

Edition 09 – 3

Spring 2009

Research Précis

Best Practices: Safe and Drug-free Schools and Communities

Creating a better tomorrow...

Title: Cognitive Behavioral Intervention for Trauma in Schools

Overview:

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is primarily a school therapy-based group intervention program aimed at relieving symptoms of post-traumatic stress disorder, depression, and anxiety among children exposed to trauma.

Target: Youth in grades 6 through 9

Extent/Duration of Program: The program consists of ten one-hour group sessions with five to eight children, usually conducted once a week in a school, and one to three individual sessions with the child, two parent sessions, and one teacher session.

Program Costs:

- The CBITS treatment manual costs \$39.95.
- CBITS counselors are trained psychiatric social workers. They are provided a two-day training session as well as ongoing supervision from a local clinician with expertise in cognitive-behavioral therapy.

For further information, or to order:

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Web site: <http://www.rand.org/health/centers/healthsecurity/research/projects/cbits.html>

Principles/Approaches/Components: *Cognitive Behavioral Intervention for Trauma in Schools* is based on the premise that children who have been exposed to violence and exhibit post-traumatic stress disorder in the clinical range will benefit greatly from reduction of symptoms, an increase in resilience, and an increase in parent and peer support. To accomplish these goals, six cognitive-behavioral areas are addressed during sessions. These include: education about common reactions to trauma; relaxation training to combat anxiety; cognitive therapy (developing an understanding of the link between thoughts and feelings, and combating negative thoughts); real-life exposure to traumatic cues (developing avoidance and coping strategies); exposure to stress or trauma memory through use of the imagination, drawing, or writing; and social problem-solving.

Evidence-based Effectiveness: Findings from two 2003 studies in Los Angeles, one involving 198 Spanish-speaking students and the other 126 English-speaking students randomly assigned to CBITS groups or controls, revealed a number of positive indications of effectiveness. At a 3-month follow-up, students who received the CBITS intervention had lower self-reported symptoms of post-traumatic stress disorder and depression than control group students. At this time, the CBITS students had experienced no decline from their level of improvement seen at the time the program ended. Parents of children receiving treatment also had less psychosocial dysfunction than parents of students in the control group. Furthermore,

control group children who were provided the CBITS treatment after the original treatment group showed an improvement that was comparable to the original group.

Safe and Drug-free Schools and Communities Act (SDFSCA) connections:

E.xv - Emergency intervention services following traumatic crisis events, such as a shooting, major accident, or a drug-related incident that have disrupted the learning environment.

E.vii - School-based mental health services related to illegal drug use and violence, including early identification of violence and illegal drug use, assessment, and direct or group counseling services provided to students, parents, families, and school personnel by qualified school-based mental health service providers.

E.xi - Programs that encourage students to seek advice from, and to confide in, a trusted adult regarding concerns about violence and illegal drug use.

National Standards connections:

Grades 6 through 9

Health Education Standard 4 – Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Health Education Standard 7 – Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

National Health Education Standards, Second Edition: Achieving Excellence. American Cancer Society, 2007.

Counseling: Personal and Social Development Standard A: Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

ASCA National Standards for Students. American School Counselor Association, 2004.

Recognition and additional reports:

The following organizations/institutions have recognized the *Bullying Prevention Program*. The organizations are in alphabetical order and the status of the recognition is in parentheses.

Promising Practices Network (Proven Program)

SAMHSA (Effective Program)

GENERAL NOTES: The intent of the above synthesis and correlations is to assist teachers and school administrators dedicated to using best practices to reduce violence and substance abuse among students. To our knowledge, the information was current upon publication. However, details pertaining to status of program recognition, research and findings, costs, and contact information are subject to change.

Correlations to the Safe and Drug-free Schools and Communities Act (SDFSCA) federally approved activities and to national education standards have been limited in depth (“standard” level only) and breadth (number of standards and subjects) due to the encompassing nature of many programs that typically qualify as model or exemplary. The correlations listed should not be viewed as exhaustive.

Designed Instruction’s effective SDFS program research series was funded by the United States Department of Education. For information on other effective programs for promoting safe and drug-free schools and communities, visit www.designedinstruction.com/learningleads/effective-sdfs-programs.html

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