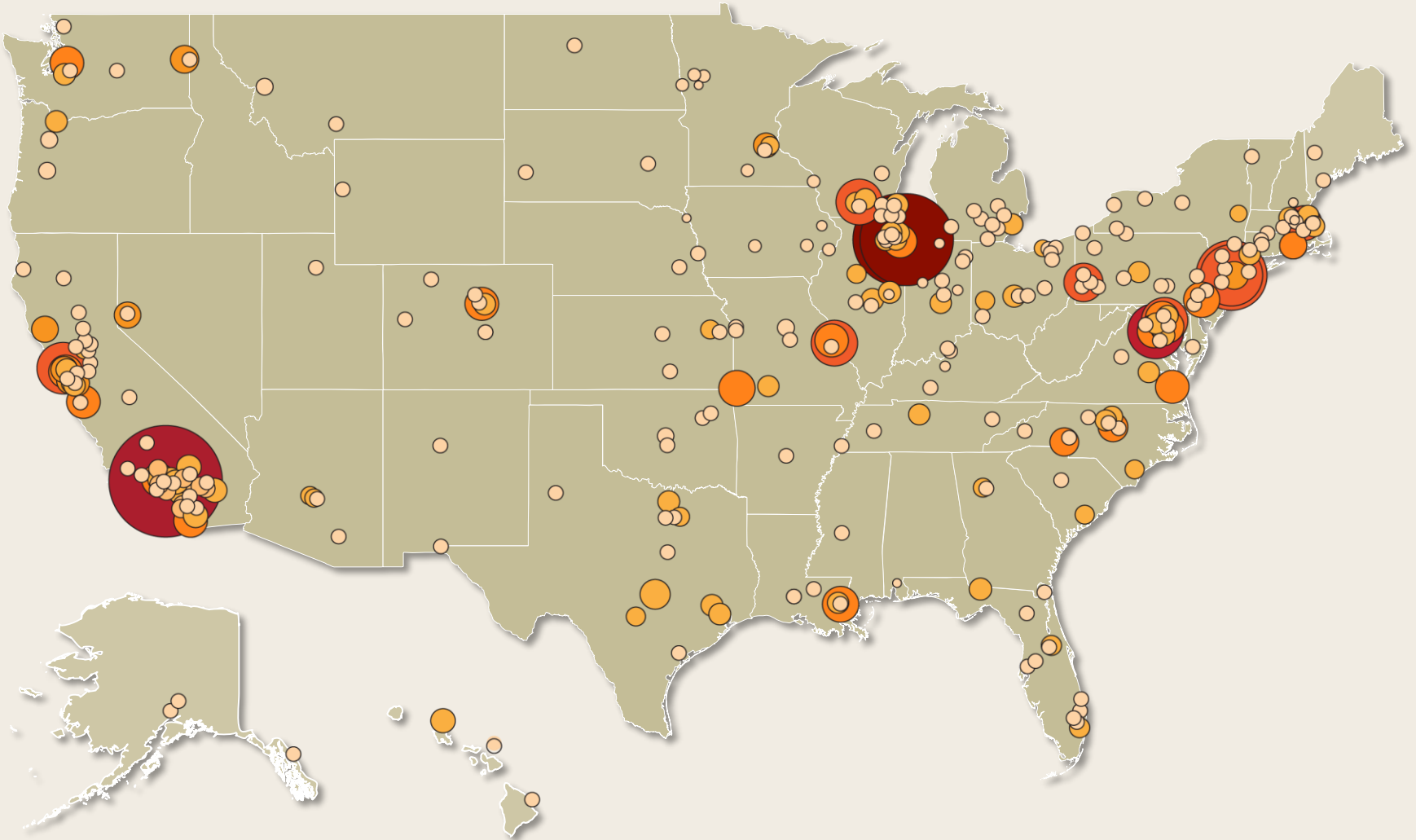
Cognitive Behavioral Intervention for Trauma in Schools

