



Connecticut CBITS Evaluation Report

Spring 2015

Report Prepared by:

Heather Sapere

Jason Lang

Child Health & Development Institute of Connecticut (CHDI)

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Overview

The statewide CBITS training began in Spring 2015 in Bridgeport. This initiative is funded by the Connecticut Department of Children and Families (DCF), in partnership with Sharon Stephan, Ph.D. (CBITS Trainer), additional CBITS trainers and staff, the Child Health and Development Institute (CHDI; data reporting), Wheeler Clinic (training support), and participating school-based health centers and schools. This report summarizes the CBITS training and first pilot CBITS group in Spring 2015 in Bridgeport.

Training Summary

There were two CBITS training sessions held in Spring 2015. The first was held on April 7th and April 8th in Bridgeport, CT. A total of four staff members from Optimus Health Care, two staff members from Southwest Community Health Center, two staff members from Barnum School, and one staff member from BBOE Marin School attended the training. The second training was held on June 1st through June 3rd. A total of two staff members from Optimus Health Care, three staff members from Southwest Community Health Center, two staff members from Barnum School, one staff member from Johnson School, and two staff members from the Bridgeport Board of Education attended the training.

Group Description

One CBITS group was held in Barnum Elementary School following the trainings in Spring 2015. The first session of the CBITS pilot group was completed in April 2015, and the last session was completed in June 2015. Four students began the group, and all four completed the group. The group was completed in 8 sessions instead of the usual 10 sessions because of limited time at the end of the school year. The group leader collapsed sessions three and four as well as sessions six and seven together. All four children in the group attended all 10 CBITS sessions. One child was absent during session nine and made this up individually with the CBITS clinician.

At least one CBITS individual session was held with all four of the children in the group. The Child and Caregiver Individual Form asks the clinician to provide a rating for how well they thought certain objectives were met during the individual session with both the child and the caregiver. The scale for this ranged from 1 to 4 (1 = Not Met/Not Attempted, 2 = Somewhat Met, 3 = Mostly Met, 4 = Completely Met). The clinician rated all session objectives as 'Completely Met' for all four of the individual child sessions. In addition, the form asks the clinician to indicate whether or not session activities were completed during the individual/caregiver session(s). In this group, 100% of activities were completed for all four children during their individual sessions. Caregiver sessions were not conducted with this group.

Information on Group and Sessions

The group session form is completed once for the entire group and asks the clinician to provide a rating for how well they thought the group met certain objectives. The scale for this ranged from 1 to 4 (1 = Not yet/Not Attempted, 2 = Somewhat Met, 3 = Mostly Met, 4 = Completely Met). **The average rating across the session objectives was 3.22**, indicating that the CBITS clinician felt the group mostly met the objectives for each session. In addition, the group session form asks the clinician to indicate whether or not session activities were completed. In this group, **92% of session activities were completed**; the only exceptions were the last two activities for Session 3 & 4; continuation of cognitive therapy and practice. Lastly the activities assignment was only completed in Session 1 and was not completed in any of the remaining sessions.

Child Characteristics

Demographic Information. The pilot CBITS group consisted of three Hispanic females and one Haitian male, whose ages ranged from nine to ten years old.

Trauma Exposure. The Trauma Exposure Checklist (TEC) was administered to all four children prior to the group. These children reported exposure to an average of 7.25 different types of potentially traumatic events (SD = .96).

Baseline Symptoms & Functioning. The Child PTSD Symptom Scale (CPSS), a measure of posttraumatic stress disorder (PTSD) symptoms, was administered prior to the group. The mean CPSS score was 17.75, indicating high clinical symptoms of PTSD. All four children in the group had CPSS scores of 15 or greater, indicating a likely diagnosis of PTSD at baseline.

