



PBIS Positive Behavioral
Interventions & Supports
OASD TECHNICAL ASSISTANCE CENTER

Using PBIS to Address the Needs of Students with Internalizing Problem Behavior



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PBIS: Systems for Enhancing Climate & Culture

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C7: Mental Health Integrations
October 27, 2016 | 2:15 – 3:30

Key Words: Alignment, Mental Health, Internalizing Problem Behavior

Please Provide Feedback

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- In our **mobile application** by clicking on *Evaluation* underneath the session information.
- **Online** underneath the posted presentations at www.pbis.org/presentations/chicago_forum_16
- Via **paper form** from your session facilitator

Maximizing Your Session Participation

When Working In Your Team

Consider 4 questions:

- Where are we in our implementation?
- What do I hope to learn?
- What did I learn?
- What will I do with what I learned?

Where are you in the implementation process?

Adapted from Fixsen & Blase, 2005

Exploration & Adoption

- We think we know what we need so we are planning to move forward (evidence-based)

Installation

- Let's make sure we're ready to implement (capacity infrastructure)

Initial Implementation

- Let's give it a try & evaluate (demonstration)

Full Implementation

- That worked, let's do it for real and implement all tiers across all schools (investment)
- Let's make it our way of doing business & sustain implementation (institutionalized use)

Agenda

Agenda

1. Introductions and establish goals (MW- 2 min)
2. Frame the challenge and current research foundation (MW – 8 min)
3. ISF: A Comprehensive Approach (LE-10 min)
4. Tier I: PBIS commitment and structure (RH- 10 min)
5. Tier II/III supports (LE- 15 min)
6. Implications for PBIS practices, data, systems (All -15 min)

Goals

Goals

1. Provide a context for linking behaviors that traditionally are labeled “internalizing” versus “externalizing”
2. Establish goal that PBIS should address “internalizing” problem behaviors with three tiers of support intensity just like with other behaviors
3. Tier I: What are most common internalizing problem behaviors, and how can we use Tier I supports to prevent and address them?
4. Tier II: How do we identify students early, and provide efficient and effective early intervention?
5. Tier III: What are the most efficient and effective treatment strategies for more serious internalizing problems?

“Internalizing” Problems

- Depression
- Anxiety
- Fears/ phobias
- Trauma symptoms

Major Depressive Disorder

- 5 or more, two week period, and change in functioning
 - Depressed mood most of the day
 - Markedly diminished interests/pleasure
 - Significant change in weight
 - Sleep disturbance
 - Psychomotor agitation or retardation
 - Fatigue, loss of energy
 - Diminished ability to think or concentrate
 - Recurrent thoughts of death
 - American Psychiatric Association (APA, 2013). Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-V), Arlington, VA.

Social Anxiety Disorder

- Marked fear/anxiety about social situation (s)
- Fear of negative evaluation
- Other fears that are out of proportion or not reality based
- Consistent fear/anxiety connected to some situations
- Associated with distress and other impairment
- Persistent, 6 months or longer
 - APA (2013)

Generalized Anxiety Disorder

- Excessive anxiety and worry occurring more days than not for at least 6 months
- Difficult to control the anxiety
- Associated with significant distress or social/occupational impairment
- Associated with at least three of the following:
 - Restlessness
 - Being easily fatigued
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbance
 - APA (2013)

Specific Phobia

- Marked fear or anxiety about a specific object or situation
- The object/situation almost always provokes immediate fear/anxiety, and is actively avoided
- The fear/anxiety is out of proportion or not reality-based and persistent (> 6 months duration)
 - APA (2013)

Obsessive Compulsive Disorder

- Presence of obsessions/compulsions or both, which are time consuming and cause distress/impairment
- Obsessions: Recurrent and persistent thoughts, urges or images, that are intrusive and unwanted
- Compulsions: Repetitive behaviors that the individual feels driven to perform in response to an obsession or a rigid set of rules
 - APA (2013)

Reactive Attachment Disorder

- Experience of extremes of insufficient care
- Inhibited, emotionally withdrawn behavior toward caregivers and others
- Minimal affect and social responsiveness
- Episodes of unexplained irritability, sadness or fearfulness
 - APA (2013)

Posttraumatic Stress Disorder

- Exposure to actual or threatened death, serious injury or sexual violence
- Two or more:
 - Recurrent, involuntary, and intrusive distressing memories
 - Recurrent distressing dreams about the event(s)
 - Disocciative reactions in which the individual feels like events are re-occurring
 - Intense and prolonged distress
 - Physiological reactions
- Persistent avoidance
- Alterations in cognition and/or mood
 - APA (2013)

Distinguishing Internalizing from Externalizing Problems

- *Externalizing problems are highly interactive and social*
- *By contrast, internalizing problems are notable for what they are not*
- *Social and academic "treading water" or "disappearing" while others are moving forward*

