NCTSN The National Child Traumatic Stress Network

GENERAL INFORMATION

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

Treatment Description

Acronym *(abbreviation)* **for intervention:** CBITS

Average length/number of sessions: 10

Aspects of culture or group experiences that are addressed *(e.g., faith/spiritual component, transportation barriers)*:
During the CBITS training and ongoing consultation with sites, we have specifically included in our training ways to implement this program to address cultural competency. We encourage sites to use culturally appropriate examples during the treatment, and we discuss the cultural issues pertinent to each trainee's site. Although there are examples for each of the exercises in the manual, clinicians are encouraged to substitute these for culturally salient ones. For example, in working with immigrant populations, we focused some of the parent sessions on separation and loss issues that so many had experienced during the migration process. When we've worked in Catholic schools, faith-based clinicians openly discussed the students' examples of coping through prayer and complementing this with CBT skills.

CBITS is an ideal trauma intervention for underserved ethnic minority students who frequently do not receive services due to a whole host of barriers to traditional mental health services. This school-based program is designed to be delivered in school settings, whether it is in an urban or midwestern public school serving a diverse student body or a religious private school providing outreach to an immigrant community. CBITS has been successfully used in a wide variety of communities because it can be flexibly implemented and addresses barriers such as transportation, language, and stigma.

In addition, CBITS has also addressed the barrier of parent and family involvement that can be so common in many communities. We have used a community-based participatory partnership model of including ethnic minority parents from the community being served along with community leaders, clinicians, and researchers to design the implementation plan so that the program is presented in a relevant and culturally congruent way.

Trauma type *(primary)*: Community violence

Trauma type *(secondary)*: Domestic violence

Additional descriptors *(not included above)*: CBITS is appropriate for a wide range of traumas including: physical abuse, disasters, accidents, witnessing death, assault, war, terrorism, immigration related trauma, and traumatic loss.

Target Population

Age range: 10 **to** 15

Gender: ❒ **Males** ❒ **Females** ☒ **Both**

Ethnic/Racial Group *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)*: CBITS has been used in a broad range of populations across the US and internationally.

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

Target Population continued	Immigrant Populations: CBITS has been delivered to newly immigrated students such as Latino (primarily from Mexico and Central America), Korean, Russian, and Western Armenian students. Acculturation Levels: CBITS has been implemented and evaluated with a broad range of acculturation levels, from newly immigrated youth to highly acculturated youth, as well as multigenerations of African Americans. Ethnic/Racial Groups Served: CBITS has been successfully delivered to Latinos, African Americans, Asian American/Pacific Islanders, and Native American communities (the Navajo, Chippewa-Cree, Black Feet, and Yakima communities). **Other cultural characteristics** *(e.g., SES, religion)*: Faith-based: CBITS has been delivered in a Catholic school by clinicians with lay health promotors and parish nurses providing outreach and parenting support. We are in the process of conducting an evaluation (RCT) in this setting. SES: CBITS has been used in communities of wide ranges of SES including the very poor and middle class populations across the United States. **Language***(s)*: Spanish, Korean, Russian, Western Armenian, Japanese **Region** *(e.g., rural, urban)*: Urban, suburban, and rural **Other characteristics** *(not included above)*: High Risk Populations: CBITS has also been delivered in schools for students in Special Education, for youth at risk for HIV and for children who are war refugees.
Essential Components	**Theoretical basis:** Cognitive Behavioral **Key components:** CBITS is a program developed for use in schools for a broad array of traumas and populations. CBITS was originally developed in a community-based participatory research partnership with school-based clinicians, clinician researchers, and community members which has enhanced its relevancy for school communities. CBITS is a skills-based, child group intervention that is aimed at relieving symptoms of Posttraumatic Stress Disorder (PTSD), depression, and general anxiety among children exposed to multiple forms of trauma. CBITS Child Groups: The program consists of ten group sessions (6-8 children/group) of approximately an hour in length, usually conducted once a week in a school setting. The CBITS intervention has also been delivered in other settings, such as mental health clinics.

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

Essential Components continued

One unique aspect of CBITS is the focus on trauma from the child's perspective. For those children who have multiple traumas, CBITS recommends that the child be the one to choose, with help from the clinician, which trauma will be the focus of treatment. Frequently, although a clinician will perceive one trauma to be the most salient for a child, the child will associate greater impact from another trauma.