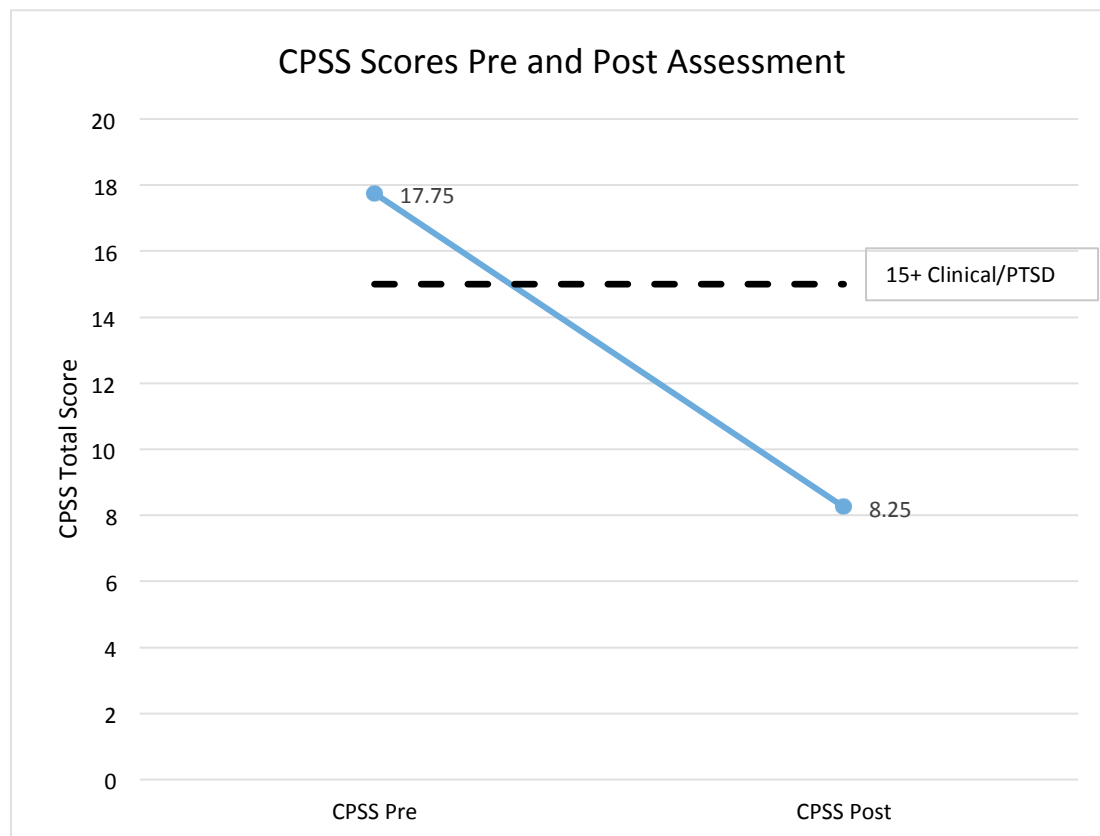
Ohio Youth Problem and Functioning Scales, a measure of overall problem behaviors and functioning, was administered prior to the group. The mean Ohio Problem Severity Scale score was 20.5, and the mean Ohio Functioning Scale score was 50.25, both indicating borderline impairment at baseline. One of the four children had an Ohio Problem Severity scale score of 25 or greater indicating critical impairment. In addition, one of the four children had an Ohio Functioning scale score of 44 or below, also indicating critical impairment.