Prevalence

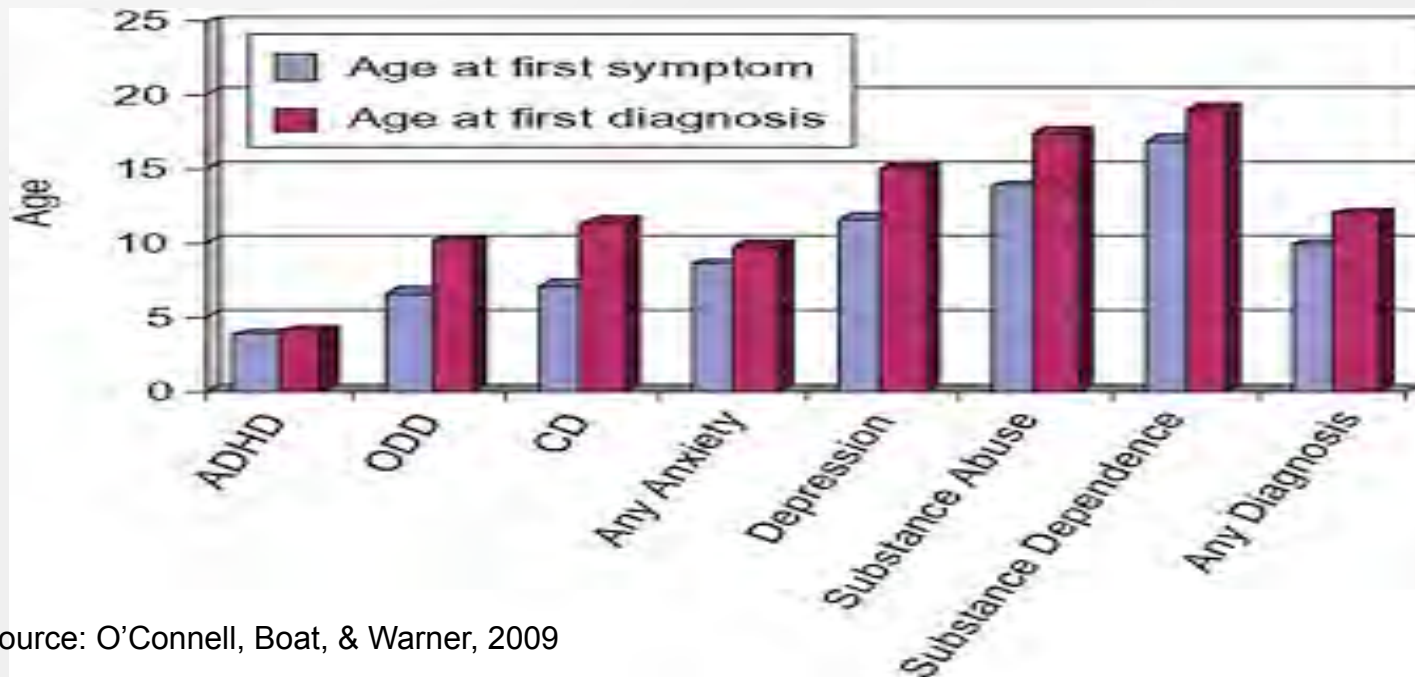
- How prevalent are emotional disorders among school-age children and youth?

Study	Citation	% of sample with any impairment	% of sample with serious impairment
Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA)	Shaffer et al., 1996	21%	5%
Great Smoky Mountains Study of Youth	Burns et al., 1995	20%	11%
National Health & Nutrition Examination Survey (NHANES)	Merikangas et al., 2010	13%	11%

Early Intervention is Critical

- Research suggests that there's a 'window of opportunity' ranging between 2-4 years when prevention is critical

Great Smoky Mountains Study: Age Between First Symptom and Initial Diagnosis



Source: O'Connell, Boat, & Warner, 2009

Bradshaw, C. P., Buckley, J. A., & Jalongo, N. S. (2008). School-based service utilization among urban children with early onset educational and mental health problems: The squeaky wheel phenomenon. *School Psychology Quarterly*, 23(2), 169.

