Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

TARGET AUDIENCE

This program is delivered to students in 5th through 12th grade who have witnessed or experienced trauma, their parents and teachers, and is intended to impact students.

SUMMARY

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) uses cognitive behavioral therapy to help diminish symptoms, such as post traumatic stress disorder, depression, and behavioral problems, which are often associated with exposure to traumatic experiences.

EVIDENCE

Research on CBITS indicates that while there is some evidence to suggest that it can decrease trauma and depression symptoms in children, these effects are limited by other evidence that shows limited sustainability of effects and low clinical significance. In addition, there is limited replication of findings with rigorous research designs.

COMPONENTS

CBITS uses a combination of group, individual, parent, and teacher sessions. This program employs the following techniques to assist students with their academic performance, coping skills, and overall functioning:

- Cognitive behavioral techniques: Gain awareness of thoughts and feelings and the links between them;
- Relaxation techniques: Reduce anxiety by teaching relaxation methods;
- Psychoeducation: Discuss causes and types of trauma and common reactions;
- Social problem-solving skills: Perform analysis and practical application activities; and
- Exposure techniques and development of trauma narratives: Use imagining, drawing, or writing.

PREVIOUS USE

Since 2001, CBITS has been implemented in the U.S. and in several other countries in various settings including urban, rural, suburban, and tribal. The program is available in Spanish and has been used with low-literacy youth and foster children, and CBITS has been modified for use by non-clinicians.
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TRAINING
Training is offered online and in person for mental health professionals, and both types of training have been adapted for regular school staff. Training costs vary based on the option selected. For more information on training, please phone 1-703-413-1100 EXT 5118 or visit https://cbitsprogram.org

CONSIDERATIONS
Considerations for implementing this program include confirming facilitators obtain training, acquiring participant buy-in, securing a location to hold sessions, and ensuring participants have adequate time to complete sessions.

The Clearinghouse can help address these considerations. Please call 1-877-382-9185 or email Clearinghouse@psu.edu

IMPLEMENTATION
If you are interested in implementing CBITS, the Clearinghouse is interested in helping you! Please call 1-877-382-9185 or email Clearinghouse@psu.edu

TIME
The CBITS program is comprised of 10 group sessions, one to three individual sessions for students, two parent psychoeducational sessions, and a teacher educational session.

COST
Costs associated with implementing the CBITS program vary by materials selected. Please visit the program website for more information.

EVALUATION PLAN
To move the CBITS program to the Promising category on the Clearinghouse Continuum of Evidence, at least one evaluation should be performed demonstrating positive effects lasting at least one year from the beginning of the program or at least six months from program completion.

The Clearinghouse can help you develop an evaluation plan to ensure the program components are meeting your goals. Please call 1-877-382-9185 or email Clearinghouse@psu.edu

CONTACT
Contact the Clearinghouse with any questions regarding this program.
Phone: 1-877-382-9185 Email: Clearinghouse@psu.edu

You may also contact Audra K. Langley, Ph.D., by phone 1-310-825-3131 or email alangley@mednet.ucla.edu or contact CBITS by phone 1-310-393-0411 EXT 5118, email info@cbitsprogram.org, or visit http://cbitsprogram.org/

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