Cognitive Behavioral Intervention for Trauma in Schools (CBITS): AT-A-GLANCE

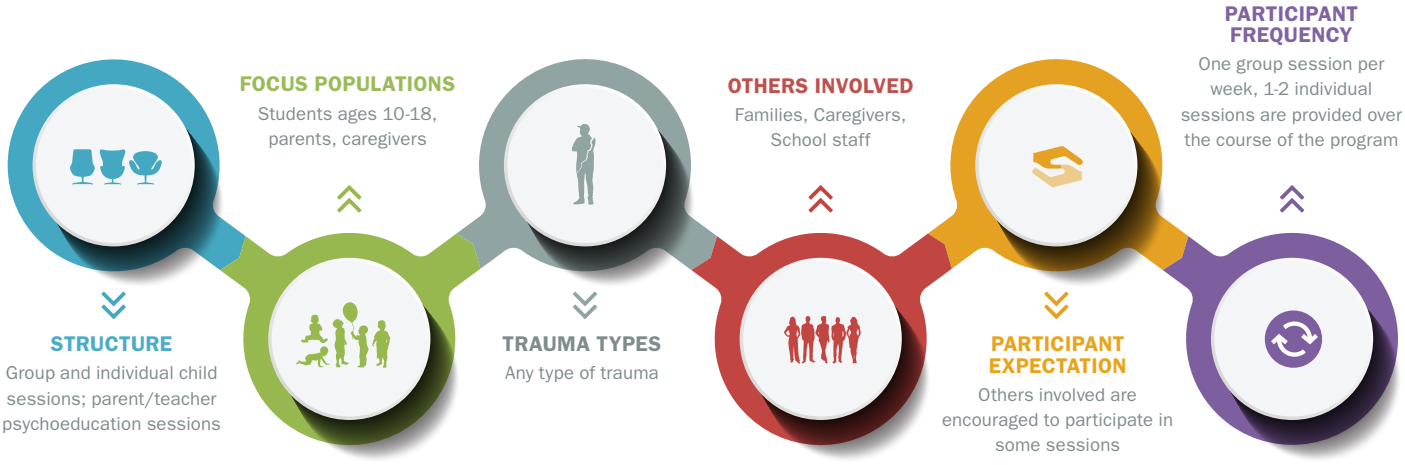
What is CBITS?

CBITS is a skills-based, group intervention for middle and high school students who have been exposed to traumatic events and have symptoms of Post Traumatic Stress Disorder (PTSD). CBITS aims to reduce PTSD, depression, and anxiety symptoms, and improve social and academic functioning. CBITS includes students who have experienced or witnessed a range of traumatic events including community, family, or school violence, natural disasters, abuse, neglect, or traumatic separation from a loved one. Students learn skills in affect regulation, relaxation, challenging maladaptive thoughts and problem solving, and work on processing traumatic memories and grief. These skills are learned through experiential learning in individual and group sessions. Between sessions, students complete assignments and participate in activities that reinforce the skills they've learned. CBITS also includes parent and teacher education sessions.

What are the goals of CBITS?

1. Access goals: Provide services through schools, increasing mental health services for minoritized and under resourced populations
2. Symptom reduction goals: reductions in symptoms of PTSD, anxiety, and depression
3. Improved functioning goals: Increasing peer, family and school support, social and academic functioning

What does CBITS look like?



Cognitive Behavioral Intervention for Trauma in Schools (CBITS): AT-A-GLANCE

Additional Information

This is a practical intervention based on proven cognitive-behavioral techniques, developed for and by schools, with over 25 years of implementation experience nationally and internationally and multiple studies supporting its use in various contexts.

What is the commitment?

The program consists of 10 group sessions (six to eight children/group) of approximately an hour in length. CBITS is usually conducted once per week in a school setting during a typical class period. In addition to the group sessions, students receive one to two one-hour individual sessions. CBITS also includes two one-hour parent education sessions and one one-hour teacher education session. Children complete screening and validation interview prior to beginning CBITS. Caregivers are not interviewed or assessed.

LOCATION:
In a provider's office, virtually/via telehealth, in a school, in a community setting

How do we know it works?

CBITS has practice-based evidence, research evidence, and traditional knowledge to support its benefits.