	Received Mental Health Services	Received Special Education Services
Externalizing	85%	75%
Internalizing	65%	40%

Key Intervention Targets for Internalizing Problems

- Psychoeducation
- Self-monitoring
- Problem solving
- Cognitive restructuring
- Activity scheduling (pleasurable, instrumental, exercise)
- Social skills
- Relaxation
- Exposure

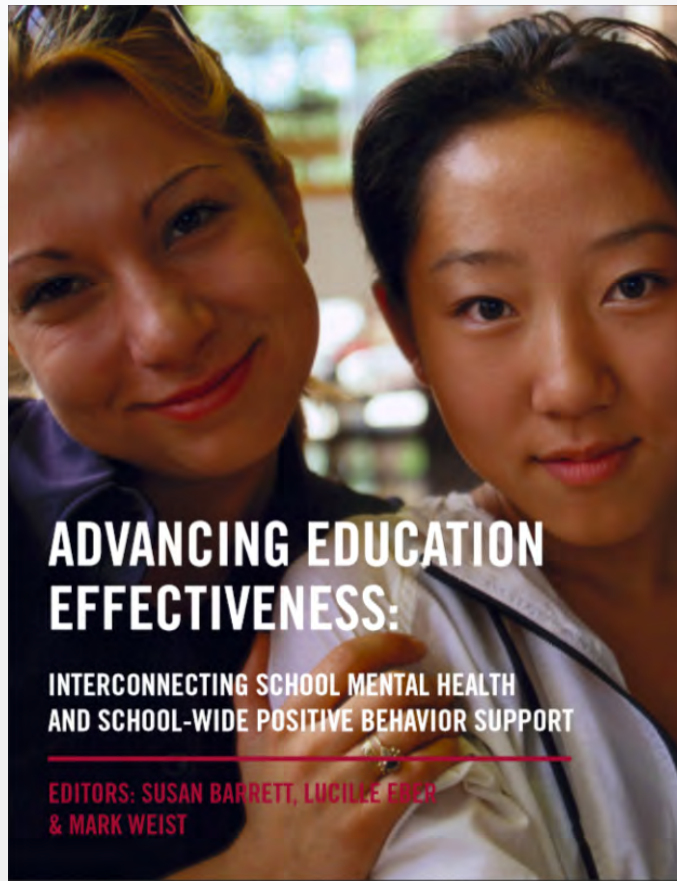
Goal Oriented Thinking

- What is my goal?
- Is what I am doing right now help me reach my goal?
- If not, what can I do different
- Let me try that
- How am I doing now?

Challenges to focus on Internalizing problems

- Less visible problems less likely to be focused on generally and especially in the very busy environment of schools
- Lack of Tier 1 examples
- Staff generally not trained or supported for effective identification and intervention with these youth

3. The ISF: Building a Comprehensive System



Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support

*Editors: Susan Barrett,
Lucille Eber and Mark Weist*

pbis.org
csmh.umaryland
IDEA Partnership NASDSE

3. The ISF: Building a Comprehensive System

ISF Defined

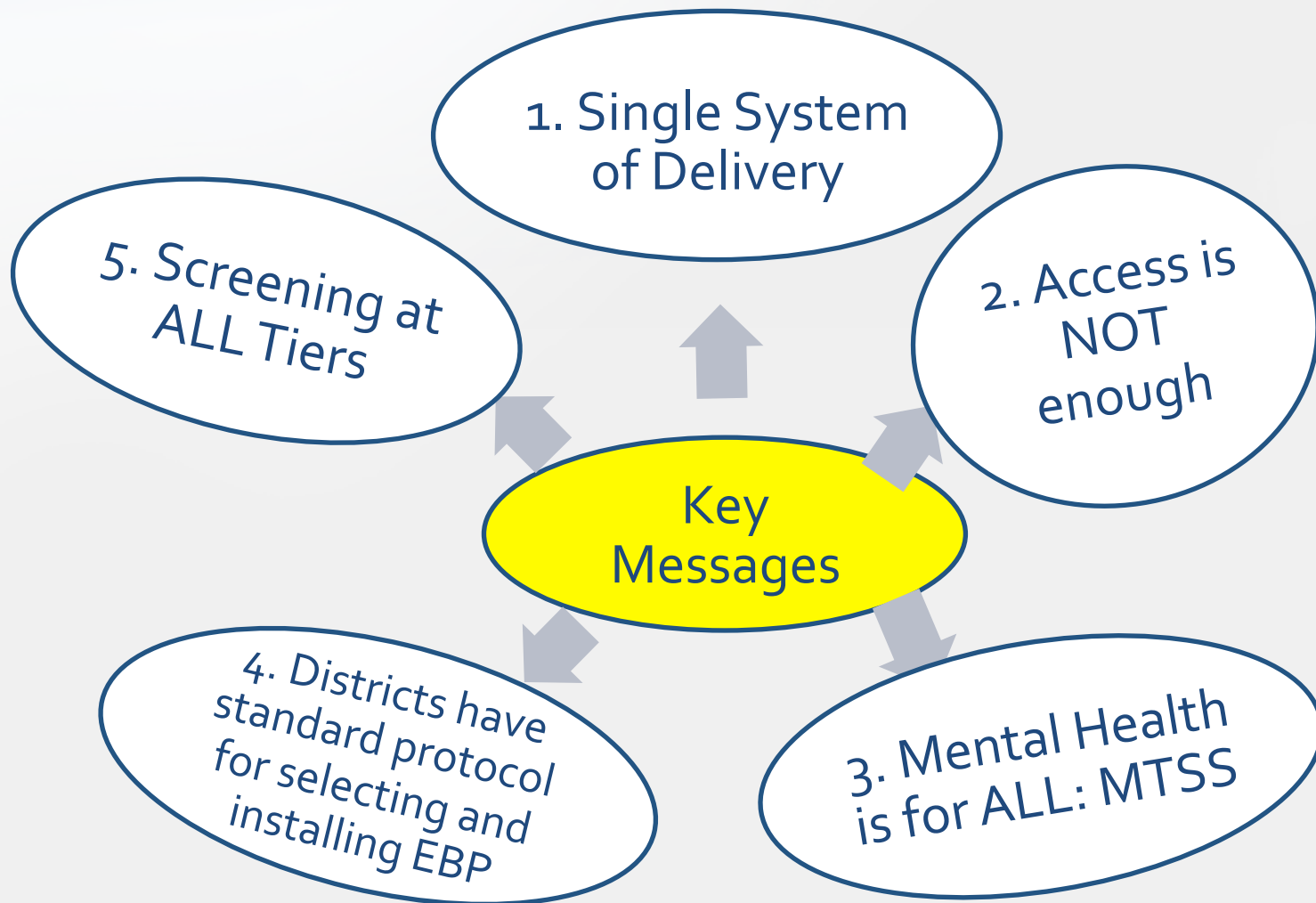
- Structure and process for education and mental health systems to interact in most effective and efficient way.
- Guided by key stakeholders in education and mental health/community systems
- Who have the authority to reallocate resources, change role and function of staff, and change policy.

