

Meeting the Needs of Traumatized Children Through a School-Based Program

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Community-Academic Partnership

COLLABORATORS	FUNDING
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Overview

- Collaborative development of the Cognitive Behavioral Intervention for Trauma in Schools program
- Description of program
- Key findings from program evaluation
- Next steps

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Goals of the Collaboration

- Develop program for students exposed to community violence
 - Appropriate for delivery in schools and by school staff
 - Based on current practice guideline recommendations
 - Culturally sensitive for children and families
- Identify children appropriate for program
- Rigorously evaluate program outcomes

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Cognitive Behavioral Intervention for Trauma in Schools (CBITS: Jaycox, 2003)

- 10 group therapy sessions for children focused on trauma symptoms
- Parent outreach, education about trauma, parenting support
- Teacher education about detecting and supporting traumatized students

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Tailoring the Program for Schools

- Provided by school social workers
 - 2 day training and weekly supervision
 - Written manual
- Treatment conducive to school setting
 - Bell-to-bell
 - Flexible, minimal class time missed
 - Modeled on classroom lesson plan
- Social workers worked closely with school liaison

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Key Program Components

- Educating students about trauma and common symptoms

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Key Program Components

- Educating students about trauma and common symptoms
- Relaxation training and fear thermometer

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The Fear Thermometer

Very anxious

10

9

8 - Walking home from school alone

7

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3 - Going out on playground at recess

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Not anxious at all

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Key Program Components

- Educating students about trauma and common symptoms
- Relaxation training and fear thermometer
- Cognitive therapy

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Cognitive Therapy

- Identifying negative thoughts
 - “what happened is my fault”
 - “I can’t deal with anything myself,
 - I’m afraid that everyone will try to hurt me”
 - “I can’t trust anybody.
- Challenging negative thoughts
 - Other ways of thinking

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Key Program Components

- Educating students about trauma and common symptoms
- Relaxation training and fear thermometer
- Cognitive therapy
- Learning to face the trauma

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Key Program Components

- Educating students about trauma and common symptoms
- Relaxation training and fear thermometer
- Cognitive therapy
- Learning to face the trauma
- Building skills to get along with others

Participation in the Program

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    graph LR
      A[769 students screened for eligibility] --> B[159 students eligible for program]
      B --> C[126 students randomly assigned]
      C --> D[61 students receive program immediately]
      C --> E[65 students to receive program later]
    
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Evaluating Program Effectiveness

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    graph LR
      A[126 students randomly assigned] --> B[61 students receive program immediately]
      A --> C[65 students to receive program later]
      B -.-> D[3-month assessment]
      B -.-> E[6-month assessment]
      C -.-> D
      C -.-> E
    
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Screening Children for Violence Exposure and Trauma Symptoms