CBITS was developed by Lisa Jaycox, PhD via community based participatory research in partnership with Los Angeles Unified School District in collaboration with UCLA and RAND colleagues for recent immigrants speaking Spanish, Korean, W. Armenian, and Russian; and then expanded to underserved students within the District of in majority Laino/a/x and Black neighborhoods. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice identified as Latino/a/x and African American and recent immigrants, lived in urban neighborhoods in Los Angeles, and spoke English or Spanish at home.

Additionally, there have been adaptations of the practice CBITS- AI for American Indian Youth, CBITS-RTM (Racial Trauma Module), CBITS for Foster Care Youth, CBITS Version 2.0 (updated version released in 2018 by Lisa Jaycox, Audra Langley, Sharon Hoover). There are translations of CBITS materials for children, youth, and families available in Lithuanian, German and in development Urdu and Mandarin. Learn more on page 4.

For more information explore the next several pages or check out:

https://traumaawareschools.org/index.php/learn-more-cbits

CBITS: THE EVIDENCE

What types of evidence are available for CBITS?

- ❒ Best Practices
- ❒ Evidence-Based Treatment
- ❒ Community-Based Participatory Research,
- ❒ Traditional Knowledge
- ❒ Program Evaluation
- ❒ Quasi-experimental Research
- ❒ Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

- Center for Disease Control_Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders
- National Institute of Justice
- RAND Corporation
- California Evidence-Based Clearinghouse for Child Welfare
- Title IV-E Prevention services Clearinghouse
- National Gang Center
- Blueprints for healthy youth development
- National Library of Medicine
- Child Health and Development Institute (CHDI)
- Center for Safe and Resilient Schools and workplaces

How is CBITS measured in real time?

Students are screened prior to participation for trauma exposure and PTSD symptoms; the specific measures used are flexible. We recommend tracking PTSD symptoms and improvement over time. Additional measures can be added. There are no specific requirements. Consultation on measures is available, including on the measures used in our research projects. Fidelity monitoring is also recommended.

What changes for the better as a result of CBITS?

Our research shows consistent reductions in PTSD, anxiety, and depressive symptoms across studies. We also have shown evidence of improved psychosocial and academic functioning.

> ***"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."***
> – Teacher of a student who participated in CBITS

What do the numbers tell us (i.e., quantitative data)?

Randomized controlled trials and quasi-experimental studies of CBITS have shown significant decreases in child post-traumatic stress and depressive symptoms. Studies have also shown improvement in psychosocial functioning and academic outcomes. Study context includes urban school districts, child welfare settings, hurricane recovery, and Native American youth.

What do the stories tell us (i.e., qualitative data)?

Things I learned from my CBITS group:

"How to deal with stress"
"How to keep control of myself when it's a stressful situation"
"The group helped me because I don't have nightmares about that anymore. Even though I was nervous when I shared in the group, I felt much better after. It helps kids concentrate better in class and improve their grades and get along with their teachers."

CBITS: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of CBITS?**

  This model was developed through community-based participatory research by Lisa Jaycox and colleagues at RAND, UCLA and the Los Angeles Unified School District. It was developed as a practical approach for and by school personnel to help students who have experienced of trauma and are showing symptoms of PTSD. The original development was done with recent immigrant students (speaking Spanish, Russian, Korean, and Western Armenian) and then tested in the general school population of LAUSD which is largely Latino and African American. Over the next 25 years, CBITS has been extended to additional populations and settings (child welfare, Native American youth, juvenile justice, etc) both nationally and internationally, with a growing number of published studies supporting its use as well as evaluation of outcomes during wide-scale implementation, Whereas the earlier studies focused on grades 4-8, more recent implementation has included high school settings.

- **How did CBITS developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?**

  In recognition of systemic and structural racism, CBITS was designed to break down barriers and improve access to mental health services by working in schools. Throughout our development and evaluation work we have been able to include voices of individuals disproportionately affected by trauma and violence, centering lived experiences and varying backgrounds to maximize inclusion.

- **What is the role of CBITS providers in tailoring the model for individuals, families, and communities?**

  CBITS providers are encouraged to engage with developers and trainers to discuss tailoring implementation to meet the needs of students and families. The manual encourages implementers include language and examples that reflect the community based on cultural, contextual, and clinical expertise of local community.

- **How are lessons learned from individuals, families, communities and providers used to keep improving CBITS?**

  During 25 years of dissemination, we have continued to learn from the communities it serves and from the trainers who work closely with them. Mechanisms of receiving input include consultation calls, training, a yearly summit between the years of 2013 and 2020, quarterly trainer calls since 2018, and continual improvements to training materials, manuals, and implementation materials.