3. The ISF: Building a Comprehensive System

ISF Core Features

- **Tiered Prevention** logic
- **Cross-system teams** that include community/mental health providers, youth/family voice
- **Data**-based decision making
 - Formal processes for the selection & implementation of **evidence-based practices** (EBP)
 - Rigorous **progress-monitoring** for both fidelity & effectiveness
 - Ongoing **coaching** at both the systems & practices level
- **Early access** through use of comprehensive screening

3. The ISF: Building a Comprehensive System



4. Tier I: PBIS commitment and structure

PBIS needs to establish the positive and preventive school-wide social culture that is effective for those students who are less overt in their patterns of problem behavior.



4. Tier I: PBIS commitment and structure

Focus first on the core features of effective schools

ISF Core Features

- **Tiered Prevention** logic
- **Cross-system teams** that include community/mental health providers, youth/family voice
- **Data-based** decision making
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Bully Prevention
Trauma Informed Care
Anxiety Reduction (PDST)
Depression

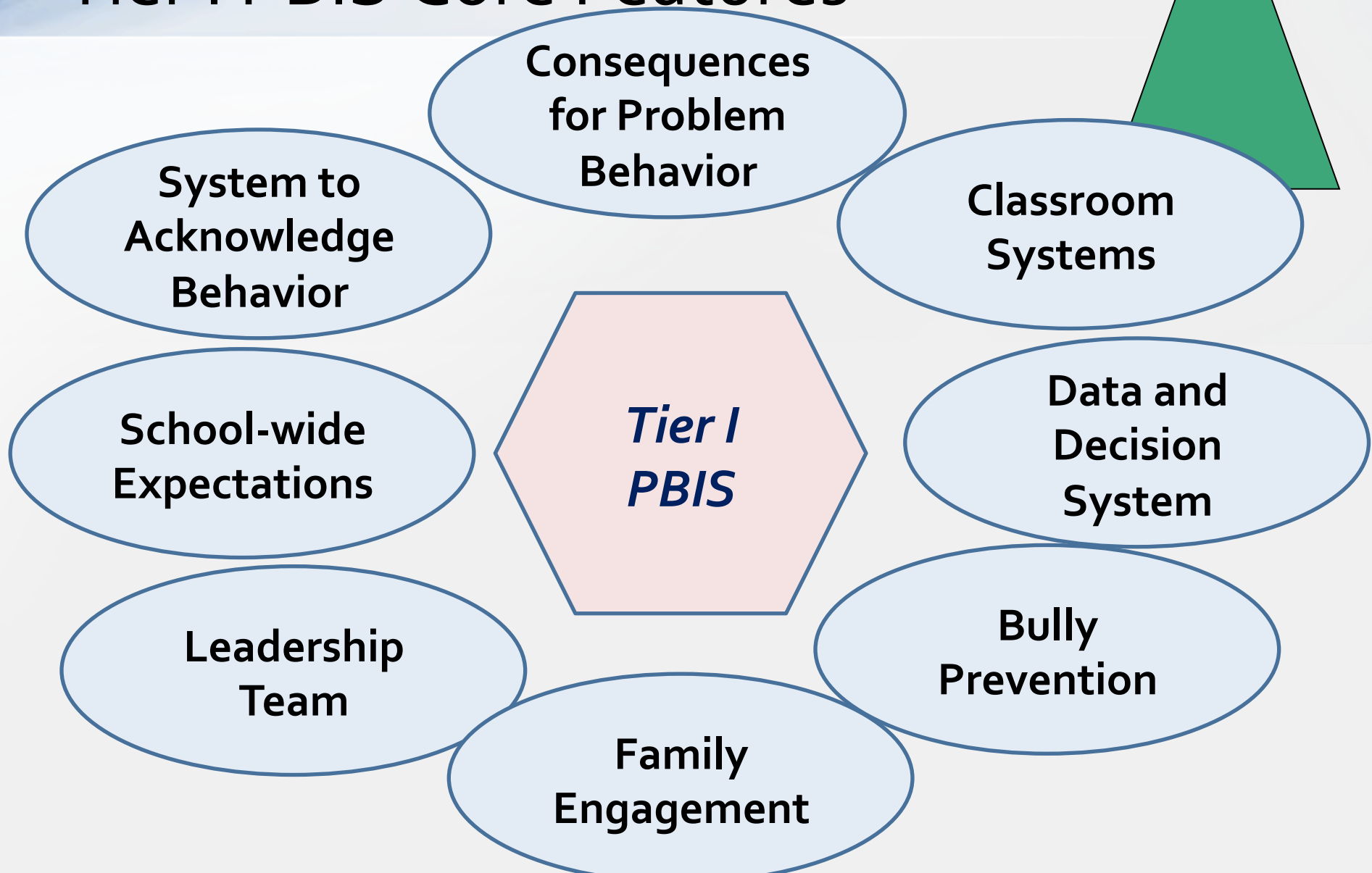
Predictable social expectations

Consistency across people, place, time

Positive and Welcoming

Safe
(Both actually and perceptually)

Tier I PBIS Core Features

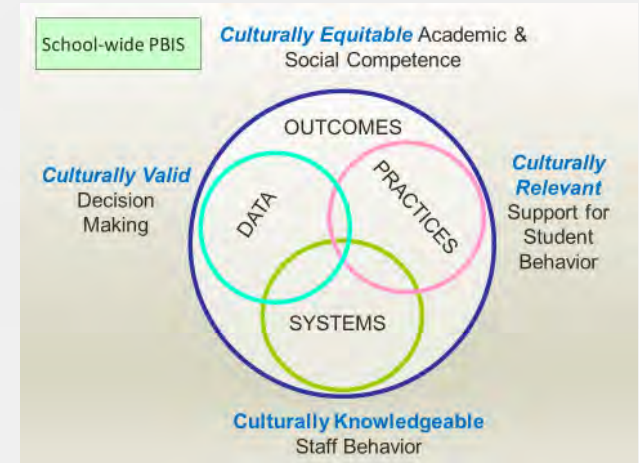


4. Tier I: PBIS commitment and structure

Many ways to achieve core features

1. PBIS is a framework not a curriculum

- Restorative Practices
 - Second Step to Success
 - Etc
-
- Remember the systems



Messages from community health

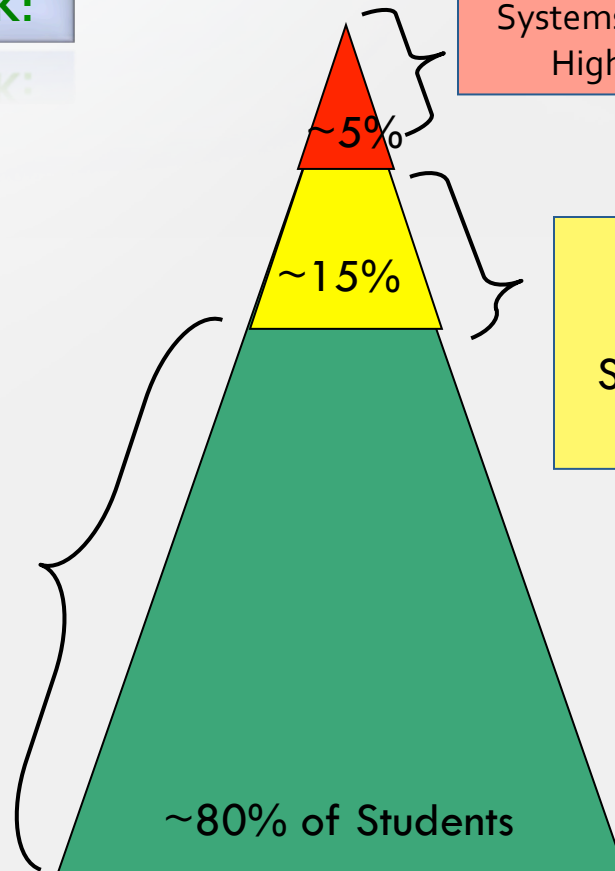
1. Primary prevention is essential
2. Primary prevention is insufficient



