Nuestros Ninos, Nuesto Futuro: Cognitive Behavioral Intervention for Trauma in School

La Causa Social Services
La Causa Charter School
Medical College of Wisconsin
Why a program for traumatized students?

- More and more youth are experiencing traumatic events
  - Community violence
  - Natural and technological disasters
  - Terrorism
  - Family and interpersonal violence
- Most youth with mental health needs do not seek treatment
- Many internalizing disorders in children go undetected
Bringing Evidence-Based Treatment to Schools

* Kids are in schools (removes obstacles such as transportation, stigma, etc.)
* CBT in school setting:
  * Acceptable
  * Feasible
  * Amenable to group structure
  * Focus on building skills
  * Empowering
La Causa 5th through 8th grade prevalence of violence

* # of traumatic life events

- <7: 54%
- 7-13: 40%
- >13: 7%
La Causa 5\textsuperscript{th} through 8\textsuperscript{th} grade prevalence of traumatic events

% who have been threatened, slapped, or beaten up

- 60% NO
- 40% YES
La Causa 5th through 8th grade prevalence of traumatic events

% seen someone shot, stabbed, or pointed with a gun
- NO: 72%
- YES: 28%

% been injured or very sick
- NO: 53%
- YES: 47%
## Prevalence of traumatic events

<table>
<thead>
<tr>
<th>Event</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen a serious accident, where someone could have been (or was) badly hurt or died</td>
<td>123 (54%)</td>
</tr>
<tr>
<td>Thought that someone would get badly hurt during a natural disaster, such as a hurricane, flood, or earthquake</td>
<td>99 (43%)</td>
</tr>
<tr>
<td>Someone close been very sick or injured</td>
<td>153 (67%)</td>
</tr>
<tr>
<td>Someone close died</td>
<td>136 (59%)</td>
</tr>
<tr>
<td>Had to be separated from parents for more than a few days</td>
<td>57 (25%)</td>
</tr>
<tr>
<td>Attacked by a dog or other animal</td>
<td>79 (34%)</td>
</tr>
<tr>
<td>Someone told you that they would hurt you</td>
<td>78 (34%)</td>
</tr>
<tr>
<td>Seen someone else being told they were going to be hurt</td>
<td>99 (43%)</td>
</tr>
<tr>
<td>Seen someone else being slapped, punched, or hit</td>
<td>166 (72%)</td>
</tr>
<tr>
<td>Seen someone else getting beaten up</td>
<td>126 (55%)</td>
</tr>
</tbody>
</table>
Posttraumatic Stress Disorder (PTSD)
  - Re-experiencing
  - Numbing/Avoidance
  - Hyperarousal

Consequences of exposure to violence
Prevalence of PTSD symptoms among screened La Causa students

% meets PTSD criteria

- 42% NO
- 58% YES
Consequences of trauma exposure

- Posttraumatic Stress Disorder (PTSD): Hyperarousal, numbing/avoidance, re-experiencing traumatic event
- Depression
- Substance abuse
- Behavioral problems
- Poor school performance
Decreased IQ and reading ability (Delaney-Black et al., 2003)
Lower grade-point average (Hurt et al., 2001)
More days of school absence (Hurt et al., 2001)
Decreased rates of high school graduation (Grogger, 1997)
Increased expulsions and suspensions (LAUSD Survey)

Impact of trauma on learning
CBITS Program

- 10 child group therapy sessions for trauma symptoms
- 1-3 individual child sessions for exposure to trauma memory and treatment planning
- Parent outreach, 2 sessions on education about trauma, parenting support
- 1 teacher session including education about detecting and supporting traumatized students
Goals of CBITS

* Symptom Reduction
  * PTSD symptoms
  * General anxiety
  * Depressive symptoms
  * Low self-esteem
  * Behavioral problems
  * Aggressive and impulsive behaviors
* Build Resilience
* Peer and Parent Support
How do we select students for CBITS?

* Recruit and get parental consent at school events, e.g. Parent Information Nights, Parent Teacher Surveys
* Get student assent separately before screening
* Administer screening surveys
  * Trauma Exposure Checklist—17 items about traumatic and violent events
  * Toa’s Child PTSD Symptoms Scale—17 items
Who is eligible for CBITS?

* Score screening survey to identify eligible students
  * ANY life time trauma exposure
  * PTSD cut-off: 14 or more points
* Individual interviews with eligible students to verify results and identify main traumatic event. Assess appropriateness for group.
In the groups children learn ways of dealing with their feelings and behaviors related to trauma.