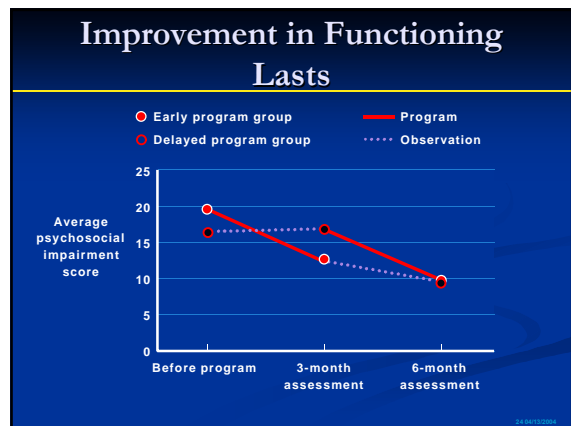
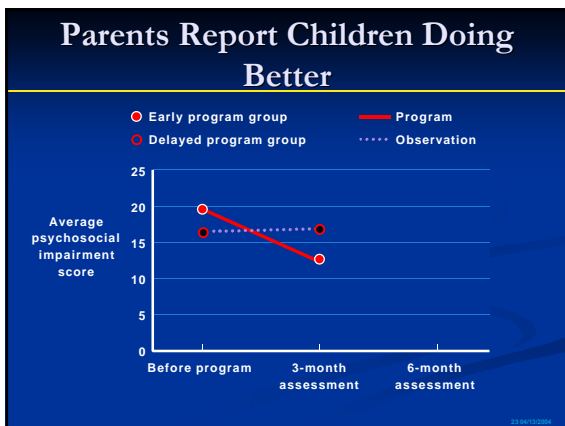
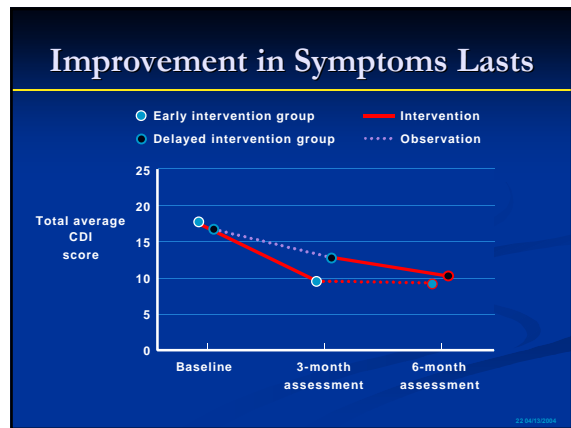
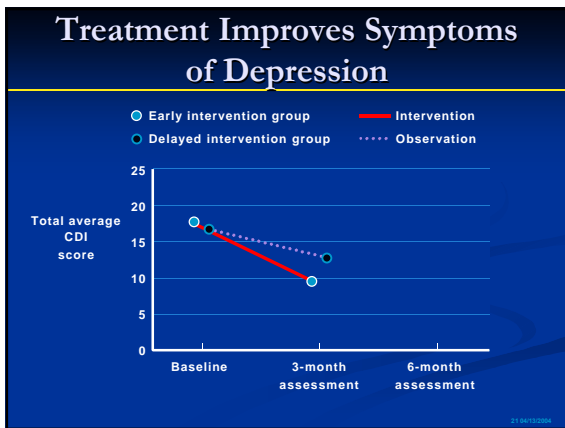
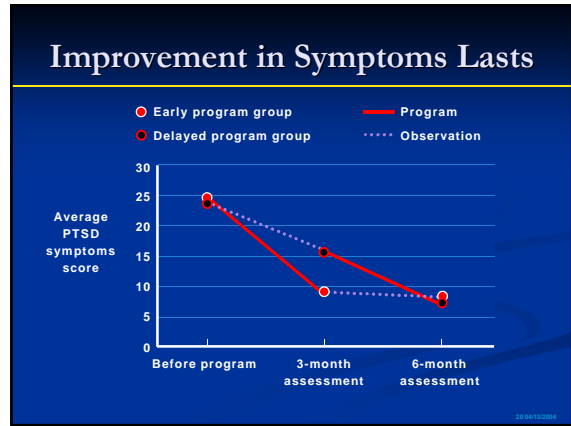
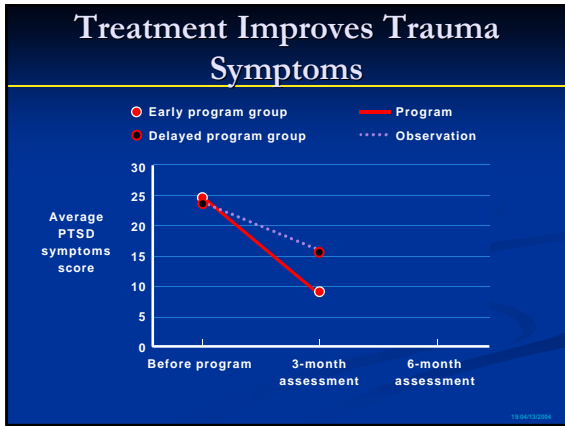
- Violence exposure (Singer, 1999)
 - How often over the past year have you been beaten up *at school*?
 - How often over the past year have you seen someone pointing a *real* gun at someone else?
- Trauma symptoms (Foa, 2001)
 - Have you been having nightmares about the event?
 - Have you been avoiding things that remind you of the event?
 - Have you been jumpy or easily startled?

Screening Identified many Children with Violence Exposure

Type of exposure in last year	Percentage of all students screened
Knife or gun involved	~45%
Victim of violence	~70%
Witnessed violence	~85%

Screening also Identified many Children with Clinical Symptoms

Clinically significant symptoms	Percentage of all students screened
PTSD	~30%
Depression	~15%



School Functioning

- As trauma symptoms decreased, grades improved
- No significant difference found on teacher report of classroom behavior

What Did Families Say?

“My son is not afraid to come to school anymore... he comes home and talks to me. Before he would just cry and not say anything. Now he’ll come home and tell us what’s bothering him. I realize how important it is to spend time with our kids and listen to them.”

Martin’s mother

What Did Teachers Say?

“I was surprised that so many students qualified for the program.”

“Initially, I was concerned because students would be pulled out of class... they weren’t going to do as well. But then you could see them settling down... and doing better.”

“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.”

Where We Are Now

- First program shown to be effective in reducing symptoms of children exposed to community violence
- Well received by children, parents, and school staff
- Can be delivered effectively in schools by individuals already in schools

The Next Steps

- With limited clinicians on campus, how much of the program can be delivered by other school personnel?
- Does effect of the program last beyond 3 months?
- How can we successfully replicate CBITS in other schools across the country