5. Tier II/III supports: Systems, Data, Practices

**SCHOOL-WIDE
POSITIVE BEHAVIOR
SUPPORT FRAMEWORK:**

Primary Prevention:
School-/Classroom-
Wide Systems for
All Students,
Staff, & Settings



Tertiary Prevention:
Specialized
Individualized
Systems for Students with
High-Risk Behavior

Secondary Prevention:
Specialized Group
Systems for Students with
At-Risk Behavior

- Students
- Staff
- Parents/
Families

5. Tier II/III supports

Districts/schools have standard protocol for selecting and installing Evidence-based Practices (EBP)

- Install systems first
- Invest in small number of EBP
- Matched to need (data), culture and context

5. Tier II/III supports

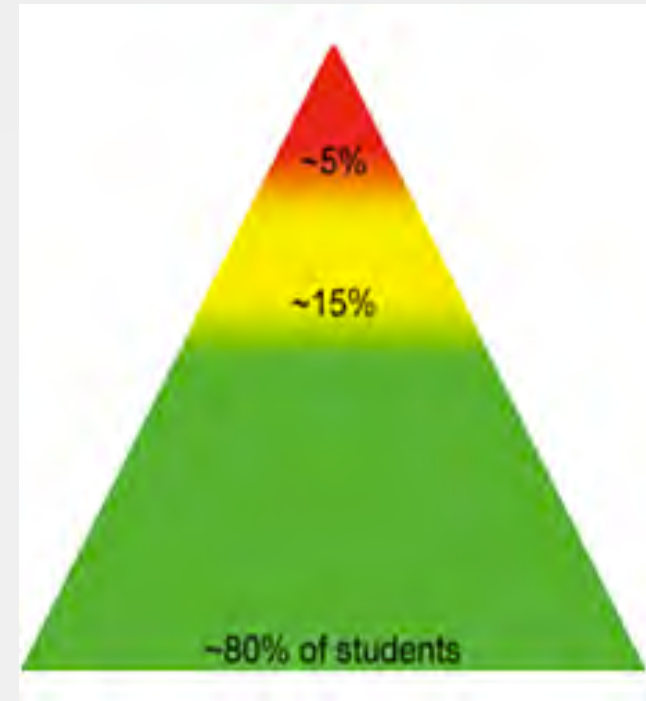
Which Tier?

Depends on your Data

Tier 3 – Intensive mental health supports designed to meet the unique needs of **students who already display a concern** or problem.

Tier 2 – Targeted mental health supports provided for **groups of students identified as at risk** for a concern or problem.

Tier 1 – Universal supports that all students receive. **Promoting wellness & positive life skills can prevent or reduce** mental health concerns or problems from developing.



5. Tier II/III supports

Examples of Screening Tools (public domain)

1. Pediatric Symptom Checklist
2. Children's Anxiety Scale
3. Global Appraiser of Individual Needs – Short Screener
4. Depression Scale for Children
5. Columbia Depression Scale
6. Child Report of Post-traumatic Symptoms
7. Trauma Symptom Checklist for Children & Trauma Symptom Checklist for Young Children

Source: Nic Dibble
Wisconsin Department of Public Instruction
nic.dibble@dpi.wi.gov
http://sspw.dpi.wi.gov/sspw_mhbehavioraltools

5. Tier II/III supports

Ask the Families!

Parent Screener for **ALL** students transitioning to Middle school

School Readiness Check-In
*Welcome to the new school year!
We're checking in with you to learn about your student's
strengths and needs for support at school.
By answering these questions,
you can help us start the year off right!*



Please rate your student in the following areas:	Doing Great 😊	Some Concern 😐	Serious Concern 😞	Need Support?
Cooperating with adults				<input type="checkbox"/>
Behaving well at school				<input type="checkbox"/>
Getting grades that are appropriate for his/her skills				<input type="checkbox"/>
Having good relationships with other students				<input type="checkbox"/>
Following classroom rules				<input type="checkbox"/>
Focusing and staying on task in class				<input type="checkbox"/>
Completing homework and assignments on time				<input type="checkbox"/>
Showing up on time to school or other activities				<input type="checkbox"/>
Avoiding tasks that seem difficult or challenging				<input type="checkbox"/>
Spending time with students who break school rules				<input type="checkbox"/>
Getting depressed, anxious, or irritable				<input type="checkbox"/>
Getting easily distracted by other kids				<input type="checkbox"/>
Needing structure and supervision to stay on task and behave well				<input type="checkbox"/>
Liking attending school				<input type="checkbox"/>