- **Resources and materials are available:**

  - In more than one language – Spanish, English, Arabic, German, Lithuanian (in development: Urdu). Translations were done by professional translation services.
  - In more than one format (multiple select below):
    - Written and audio
    - Written materials can be used verbally.
    - Alt text and captions are available in English
    - 3C uses universal design best practices to ensure that all online resources are available to audiences with accessibility challenges in a way that improves usability for all users. For example, videos contain closed-caption options, images contain text-based alternate content, and websites conform to Section 508 and WCAG 2.0 AA accessibility compliance standards.
    - Media reflects the appropriate age group and uses examples to represent diverse populations.
  - For more information on adaptation and access, visit https://traumaawareschools.org/index.php/learn-more-cbits/.

CBITS:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE CBITS

Provider prerequisites:
- Experience: mental health clinician
- Education: Masters degree
- Licensure: n/a

Trained providers can:
- Deliver CBITS

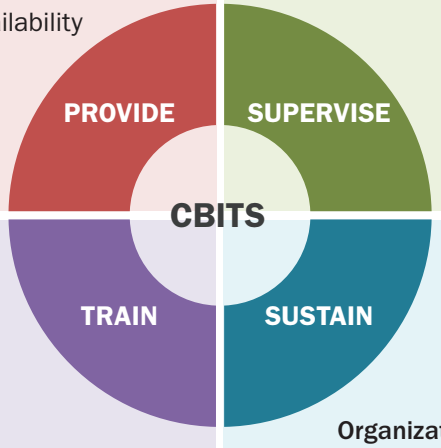
Access for Provider Training:
- Through live in-person training
- Through live virtual training
- Through pre-recorded training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability

TO SUPERVISE CBITS

Supervisor prerequisites:
- none required

Trained supervisors can:
- n/a

Access for Supervisor Training:
- none



TO TRAIN CBITS

Trainer prerequisites:
- Meet provider prequisites
- Have to be trained and run a full group
- Rated by national trainer with score of 90%
- Complete established trainer process (details on page 6)

Approved trainers can:
- Train within their own organization

Access for Trainer Training:
- Through live in-person training
- Through live virtual training

TO SUSTAIN CBITS

Organization prerequisites:
- Discussions on readiness and fit
- Consider cost beyond initial training
- Adjust workloads for providers to participate in training and implementation

Organizations can:
- Earn provider status
- Provide training in evidence-based model for billing and insurance
- Train new staff on the job by site-based trainers.

Access for Organizational Readiness Supports:
- Consultation for senior leaders
- Connection to other organizations using model
- Assessment resources/supports for free

CBITS:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE CBITS

- **Training cost:** $7500 for up to 15 trainees (2024 rates)
- **Time Commitment:** 12 hours if live, 5 hours for on-demand/online training
- **Additional Details:** certificates available upon completion, implementation materials available for free on website: www.traumaawareschools.org

SUPERVISE CBITS

- **Training cost:** n/a
- **Time Commitment:** n/a
- **Additional Details:** n/a

TRAIN CBITS

- **Training cost:** $20,000 in 2024 ($7500 for initial training and observation training, $5000 for orientation)
- **Time Commitment:** 12 hours initial training, 10-12 weeks to run group, 6 hours orientation, 12 hours observation training
- **Additional Details:** Trainers can be certified as a site-based trainer. Trainees cannot carry certifications to another organization.

SUSTAIN CBITS

- **Training cost:** $7500 live group training for up to 15 trainees, $39 on-demand online individual course; $500 per person CSR hosted trainings
- **Time Commitment:** 12 hours for live training, 5 hours for online/on-demand training.
- **Additional Details:** n/a

To learn more about providing, supervising, training, or sustaining, please see https://traumaawareschools.org/index.php/learn-more-cbits/ or email: info@traumaawareschools.
For additional resources and related products, please explore: www.traumaawareschools.org

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS): At-A-Glance was reviewed and approved for accuracy by Audra Langley and Lisa Jaycox in July 2024.

The suggested citation for this fact sheet is: Langley, A. & Jaycox, L. (2024). The Cognitive Behavioral Intervention for Trauma in Schools (CBITS): At-A-Glance. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.