Cognitive Behavioral Intervention for Trauma in Schools

Presenter: Sharon Hoover, Ph.D.

What you need to know

Many children experience traumatic events including experiences such as family or community violence, natural disasters, and refugee trauma. Some of those children suffer from a psychological reaction called child traumatic stress that can impact their daily lives long after a traumatic event has occurred. These children may experience a host of difficulties, including depression, anxiety, academic challenges, and problems in interpersonal relationships. An evidence-based intervention, the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), has demonstrated effectiveness in reducing traumatic stress and depressive symptoms in children, and also improving resilience and academic functioning. CBITS is a school-based intervention for 10-18 year old students consisting of 10 group sessions, 1-3 individual sessions, 2 parent psychoeducational sessions and 1 teacher educational session. CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure) and is delivered by mental health clinicians in schools.

What is the issue?

Some children who experience traumatic events (e.g., family or community violence, natural disasters, refugee trauma) may suffer from a psychological reaction called child traumatic stress. Child traumatic stress can impact the daily lives of children in a variety of ways including difficulties with behavior and mood, and challenges with interpersonal relationships and academics. Most youth with mental health problems do not access services in traditional outpatient mental health settings, and are more likely to receive support for emotional and behavioral challenges in the school setting. Schools are an important place to support trauma-exposed youth given the link between traumatic stress and academic success and the ability to provide early identification and intervention in schools before problems escalate.

Why is this important?

Schools offer a natural structure to provide a range of supports for trauma-exposed youth. Schools can offer a multi-tiered system of supports that includes a range of services and support intensities for trauma-exposed youth. Schools that offer a continuum of supports for trauma may be considered “trauma-informed” or “trauma-responsive” schools. School interventions may include universal, targeted and select interventions.

Universal interventions in a trauma-responsive school may include interventions that encourage teachers to see through a “trauma lens,” such that they realize and recognize signs of traumatic stress and consider why a student is responding a particular way before reacting.

Universal trauma-responsive strategies include:

- 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
- Promote supportive positive school culture and climate using school wide strategies (School-wide Positive Behavioral Intervention and Supports, Social Emotional Learning/Mindfulness Practices)

Targeted interventions may support students who have been exposed to trauma and are deemed at risk of or are experiencing traumatic stress, and may include psychoeducation about trauma and signs and impact, strengthening self-regulation skills, and reinforcing personal and educational support systems.

Targeted trauma-responsive strategies may include:

- Give permission to leave class if feelings become overwhelming
- Provide additional support (e.g., check to ensure homework is written down)
- Provide a safe place to talk about experience
- Evidence-based early intervention (e.g., Support for Students Exposed to Trauma, Bounce Back, Cognitive Behavioral Intervention for Trauma in Schools)

Select interventions are offered to youth experiencing traumatic stress and are intended to remediate adverse effects of trauma exposure and avoid re-traumatization.

Select trauma-responsive strategies may include:

- Refer for evaluation and appropriate treatment
- School and/or Community Based services
- Clinical interventions (e.g., Trauma-Focused Cognitive Behavioral Therapy)

What does the evidence tell us?

Cognitive behavioral approaches to treat child traumatic stress are effective in reducing symptoms of traumatic stress, anxiety, and depression, and at improving resilience and academic success. The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program, developed by Lisa Jaycox, Ph.D., is a school-based intervention consisting of 10 group sessions, 1-3 individual sessions, 2 parent psychoeducational sessions and 1 teacher educational session. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS has been used with students from about age 10 to 18 who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and human-made disasters. CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure). Researchers have also documented that youth are much more likely to complete trauma treatment when it is conducted in the school setting than when it is conducted in community mental health settings.

Tips for effective practice

School-based mental health clinicians can support students experiencing traumatic stress by providing cognitive behavioral interventions such as the Cognitive Behavioral Intervention for Trauma in Schools (CBITS).

In order to identify students who may benefit from CBITS, a **screening instrument** should be used to determine lifetime trauma exposure and level of symptomatology. Screening should occur at least several weeks after the trauma in order to allow for youth to "bounce back" after a trauma, as we know that most children resume baseline functioning following trauma exposure.

Below is an outline of the basic structure of CBITS:

- In **Session 1**, clinicians focus on developing rapport, explaining the connection between thoughts, feelings, and actions, and helping students share a part of their trauma story.
- **Session 2** focuses on discussing common reactions to stress and trauma, and providing students with skills to help them relax. Relaxation skills include deep breathing, progressive muscle relaxation, and imagery.
- **Sessions 3 and 4** teach students how to address maladaptive thinking by promoting ""helpful other thinking" (HOT).
- **Session 5** offers students the opportunity to develop a "fear hierarchy" in which they plan to gradually approach people, places, or things that they have been avoiding related to their trauma experience, but that are safe and important to approach.
- An **Individual Session** is provided to each student to allow them to share their trauma narrative and to habituate (get used to) talking about and thinking about their trauma experience in a safe and supportive environment.
- **Sessions 6 and 7** help students continue to digest their trauma narrative through writing, drawing, imagining, and sharing their stories with other group members.
- **Sessions 8 and 9** focus on the steps of problem solving, including identifying the problem, brainstorming solutions, weighing pros and cons of solutions, and selecting and evaluating a solution.
- **Session 10** is the final group session and offers students a celebration of their skill development and planning for the future.

Additional resources

School mental health clinicians can find free CBITS training and a wealth of resources to support trauma exposed youth at www.cbitsprogram.org

Adaptations for CBITS have been developed for:

- younger students, ages 5 to 11 – Bounce Back – www.bouncebackprogram.org
- delivery by school teachers and counselors – Support for Students Exposed to Trauma – www.ssetprogram.org

These programs have all been developed with support from the National Child Traumatic Stress Network (www.nctsn.org).

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About the Author

Sharon Hoover, Ph.D., is a leading figure in advancing school mental health (SMH) research, training, policy and practice at national, state, and local levels. Dr. Hoover is a licensed clinical psychologist and an Associate Professor at the University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry. Trauma-responsive schools and trauma exposure among youth and families has also been a major emphasis of Dr. Hoover's research and clinical work. Since 2004, she has worked with the National Child Traumatic Stress Network, Treatment Services Adaptation Center for Resiliency, Hope and Wellness in Schools, (funded by SAMHSA), to train school district and school leaders, educators and support staff in multi-tiered systems of support for psychological trauma. As a certified national trainer for *Bounce Back,* the CBITS Program - *Cognitive Behavioral Intervention for Trauma in Schools* – and the SSET Program – *Support for Students Exposed to Trauma,* she has trained school and community behavioral health staff and educators in districts across the United States, as well as internationally, including consultation on building trauma-responsive, school-based mental health systems in China, Northern Ireland, South Korea, and Ukraine.

Keywords

- school mental health, trauma, cognitive behavioral intervention for Trauma in Schools, CBITS, traumatic stress