DISSEMINATION

INNOVATION

RESEARCH

- **Foster care**

- **Special education**

- **Younger children (Bounce Back)**

- **School personnel (SSET)**

An Intervention for Elementary School Children Exposed to Traumatic Events: The Bounce Back Program

- 10 Group Sessions— CBT Skills
- Parent Educational Session(s)
- 2-3 Individual Trauma Narrative Sessions (parent invited to 3rd)
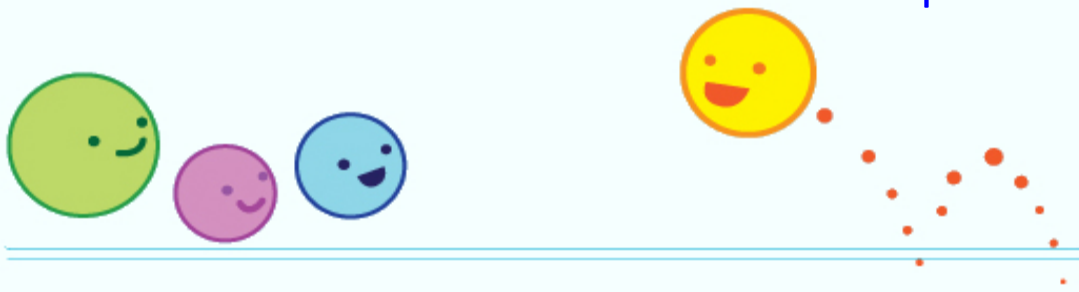- Weekly letters to parents
- Weekly emails to teachers

Audra Langley, Ph.D.
University of California Los Angeles
Dept. of Psychiatry and Biobehavioral Sciences

Lisa Jaycox, Ph.D.
RAND Corporation

A version of CBITS can be given by non-clinical school staff

Welcome to the Support for Students Exposed to Trauma Program!

You now have access to the free online training and resources.

The Support for Students Exposed to Trauma (SSET) team is here to help you at every stage of implementation, from preparation and training to ongoing support as you lead groups. That's why in addition to the online training, we've created several areas where you can interact with the developers of the SSET Program as well as other educators like you.

- Ask an Expert Submit questions directly to the developers of the SSET Program
- Discussion Board Connect with other educators running SSET groups
- Collaborative Workspace Share files with other group leaders

Be sure to visit our Resource Center, a comprehensive library of implementation tools that allows you to:

- watch video Quick Tips with lesson-by-lesson instructions and advice for leading groups,
- access screening tools and suggested measures,
- download the program manual,
- read pre-training background information on trauma,
- check out helpful links, and more!

Whether you've led student support groups in the past or are planning to run a group for the first time, rest assured that we're here for you every step of the way!

Provider Center
- Overview ▶
- Training
- Ask an Expert
- Discussion Board
- Collaborative Workspace

Resource Center

📖 Manual   ✏ Training

Implementation Advice

EXPERT ADVICE 📹

Adaptations for Educators 2:19
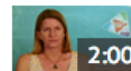
Components of the SSET Program 2:00

View more

HAVE A QUESTION ❓

Ask an Expert

PROVIDER TIPS 💬

+0 👍 In my group, I have a couple students who tend to dominate the conversation, so we started using a talking piece. Whoever is ho...

More   01/13/14

Leave a tip for other providers

Support for Students Exposed to Trauma (SSET) Program Website

Interactive online curriculum-
Life Improvement for Teens

Continue

I NEED HELP!

Select the situations below to practice matching feelings, thoughts, and actions.

Jose insults or disrespects William.

Maria's boyfriend breaks up with her.

Rafael's parents are fighting loudly.

Stefanie wins third place in a contest.