Pre- to Post-Group Changes in Symptoms & Functioning¹

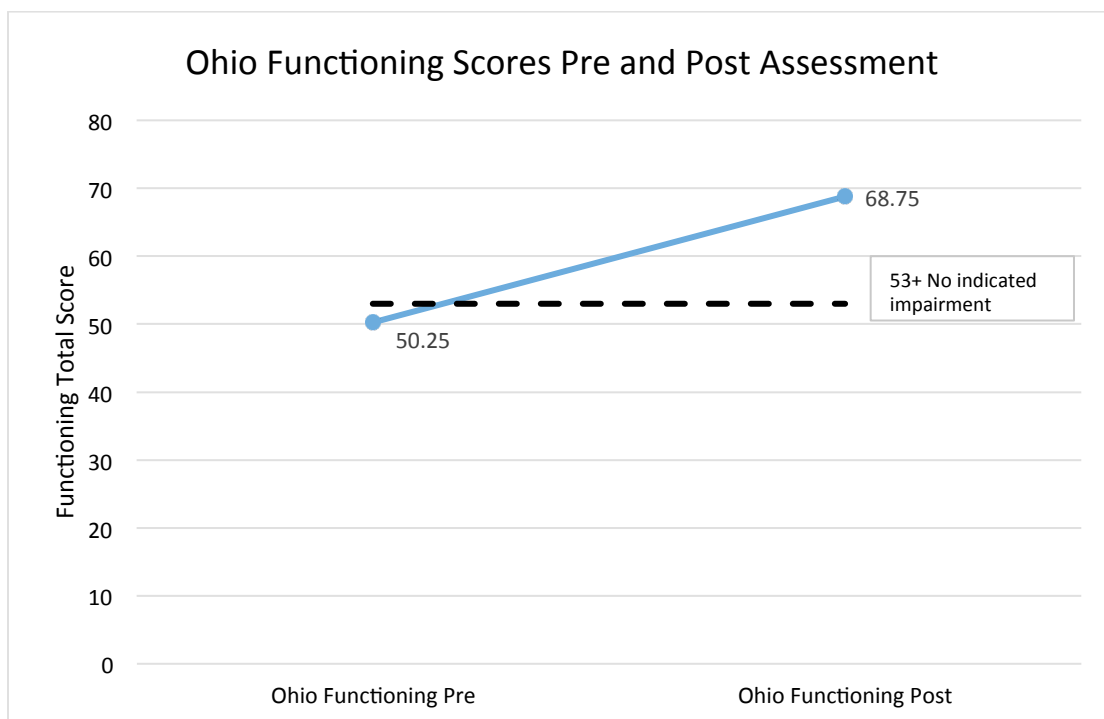
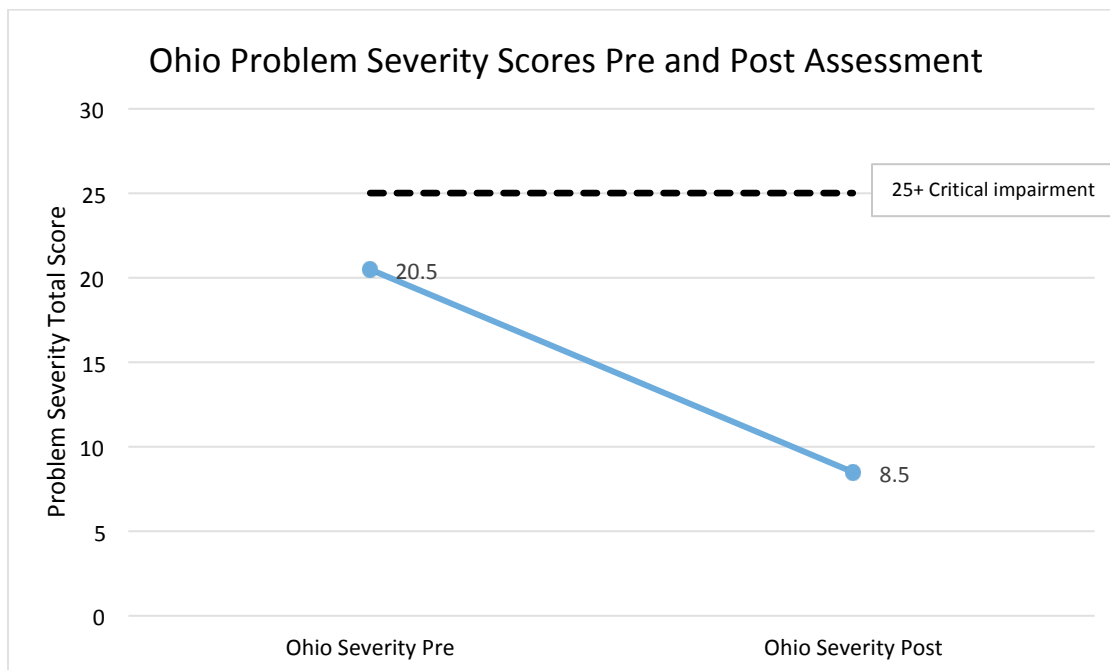
The CPSS and Ohio Scales were administered post-group. The mean CPSS post-group score was 8.25, indicating a 54% symptom decrease between pre- and post-group. One of four children had a CPSS score of 15 or higher at post-group; this is a 75% decrease of children with scores indicating a likely diagnosis of PTSD. These results suggest that the children experienced

¹ Statistical analysis was not completed because of the limited size of this group (N=4 students)

fewer PTSD symptoms after their completion of the CBITS group compared to the number of PTSD symptoms they experienced before they began the CBITS group.



The mean Ohio Problem Severity Scale post-group score was 8.5, indicating a 59% symptom decrease between pre- and post-group. Zero of four children had Ohio Problem Severity scores of 25 or higher at post-group; this is a 100% decrease of children with scores indicating a critical impairment for problem severity. The mean Ohio Child Functioning Scale post-group score was 68.75, indicating a 37% increase in functioning abilities. Zero of four children had Ohio Functioning Scale scores of 44 or below at post-group; this is a 100% decrease of children with scores indicating critical impairment. The results from the Ohio scales suggest that the children experienced fewer problems and demonstrated better functioning after the completion of the CBITS group, compared to their scores before starting the CBITS group.



Summary

The initial CBITS pilot group appeared to be very successful. Attendance at group sessions (with makeup) was 100%, and self-reported adherence to the CBITS session activities was very high. Most importantly, the children participating reported large reductions in PTSD symptoms, general behavior problems, and concurrent increases in functioning. Because of the limited time at the end of the school year, the group was shortened from 10 to 8 sessions, and no caregiver sessions were provided. The positive results in light of these modifications are especially impressive.