In addition to the group sessions, participants receive 1-3 individual sessions, usually held before the exposure exercises.

CBITS also includes two parent education sessions and one teacher education session.

CBITS teaches six cognitive-behavioral techniques:

- Education about reactions to trauma
- Relaxation training
- Cognitive therapy
- Real life exposure
- Stress or trauma exposure
- Social problem-solving

Parental permission is sought for children to participate.

A screening procedure is recommended to assist in identifying children in need of the program. A brief screening instrument has been developed for this purpose and should be followed by an individual meeting with a clinician to confirm the screening results.

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful?
❒ Yes ☒ No ❒ Uncertain

Extent to which cultural issues have been described in writings about this intervention *(scale of 1-5 where 1=not at all to 5=all the time)***.** 5

This intervention is being used on the basis of anecdotes and personal communications only *(no writings)* **that suggest its value with this group.**
❒ Yes ☒ No

Are there any anecdotes describing satisfaction with treatment, drop-out rates *(e.g., quarterly/annual reports)***? ☒ Yes ❒ No**

If YES, please include citation:
Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., et al. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. Journal of the American Medical Association, 290(5), 603-611.

Has this intervention been presented at scientific meetings? ☒ Yes ❒ No

Clinical & Anecdotal Evidence continued

If YES, please include citation(s) from last five presentations:

Kataoka S, Langley AK, Jaycox LH, Stein BD, & Ebert L. Supporting Implementation and Dissemination of a School–Based Intervention: The Learning Collaborative Model in School-Based Interventions for Students with Trauma: Engagement, Implementation, and Dissemination The 56th Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Honolulu, HI: October, 2009 (Symposium: A. Langley, Chair).

Kataoka S. Making the Grade: Partnering with Schools to Support Students The 56th Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Honolulu, HI: October, 2009 (Honors Presentation).

Kataoka S. Cognitive Behavioral Intervention for Trauma in Schools. 2010 National Conference of the American Society for Adolescent Psychiatry, Los Angeles, CA: March, 2010. (Presentation).

Langley, A.K. Jaycox, L.H., Nadeem, E., Walker D. Translating Evidence-Based Trauma Interventions for the School Setting: Models for Building Multidisciplinary Workforce, Implementation Success and Sustainability. The 26th Conference of the International Society for Traumatic Stress Studies. Montréal, Québec, Canada November 4-6, 2010

Walker, D., Chehil, S., Dean, K. Building Capacity Through Collaboration: The Introduction of a Child-Focused, Evidence-Based Trauma Intervention in Guyana. The 26th Conference of the International Society for Traumatic Stress Studies. Montréal, Québec, Canada November 4-6, 2010

Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No

If YES, please include citation:

The program has been replicated in post-hurricane New Orleans and in three separate studies of Native American groups.

Morsette, A., Swaney, G., Stolle, D., Schuldberg, D., van den Pol, R., & Young, M. (2009). Cognitive Behavioral Intervention for Trauma in Schools (CBITS): School-based treatment on a rural American Indian reservation. Journal of Behavior Therapy and Experimental Psychiatry, 40(1), 169-178

Goodkind, J.R., LaNoue, M.D. & Milford, J. (2010). Adapation and implementation of Cognitive Behavioral Intervention for Trauma in Schools with American Indian youth. Journal of Clinical Child and Adolescent Psychology, 39(6): 858-872.

Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K. L., et al. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. Journal of Traumatic Stress, 23(2), 223-231.

Morsette, A., van den Pol, R., Schuldberg, D., Swaney, G. & Stolle, D. (2012). Cognitive behavioral treatment for trauma symptoms in American Indian youth: preliminary findings and issues in evidence-based practice and reservation culture. Advances in School Mental Health Promotion, DOI:10.1080/1754730X.2012.664865

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

Has the intervention been replicated anywhere? ☒ **Yes** ☐ **No**

Other countries? *(please list)* Australia, Japan

Other clinical and/or anecdotal evidence *(not included above)*:

Adaptation and Community

Kataoka, S. H., Fuentes, S., O'Donoghue, V. P., Castillo-Campos, P., Bonilla, A., Halsey, K., et al. (2006). A community participatory research partnership: the development of a faith-based intervention for children exposed to violence. Ethn Dis, 16(1 Suppl 1), S89-97.