Missoula, MT

Adapted from Dishion et al

<https://reachinstitute.asu.edu/>

5. Tier II/III supports

Tool to Shape Team Routine

Consumer Guide to Selecting Evidenced Based Mental Health Services within a SWPBS model

Robert Putnam, Susan Barrett, Lucille Eber, Tim Lewis & George Sugai

Advancing Education Effectiveness: Interconnecting School Mental Health & School-wide Positive Behavior Support,

Appendix F, pages 148-9

<https://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf>

- Take an inventory (and examine effectiveness and fidelity) of current practices before investing in new interventions or programs.
- When data indicates a need for a new initiative, consider using this guide

5. Tier II/III supports

Purpose

- This consumer guide was designed to help integrated system teams interested in expanding the continuum of behavioral supports and mental health services to invest in formalizing a selection process.
- It will be important for the system to take an inventory of current practices, examine effectiveness and fidelity of those current practices before investing in new interventions or programs. (***Current Status of interventions for students with internalizing needs?***)
- When a data indicates a need for a new initiative, this guide, checklist and case examples should be used to determine the best fit and will also guide teams to install systems features like data decision systems as well as training and coaching features that increase intervention fidelity and positive outcomes for children, youth and families. (***Same systems focus/features for ALL interventions***)

5. Tier II/III supports

Consumer Guide Logic Guiding Questions

- Are need and intended outcome specified?
- Is the most appropriate evidence-based practice selected?
- Is practice adaptable to local context and culture?
- Is support for local implementation developed?
- Is system level continuous progress monitoring and planning in place?

5. Tier II/III supports

Access is NOT enough

All work is focused on ensuring positive outcomes for ALL children and youth and their families.

- Interventions matched to presenting problem using data, monitored for fidelity and outcomes

5. Tier II/III supports

Demystify Interventions

- Teams and staff are explicit about types of interventions students and youth receive
 - e.g. from “student receives counseling” to “student receives 10 coping skills group sessions
- Skills acquired during sessions are supported by ALL staff
 - e.g. staff are aware that student is working on developing coping skills and provides prompts, pre-corrects, acknowledges across school day

4. Tier II/III supports

Connect Interventions back to the Core curriculum

- Skills acquired during sessions are supported by ALL staff
 - e.g. staff are aware that student is working on developing coping skills and provides prompts, pre-corrects, acknowledges across school day

Trauma-Informed Tier 2 Group

Daily Progress Report (DPR) Sample

NAME: _____ DATE: _____

Teachers please indicate YES (2), SO-SO (1), or NO (0) regarding the student's achievement in relation to the following sets of expectations/behaviors.

EXPECTATIONS	1 st block	2 nd block	3 rd block	4 th block
Be Safe Self-Check Use calming strategy	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Use your words Use safe hands	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Ask for help Connect with safe person	2 1 0	2 1 0	2 1 0	2 1 0
Total Points				
Teacher Initials				

Adapted from Grant Middle School STAR CLUB

Adapted from *Responding to Problem Behavior in Schools: The Behavior Education Program* by Crone, Horner, and Hawken

“Tier 3 Plan with Trauma-Informed Strategy”

Daily Progress Report (DPR) Sample

NAME: _____ DATE: _____

Teachers please indicate YES (2), SO-SO (1), or NO (0) regarding the student’s achievement in relation to the following sets of expectations/behaviors.

