RESOURCE

# CBITS/Bounce Back Senior Leader Responsibilities

**This resource was created for senior leaders who oversee Cognitive Behavioral Intervention for Trauma in Schools (CBITS) or Bounce Back (BB) to clarify and supplement CHDI contract deliverables.**

It offers additional examples and specifications, including ways to support clinicians in providing high-quality services to as many children as possible.

**Evidence-based practices, such as CBITS/BB, create better outcomes than treatment as usual or no treatment at all for children experiencing post-traumatic stress.** We've created this resource to ensure all children who could benefit from a CBITS/BB group have access to those supports, and all CHDI contract deliverables are fulfilled. Feel free to print this document and use it as a checklist.

*Please note that most forms and tools mentioned in this document are available for download on our **Provider Resources** page under CBITS/BB. There is also a CBITS/BB Google Drive folder with additional resources, but it is only available to CBITS/BB Initiative Teams.*

## Pre-Implementation Responsibilities

□ **Develop and implement a screening plan using the Trauma Exposure Checklist (TEC) and Child Posttraumatic Stress Symptom Scale, fifth edition (CPSS-5)** to identify children who are eligible for CBITS and/or BB.

- This includes supporting appropriate space, staffing support, and time for screening is available. Screening usually takes 30-60 minutes for the explanation, interview, and debrief.

□ **Develop a consenting process with a formal consent form** so that children considered for a CBITS/BB group can be screened with parental consent and then treated in group if appropriate. Some teams have a combined screening and treatment consent form, while others have separate forms.

□ **Enter monthly screening data via a survey link that will be emailed** on or before the 10th of the following month. Screening data must be entered no later than the 20th of that following month.

□ Create a central location with documentation of processes and protocols.

□ **Support the identification of potential clinician(s) to be trained who have the necessary education, experience, and interest in running a CBITS/BB group.**

- Clinician(s) should have training and implementation expectations explained and agreed to before attending trainings.
- Attend pre-training meetings with prospective clinician(s) so expectations from CHDI are clearly understood.

# Implementation Responsibilities

□ **Ensure that staff enter agency, staff, and child/family CBITS/BB data into EBP Tracker.** You are responsible for verifying the accuracy of data entered by staff. A data collection and management oversight plan is needed to ensure clinicians know how to enter child-level intake, session, and discharge data for each child in a group. This can include ensuring clinicians or data entry staff have time and resources to enter the necessary data.

□ **Support clinicians to meet or exceed the team goal for children receiving CBITS/BB as indicated by the CHDI contract**, including advocating for space and time availability and liaising with other school/district leaders (e.g., principals) to support screening and group implementation activities:

- Each clinician is expected to complete one CBITS/BB group with at least three children and shall aim to complete at least two CBITS/BB groups per year; each clinical supervisor is expected to complete at least one CBITS/BB group with at least three children per year.
- CHDI will provide increased technical assistance and implementation support to improve capacity and performance toward the team goal as needed.

# Ongoing Support Responsibilities

□ **Maintain a CBITS/BB team capable of providing CBITS/BB treatment that meets regularly to support implementation.**

- Each team must include a designated site coordinator (for day-to-day communication with CHDI) and a senior leader (administrator) who oversees and is responsible for the CBITS/BB implementation.
- Maintain a CBITS/BB supervision plan so that clinicians delivering the model receive appropriate supervision from a supervisor trained in CBITS/BB whenever possible. Meetings should occur at least monthly and be facilitated by the coordinator and/or senior leader.

□ **Participate in CBITS/BB quality improvement activities with CHDI using EBP Tracker.**

- Participate in at least four site visits annually (quarterly) or more depending on the implementation phase, current progress, and provider or district needs. Typically, consultation is more frequent during the initial stages of implementation. Additionally, telephonic and email-based support is available at all times.
- Goals will be created at each site visit using a quality improvement framework and reviewed at the following site visit to monitor progress and ensure implementation.

□ **Support clinician activities towards the completion of Connecticut CBITS and/or BB certification for each participating clinician/supervisor.** This includes the completion of two-day training, consultation calls (9 of 12), and implementation of two CBITS/BB groups that meet credentialing criteria.

Child Health and Development Institute

**For additional support or resources, please contact:**
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