Screening

Dean, K. L., Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Pincus, H. A., et al. (2004). Acceptability of asking parents about their children's traumatic symptoms. Psychiatric Services, 55(8), 866.

Jaycox, L. H., Stein, B. D., Kataoka, S. H., Wong, M., Fink, A., Escudero, P., et al. (2002). Violence exposure, posttraumatic stress disorder, and depressive symptoms among recent immigrant schoolchildren. Journal of the American Academy of Child & Adolescent Psychiatry, 41(9), 1104-1110.

Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Clinical Trials *(w/control groups)*	**N=**199 **By gender:** 50% females **By ethnicity:** Mexico: 57% El Salvador: 18% Guatemala: 11% Other: 13%	Kataoka, Stein, Jaycox, Wong, Escudero, Tu, et al., 2003
Clinical Trials *(w/control groups* **continued**	**By other cultural factors:** All participants had immigrated to the US in the past 3 years. The intervention was conducted in Spanish by bilingual, bicultural clinicians.	
Randomized Controlled Trials	**N=**126 **By gender:** 54% females	Stein, Jaycox, Kataoka, Wong, Tu, Elliott & Fink, 2003.

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

Outcomes

What assessments or measures are used as part of the intervention or for research purposes, if any?

Screening Measures:

- Modified Life Events Scale (Singer, 1995) to assess the level of exposure to violence
- Child PTSD Symptom Scale (Foa, 2001)

Outcome measures:

- Child PTSD Symptom Scale (Foa, 2001)
- Children's Depression Inventory (Kovacs, 1983)
- Pediatric Symptom Checklist

If research studies have been conducted, what were the outcomes?
In a randomized controlled study, children in the CBITS intervention group had significantly greater improvement in PTSD and depressive symptoms compared to those on the waitlist at a three-month follow-up. Parents of children in the CBITS intervention group also reported significantly improved child functioning compared with children in the wait list group. The improvements in symptoms and functioning in the CBITS group continued to be seen at a subsequent follow-up at 6 months. Results from another study showed that those in the CBITS intervention group had significantly fewer self-reported symptoms of PTSD and depression at post-test, adjusting for relevant covariates, as did children in a comparison group.

Training Materials & Requirements

List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.
Copies of the treatment manual can be ordered from Sopris West Educational Services: (800) 547-6747, www.sopriswest.com.

How/where is training obtained? Contact Audra Langley for details, alangley@mednet.ucla.edu. Free training is also offered on-line at www.cbitsprogram.org, along with full access to implementation materials and implementation support.

What is the cost of training?
Dependent on the training arrangements made with Dr. Langley.
Free at www.cbitsprogram.org

Are intervention materials *(handouts)* **available in other languages?**
☒ **Yes** ☐ **No**

If YES, what languages? Yes, materials in Spanish are available at www.cbitsprogram.org

Other training materials &/or requirements *(not included above)***:**
Implementation materials and support (access to experts, discussion board, collaborative workspace) are available at www.cbitsprogram.org

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?** • CBITS is specifically designed and evaluated in multicultural and multilingual populations. • CBITS has been used in mulitple languages including: Spanish, Korean, Western Armenian, Russian, and Japanese. • CBITS has been adapted for use on a variety of Native American reservations. • CBITS has been used successfully in a faith-based private school. • CBITS has been used throughout the U.S. and internationally (Japan and Australia). • CBITS treatment materials have been translated into other languages. • CBITS is a flexible, manualized intervention that can be easily adapted for different populations. • CBITS is specifically designed for use in schools and by school-based clinicians with training that specifically focuses on implementation of trauma services in the school setting. • CBITS' school-based format alleviates common obstacles to treatment such as transportation barriers, stigma of seeking "mental health" care, and dependence on parents and families to seek and find care. • CBITS includes training on important factors involved in delivering a program in the schools successfully such as integrating the program into the school calendar, using a brief assessment tool to detect eligible students, and understanding and supporting the roles of school staff. • CBITS is an intervention that can be readily accessible to all eligible students, regardless of parent ability to be involved in treatment. • CBITS has had significant involvement of multiple stakeholders in the development and implementation of the program. • CBITS is the only trauma intervention that has been found to be effective in a RCT for multiply traumatized youth.
Pros & Cons/ Qualitative Impressions continued	**What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?** CBITS is not yet adapted for early elementary school students (K-2) and for older adolescents/young adults. **Other qualitative impressions:** The CBITS team has conducted multiple focus groups across the Los Angeles area in private and public schools and has found an overwhelming need identified by communities for an intervention in schools. These focus group participants have also described the school and faith-based settings to be, not only appropriate, but ideal for delivering CBITS for traumatized youth.

