

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Training Guidelines

Field	May include requirements, recommendations, minimum standards, variations, ratios, and other considerations
Treatment/Product Description	Description: The CBITS Program is an early intervention group program for students who have experienced trauma and have symptoms of posttraumatic stress disorder (PTSD). Designed with and for school personnel, it has been implemented widely for a variety of different students and systems. Adaptations for nonclinical personnel, younger children, and special populations are available.
	NCTSN Fact Sheet Available:
	http://nctsn.org/sites/default/files/assets/pdfs/cbits_general.pdf
	Culturally Specific Information Available:
	http://nctsn.org/sites/default/files/assets/pdfs/cbits_cultural.pdf
	Goals: The goals of CBITS are to reduce symptoms of distress related to trauma (PTSD and depressive symptoms), improve coping skills related to stress and trauma, and build peer, school staff, and parent support.
	Target Population: Late elementary school through high-school students. Students are usually identified through screening for trauma and related symptoms but can also be identified through counselor, teacher, or other referrals.
	Essential Components: CBITS consists of 10 group sessions and 1-3 individual sessions, as well as parent and teacher informational sessions.
	Other considerations: CBITS is ideal for reaching underserved students who experience high levels of trauma but who often don't have access to services outside of the school setting. CBITS has also been effectively delivered in schools following a crisis (natural or man-made) that has affected many students.
Training	Training in the early intervention CBITS program has historically been flexible and tailored to the needs of individuals and organizations. Although we have developed a Web-based, free training course, we do not recommend it as a stand-alone training. We work with sites and individuals prior to training to determine the most appropriate type of training and ongoing supervision/consultation. In this section we present a minimally acceptable training option and the most comprehensive option. The most comprehensive option is typically only possible with dedicated funding. Most typically, CBITS training falls somewhere between these two options.
	Minimally Acceptable Training
	This level of training is only appropriate for individuals or organizations that have prior experience in all of the following:
	Delivery of mental health services in the school setting
	Delivery of evidence-based practices (using manual or similar)
	Delivery of cognitive behavioral, trauma-focused therapies
	Delivery of therapeutic groups with children
	Mode of Training: Combined virtual/manual/live training.

Training (continued)

Content:

All trainees must complete the following:

- Read CBITS manual
- Complete five-hour Web-based course
- Review Web site quick-tips and role-plays
- Attend one-day condensed live training with certified trainer, after completion of Webbased course

Site must have a local supervisor who can provide clinical supervision to trainees and who participates in all the training activities above, along with CBITS trainees.

Number of Days/Hours Total/Minimum: 16 hours (8 virtual, 8 live)

Options for Make-up: N/A

Training Cost: Cost to clinician is the CBITS manual (approx. \$45); all other Web-based materials and virtual training are free.

Trainings are usually arranged on-site for a group of school-based clinicians. Costs in 2015 for 1 certified CBITS trainer were \$2000 plus travel expenses (1 trainer suggested per maximum of 15 trainees).

Training Contact Information: www.cbitsprogram.org

Most Comprehensive Training

This level of training is appropriate for any school-based clinician. Experience with the following is helpful:

- Delivery of mental health services in the school setting
- Delivery of evidence-based practices (using manual or similar)
- Delivery of cognitive behavioral, trauma-focused therapies
- Delivery of therapeutic groups with children

Mode of Training: Face-to-face, virtual, manual, telephone.

Content:

All trainees must complete the following:

- Read CBITS manual
- Take five-hour Web-based course
- Attend two-day face-to-face training
- Use five-hour Web-based course for review and brush-up following training
- Review Web site quick-tips and role-plays

Clinicians collect ongoing fidelity of implementation and outcomes measures for quality assurance and improvement.

Supervisor takes part in all training activities along with CBITS trainees.

Certified CBITS trainer provides weekly case consultation with new trainees.

Approved supervisor obtains ongoing consultation from certified CBITS trainer on overall implementation.

Certified CBITS trainer reviews fidelity of implementation and outcomes monitoring for quality assurance and improvement.