Continue

PSYCHOLOGICAL FIRST AID:
Listen Protect Connect/Model and Teach

Trauma-Focused
Cognitive Behavioral Therapy (TF-CBT)

Child's Treatment
Coping Skills Training:
Emotional Expression
Cognitive Coping
Relaxation

Gradual Exposure & Processing

Education:
Child Sexual Abuse
Healthy Sexuality
Personal Safety

Caregiver's Treatment
Coping Skills Training:
Emotional Expression
Cognitive Coping
Relaxation

Gradual Exposure & Processing

Education (like child sessions)
Behavior Management

Joint Sessions
Coping Skills Exercises
Gradual Exposure & Processing
Education Regarding Sexuality
and Sexual Abuse
Personal Safety Skills
Family Sessions
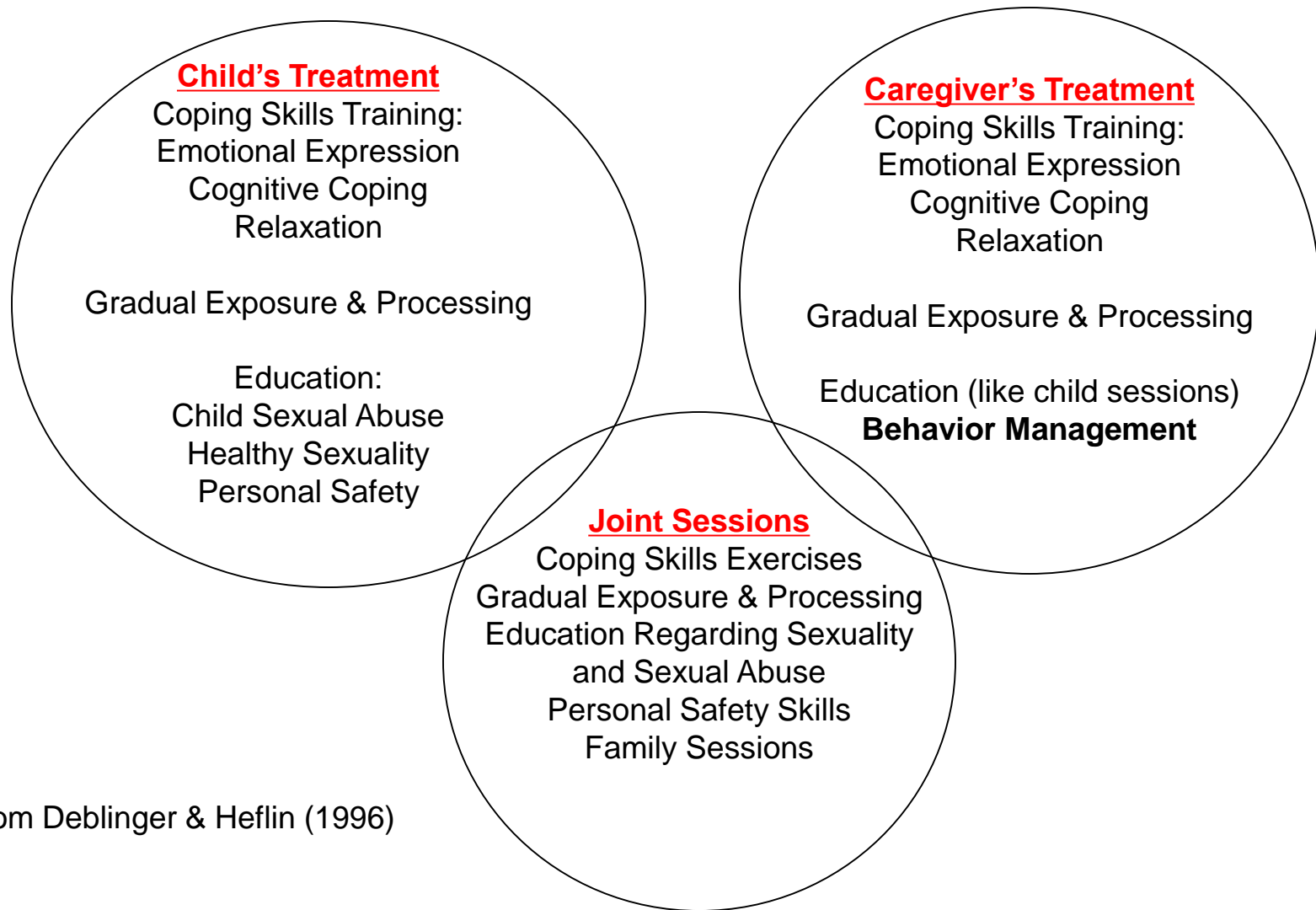
From Deblinger & Heflin (1996)