NCTSN The National Child Traumatic Stress Network

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

GENERAL INFORMATION

Contact Information

Name: Sheryl Kataoka

Address: 10920 Wilshire Blvd., #300; Los Angeles, CA 90024

Phone number: 310-794-3727

Email: skataoka@ucla.edu

Website: www.cbitsprogram.org

References

Kataoka, S. H., Stein, B. D., Jaycox, L. H., Wong, M., Escudero, P., Tu, W., et al. (2003). A school-based mental health program for traumatized Latino immigrant children. Journal of the American Academy of Child & Adolescent Psychiatry, 42(3), 311-318.

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., et al. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. JAMA: Journal of the American Medical Association, 290(5), 603-611.

Stein, B, Jaycox, L., Kataoka, S., Wong, M., Wenli, T., Elliot, M., and Fink, A.(2003) School- based interventions for children exposed to violence. JAMA, 290, 2541.

Jaycox, L. H., Stein, B. D., Kataoka, S. H., Wong, M., Fink, A., Escudero, P., et al. (2002). Violence exposure, posttraumatic stress disorder, and depressive symptoms among recent immigrant schoolchildren. Journal of the American Academy of Child & Adolescent Psychiatry, 41(9), 1104-1110.

Stein, B. D., Kataoka, S., Jaycox, L. H., Wong, M., Fink, A., Escudero, P., et al. (2002). Theoretical basis and program design of a school-based mental health intervention for traumatized immigrant children: A collaborative research partnership. Journal of Behavioral Health Services & Research, 29(3), 318-326.

Stein, B. D., Jaycox, L. H., Kataoka, S., Rhodes, H. J., & Vestal, K. D. (2003). Prevalence of child and adolescent exposure to community violence. Clinical Child & Family Psychology Review, 6(4), 247-264.

Stein, B. D., Kataoka, S., Jaycox, L., Steiger, E. M., Wong, M., Fink, A., et al. (2003). The mental health for immigrants program: Program design and participatory research in the real world. In M. D. Weist (Ed.), Handbook of school mental health: Advancing practice and research. Issues in clinical child psychology. (pp. pp. 179-190). New York, NY: Kluwer Academic/Plenum Publishers.

Dean, K. L., Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Pincus, H. A., et al. (2004). Acceptability of asking parents about their children's traumatic symptoms. Psychiatric Services, 55(8), 866.

Jaycox, L. H., Kataoka, S. H., Stein, B. D., Wong, M., & Langley, A. (2005). Responding to the needs of the community: A stepped care approach to implementing trauma-focused interventions in schools. Report on Emotional and Behavioral Disorders in Youth, 5(4), 100-103.

Wong, M. (2006). Commentary: building partnerships between schools and academic partners to achieve a health-related research agenda. Ethn Dis, 16(1 Suppl 1), S149-153.

Kataoka, S. H., Fuentes, S., O'Donoghue, V. P., Castillo-Campos, P., Bonilla, A., Halsey, K., et al. (2006). A community participatory research partnership: the development of a faith-based intervention for children exposed to violence. Ethn Dis, 16(1 Suppl 1), S89-97.

Stein, B. D., Jaycox, L. H., Langley, A., Kataoka, S. H., Wilkins, W. S., & Wong, M. (2007). Active parental consent for a school-based community violence screening: comparing distribution methods. Journal of School Health, 77(3), 116-120

Jaycox, L.H., Stein, B.D., Amaya-Jackson, L.M. & Morse, L.K. (2007). School-based interventions for child traumatic stress. In: Evans, S. W., Weist, M., & Serpell, Z. (Eds). Advances in School-Based Mental Health Interventions, Volume 2 (pp.16-1–16-19). Kingston, NJ: Civic Research Institute.

CBITS: Cognitive Behavioral Intervention for Trauma in Schools

References continued

Jaycox, L.H., Stein, B., and Amaya-Jackson, L. (2008) School-based treatment in children and adolescents. In E.B. Foa, T.M. Keane, M.J. Friedman & J.A. Cohen (Eds), Effective Treatments for PTSD: Practice Guidelines for the International Society for Traumatic Stress Studies. (pp. 327-345) New York, NY: Gilford Press.