They learn relaxation techniques.

The learn how to expose themselves to stressful situations that are not dangerous.

They learn better ways to relate socially with other people.
How to help the students process the memory

- Provide an example and rationale (i.e. digestion) of why to do this
- Tell the student to tell the story of the trauma in movie-like detail and take notes
- Break the story into parts and ask student what he/she feels (NOW) AT EACH PART
- Ask student to re-tell story, and get fear ratings for the 2-3 most bothersome parts
- Repeat until distress is reduced if possible, or schedule another meeting
- Plan for disclosure and support in the group meetings (Sessions 6 & 7)
Approaching anxiety-provoking situations

* **Why?**
  * To teach children that anxiety does not last forever
  * To get children to be able to do all the things they want and need to do
  * To build confidence

* **How?**
  * Identify things children are avoiding related to the trauma, that are safe to do
  * Make a plan for decreasing that avoidance in gradual steps
  * Practice approaching those situations and staying long enough for anxiety to decrease or go away
Sample hierarchy: 10 year old boy who was with his friend at a part when they witnessed a shooting death

<table>
<thead>
<tr>
<th>Situation</th>
<th>Fear Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going to the park <strong>alone</strong></td>
<td>* 10</td>
</tr>
<tr>
<td>Going to the park with friends</td>
<td>* 8</td>
</tr>
<tr>
<td>Going to the park with parents</td>
<td>* 6</td>
</tr>
<tr>
<td>Going to different park</td>
<td>* 4</td>
</tr>
<tr>
<td>Driving past park</td>
<td>* 2</td>
</tr>
</tbody>
</table>

By the time students get to 8-10s they are no longer 8-10s because of the mastery they have gained.
Did CBITS work?

* Evaluation measures
  * PTSD Symptoms measured at baseline, post-CBITS, 3-month, and 6-month follow-up
  * Depression Symptoms measured at baseline, post-CBITS, 3-month, and 6-month follow-up
  * Child Symptom Checklist filled out by parents and teachers at baseline and post-intervention
PTSD Symptom Reduction

% of children who meet PTSD criteria

\( \chi^2 = 6.92, p < .01 \)

\( \chi^2 = 4.42, p < .05 \)
Depression Symptoms Reduction

Baseline: $t = 2.78, p < .01$
3-month: $t = 3.76, p < .01$
6-month: $t = \text{not applicable, data not provided}$

Depression symptoms reduced from baseline to 3-month and 6-month evaluations.
Laura (a pseudonym) is a student who participated in the CBITS program. She lives with her parents and two younger brothers. Laura had a very violent traumatic experience in her home (a home invasion); the whole family was home, including her younger brothers and a preschool age nephew. When the doorbell rang and her father answered, four men, one with a gun, pushed their way into the house. Laura tried unsuccessfully to gather the younger children together, and get them to go upstairs. Holding a gun to her father’s head, and insisting that everyone lay down on the floor, while the gun was pointed at the children, they demanded money. Her mother, who had $1,000 saved for Laura’s Quinceañera, gathered the money together, as well as a lap-top computer, and gave it to them. They quickly left.

* Laura had recurring recollections of the event, as well as flashbacks and nightmares. She had difficulty falling and staying asleep, difficulty concentrating in school, and was hypervigilant.

* Once Laura started the CBITS program her first goals were to “calm myself down when I feel upset.”, and to be able to “think about things that happened without feeling upset,” and “To have fewer problems with my family.”

* Throughout the group sessions, Laura put effort into sharing her experience, and not only found support from the group, but as well, set an example for the others to open up. She found the relaxation exercises helpful to reduce anxiety, and sleep better. Regarding social problem-solving, she chose to talk to her mother about her experience of the event, as one of her homework assignments, which helped fortify their relationship. She was able to talk to her mother about some of her fears. Working individually with the therapist she was able to bring her fear thermometer rating down from an initial 10 to a concluding two, by exposure of the trauma memory in a safe environment. For her final project she wanted to draw a picture of the incident which claimed she wouldn’t have been able to do at the beginning of the program. The picture showed a rather large crown, painted with red-orange flames and the word “DANGER” written across it. Surrounding this was a tempest of dark clouds and lightning. “Although this whole incident lasted about 15 minutes,” Laura said “I felt like it took up a whole day, a very dark day.” The crown tattoo was the only thing she remembered about the gun-wielding intruders.
To provide CBITS in one grade would require 0.3 FTE of a school social worker or psychologist.