Multi-tiered Supports for Trauma-Exposed Youth

Intensive, Individually Designed Interventions
• Strategies to address needs of individual   students with intensive needs

1-5%

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

5-10%

Targeted, Group Interventions
• Small, needs-based groups for at-risk students who do not respond to universal strategies

**Bounce Back (K-5th)
Cognitive Behavioral Intervention for Trauma in Schools (CBITS, 6th-12th)**

Support for Students Exposed to Trauma (SSET)

80-90%

Universal Interventions
• All settings, all students
• Preventive, proactive

Psychological First Aid – Listen, Protect, Connect, Model and Teach

School-side Ecological Strategies – Positive, Safe School Climate

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Tier III: Few Students

Apparent behavioral health needs

When needs are apparent

Bounce Back (K-5th)
Cognitive Behavioral Intervention for Trauma in Schools (6th-12th)

Tier II: Some Students

At risk for behavioral health concerns

Support for Students Exposed to Trauma (SSET)

Upon referral/consent

Tier I: All Students

Regardless of behavioral health risk

Psychological First Aid – Listen, Protect, Connect, Model and Teach

School-side Ecological Strategies – Positive, Safe School Climate

PROGRESS MONITORING
Goal: Track student functioning over time to determine progress in services

DIAGNOSIS
Goal: Determine whether student meets criteria for DSM 5 diagnosis and/or disability code

INITIAL ASSESSMENT OF PRESENTING CONCERNS
Goal: Identify nature and severity of presenting concerns. Triage student to Tier II or III, plan for appropriate treatment/intervention.

SCREENING
Goal: Identify those who might benefit from services/supports

OUTCOME MONITORING AND PROGRAM EVALUATION
Goal: Determine whether students individually, by agency, or entire Network are achieving behavioral health outcomes.
One can aggregate data from all of the above assessment purposes depending on outcome monitoring goals.

Contact

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What implementation questions do you have?

Unmute your phone to share your question(s).

Safe Supportive Learning
Engagement | Safety | Environment

Jana Hallas, M. Ed.

Project Coordinator for the Institute on Community Integration for the University of Minnesota.

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Question

- **What is your biggest challenge in implementing Check and Connect?**

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Check and Connect

Slides developed by Jana Hallas, M.Ed. from the *Institute on Community Integration* at the University of Minnesota

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Keys to Success with C&C

- Coordinator

- Administrative support

- Training and professional development

- Celebrating success

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Common Challenges with C&C

- Keeping momentum

- Using the monitoring form

- Engaging families

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Maintaining Fidelity of Implementation

- Coordinator questions:
  - Are mentors following up on data?
  - Are mentees receiving timely interventions?
  - Are mentors Checking & Connecting weekly?
  - How and when are mentors engaging families?
  - Are all four core components in place?

  ❖C&C Fidelity self-assessment, manual p. 87

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Thank You!

Thank you for participating in today's call!

▪**If you have additional questions about implementing programs or strategies, contact your technical assistance specialist or NCSSLE (ncssle@air.org).**

▪**If you have grant administration questions, please contact your Federal Project Officer(s) Nicole White or Lisa Harrison and Loretta McDaniel.**

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