Wong, M., Rosemond, M., Stein, B.D., Langley, A.K., Kataoka, S., & Nadeem, E. (2007). School-based intervention for adolescents exposed to violence. The Prevention Researcher, 14(1), 17-20.

Dean, K., Langley, A., Kataoka, S., Jaycox, L. H., Wong, M. & Stein, B.D. (2008). School-based disaster mental health services: Clinical, policy, and community challenges. Professional Psychology: Research and Practice, 39(1), 51-57

Jaycox, L.H., Stein, B.D., Amaya-Jackson, L. (2008). School-based treatment for children and adolescents. In: E.B. Foa, T.M. Keane, M.J. Friedman & J.A. Cohen (Eds). Effective Treatment for PTSD: Practice Guidelines from the International Society of Traumatic Stress Studies. New York; Guildford Publications.

Ngo, V., Langley, A., Kataoka, S., Nadeem, E., Escudero, P., & Stein, B.S. (2008). Providing evidence based practice to ethnically diverse youth: Examples from the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. Journal of the American Academy of Child & Adolescent Psychiatry 47(8), 858-862.

Wong, M. (2008). Interventions to reduce psychological harm from traumatic events among children and adolescents: A commentary on the application of findings to the real world of schools. American Journal of Preventive Medicine 35(4), 398-400.

Kataoka, S.H., Langley, A Stein, B.D., Jaycox, L, Zhang, L, Sanchez, N, Wong, M (2009). Violence exposure and PTSD: The role of English language Fluency in Latino children. Journal of Child and Family Studies 18, 334-341.

Morsette, A., Swaney, G., Stolle, D., Schuldberg, D., van den Pol, R., & Young, M. (2009). Cognitive Behavioral Intervention for Trauma in Schools (CBITS): School-based treatment on a rural American Indian reservation. Journal of Behavior Therapy and Experimental Psychiatry 40, 169-178.

Jaycox L.H, Langley A.K., Stein B.D., Wong, M., Sharma, P., Scott, M., Schonlau, M. (2009). Support for Students Exposed to Trauma: A pilot study. School Mental Health, 1(2), 49-60.

Kataoka, S., Nadeem, E., Wong, M., Langley, A., Jaycox, L., Stein, B. & Young, P. (2009). Improving disaster mental health care in schools: a community-partnered approach. Am J of Prev Med; 37(6S1): 225-229.

Cohen, J.A., Jaycox, L.H., Mannarino, A.P., Walker, D.W., Langley, A. K. & DuClos, J. (2009). Treating traumatized children after Hurricane Katrina: Project Fleur-de Lis™. Clinical Child and Family Psychology Review, 12(1): 55-64

Jaycox, L., Cohen, J., Mannarino, A., Walker, D., Langley, A., Gegenheimer, K., Scott, M., and Schonlau, M. (2010).

Children's mental health care following Hurricane Katrina: a field trial of trauma focused psychotherapies. Journal of Traumatic Stress, 23(2) 223-231.

Langley, A.K., Nadeem, E., Kataoka, S.H., Stein, B.D., Jaycox, L.H. (2010). HYPERLINK "http://springer.r.delivery.net/r/r?2.1.Ee.2Tp.1je6Ef.B%5fMryU..H.KsSO.3QT2.bW89MQ%5f%5fDERSFQb0" \o "http://springer.r.delivery.net/r/r?2.1.Ee.2Tp.1je6Ef.B%5fMryU..H.KsSO.3QT2.bW89MQ%5f%5fDERSFQb0" \t "_blank" Evidence-based mental health programs in schools: barriers and facilitators of successful implementation. School Mental Health, 2(3) 105-113.

Kataoka, S., Jaycox, L.H., Wong, M., Nadeem, E., Langley, A., Tang, L., Stein, B.D. (2011). Effects on school outcomes in low-income minority youth: preliminary findings from a community-partnered study of a school trauma intervention. Ethnicity & Disease; 21(3 Suppl 1):S1-71-7.

Morsette, A., van den Pol, R., Schuldberg, D., Swaney, G., Stolle, D. (2012). Cognitive behavioral treatment for trauma symptoms in American Indian youth: preliminary findings and issues in evidence-based practice and reservation culture. Advances in School Mental Health Promotion; 5(1): 51-62.