Training (continued)	Number of Days/Hours Total/Minimum: Three days initially; two hours monthly
	Options for Make-up: N/A
	Training Cost: Cost to clinician is the CBITS manual (approx. \$45); all other Web-based materials and virtual training are free.
	Trainings are usually arranged on-site for a group of school-based clinicians. Costs in 2015 for 1 certified CBITS trainer were \$4000 plus travel expenses (1 trainer suggested per maximum of 15 trainees).
	Ongoing consultation and fidelity monitoring by a certified CBITS trainer in 2015 cost \$200 per hour.
	Training Contact Information: www.cbitsprogram.org
Selection	Typical trainees for this Treatment/Product: Mental health clinicians working in a school or school-like setting where running closed groups is feasible.
	Minimum Education Level: Master's degree that includes clinical training in child mental health.
	Licensure/Certification: Licensure/certification requirements vary by school and region. We suggest that those working towards licensure co-lead groups with a licensed individual or work closely with their supervisor of record who is also trained in CBITS.
	Experience: Experience in the following areas is helpful and can be grounds for more flexible/minimal training:
	Delivery of mental health services in the school setting
	Delivery of evidence-based practices (using manual or similar)
	Delivery of cognitive behavioral, trauma-focused therapies
	Delivery of therapeutic groups with children
	Match/Fit: This intervention is designed for use in schools but has also been used successfully in school-like settings (e.g., after-school programs, summer programs).
Propagation for	Clinician Readiness Assessment Available? In development.
Preparation for Training and Implementation	Agency Readiness Assessment Available? Yes. Example items: To what extent have you obtained school or clinic administration support for implementing CBITS? How many schools/clinics have been identified for implementation of CBITS?
	Typical Prerequisites for Training: Purchase of manual, completion of five-hour Web course. We work closely with sites and individuals to ensure that the training occurs close to proposed CBITS implementation and that the school system is ready for the program. There is typically a pre-work phase that assesses readiness for training and implementation and specific needs of the agency or organization.
	Prereading/Other: The CBITS manual is available at Voyager Sopris: http://www.voyagersopris.com/curriculum/subject/school-climate/cognitive-behavioral-intervention-for-trauma-in-schools
Consultation	Ongoing consultation is highly recommended but can be flexibly implemented depending on resources and goals for the program. Consultation and fidelity monitoring are required to become a certified CBITS implementer.
	Type/Mode/Ratio: Flexible consultation with a certified CBITS trainer is recommended. This consultation is typically by telephone and supported by audiotapes from group sessions. Live monitoring of sessions is also possible. Reflective learning groups, or ongoing group training/consultation, offer another mode. Supervisors should participate in ongoing consultation.

Consultation (continued)	Frequency: Weekly with first CBITS group, tapering down to monthly as the implementer gains experience.
	Participation: Presentation and audio submission.
	General/Expected Duration of Consultation: Varies depending on experience and skills.
	Demonstrated Proficiency/Mastery/Competence: Use of a fidelity measure that assesses both content and quality of implementation is recommended.
Case Completion Requirements	Successful case completion, as determined by consultation and/or fidelity monitoring, is a requirement for certification as a CBITS implementer.
	Case Selection Criteria: N/A
	Case Completion: Typically, running two groups with high fidelity is sufficient for certification as a CBITS implementer. Successful completion of at least one CBITS group is required before participation in train-the-trainer activities.
	Fidelity: Fidelity ratings by a certified CBITS trainer are recommended. Self-assessment tools are also available.
	Mode of Review (e.g., Video/Audio/Test): Audiotape or live monitoring.
Maintanana	Booster: Booster trainings for implementers are suggested on a yearly basis.
Maintenance	Advanced: Advanced options include certification as a CBITS implementer and certification as a CBITS trainer.
	Maintenance Plan/Continuing Education: N/A
To Supervise Providers of the Treatment/ Product	Prerequisites needed to supervise use of the Treatment/Product
	CBITS supervisors can be of two types:
	 Onsite trauma specialists who have participated in training. These individuals are expected to participate in consultation, if applicable, but there are no other special requirements for supervisors. Supervisors are not expected or certified to train others in CBITS.
	2. Certified CBITS trainers. See below for details.
To Train Providers in the Treatment/ Product	Prerequisites needed to train providers in the Treatment/Product: Trainers have experience implementing at least one CBITS group successfully with fidelity. They are required to be approved by the CBITS Faculty to initiate the training to become a CBITS Trainer. They are required to co-train with CBITS faculty. Adherence and quality of training are monitored during these co-training sessions until an acceptable level is reached across all training content as determined by the CBITS faculty.
	Levels: 1. CBITS Trainer in Training
	2. Certified CBITS Trainer
	3. CBITS Faculty
	# of Cases Completed in Treatment/Product: Trainers must have run at least one CBITS group prior to beginning the train-the-trainer process.
	# of Years Practiced: N/A
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Endorsement or Certification Options	For Clinician: Many CBITS implementers are not certified. However, certification is available and involves ongoing consultation and fidelity monitoring until a certified CBITS trainer judges that an acceptable level of fidelity has been reached.
	For Supervisor: N/A
	For Trainer: Trainers are certified through the train-the-trainer process specified above.
	Decision-making process/body: Judgment from certified CBITS trainer and CBITS faculty.
	Roster of Trainers: Yes, we maintain a list of certified trainers. We match trainers to sites requesting training based on location and availability. Contact our team through www.cbitsprogram.org to inquire about training. All approved trainings are coordinated or registered through this system.
Additional Resources	All information on CBITS and adaptations are available on the CBITS Web site at www.cbitsprogram.org . You must register on the Web site (at no cost) to access these resources.