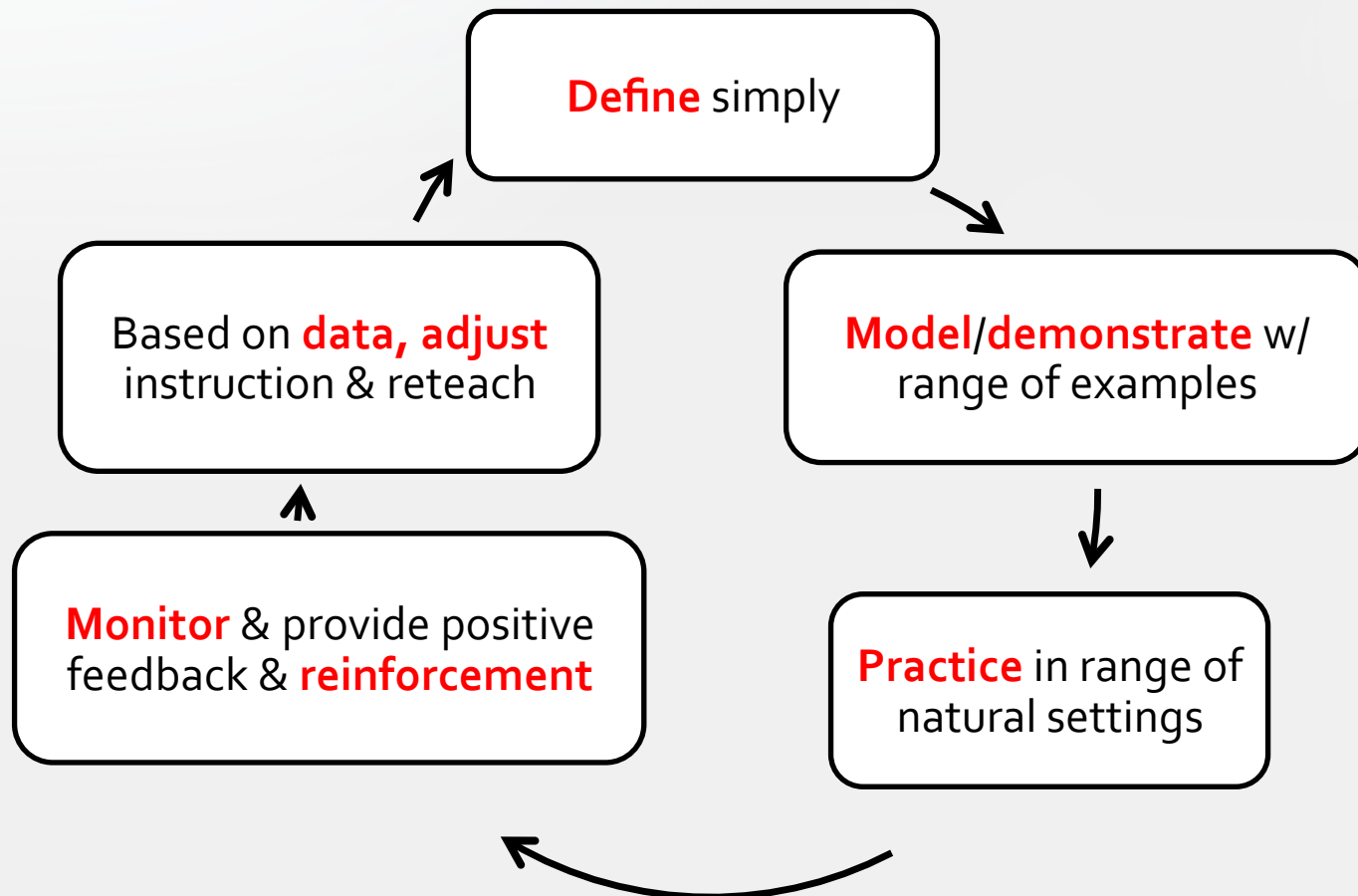
EXPECTATIONS	1 st block	2 nd block	3 rd block	4 th block
Be Safe SOS (slow down, orient, self-check) Use mindfulness	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Distract & Self-Soothe Let ‘M Go	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Make A Link Make Meaning	2 1 0	2 1 0	2 1 0	2 1 0
Total Points				
Teacher Initials				

Adapted from Grant Middle School STAR CLUB

Adapted from *Responding to Problem Behavior in Schools: The Behavior Education Program* by Crone, Horner, and Hawken

5. Tier II/III : Practices

EBP = Teaching Skills



5. Tier II/III supports

Example: Coping Cat at Rundlett Middle School



- Enrollment: 1,010
- 6th, 7th, & 8th Grade
- Race/Ethnicity:
 - White: 85.8%
 - Black: 5.6%
 - Asian: 5.9%

5. Tier II/III supports

Example

Spring 2014: Identified Need

- A small (15) group of students who were asking to go to the office on a daily basis or were frequently absent
 - Most behaviors were internalizing: anxiety, withdrawal, avoidance of others
 - These were students who performed academically, not special education eligible
- School psychologist researched small group interventions for the students
- Found Coping Cat

Coping CAT is a Cognitive Behavioral Intervention that helps students recognize & analyze feeling related to stress & develop strategies to cope with stress provoking situations. It is an 8 week, group intervention that meets on a weekly basis for 45 minutes.



5. Tier II/III supports

Modified Coping Cat

Coping Cat small groups (6 students) are co-facilitated by a Community Mental Health Counselor and a school counselor. Student responsibilities include participating in weekly group sessions, completing homework assignments (using coping strategies) & self-monitoring progress.

Teacher responsibilities include prompting students to use their coping strategies & a willingness to participate in professional development regarding stress management &/ or anxiety. Coping Cat instructor responsibilities include implementing the Coping Cat curriculum with fidelity & monitoring student progress (Office Visit Requests and Attendance Rate) with students & teachers.

Pre-post measure: Screen for Child Anxiety Related Disorders (SCARED). Birmaher, Khetarpal, Cully, Brent, & McKenzie, 1995.

Resource: Recorded webinar

Installing ISF-Local Experiences Integrating SOC & Education

A review of the core components of the ISF and experiences from SOC/Education efforts in New Hampshire.

<https://theinstitute.adobeconnect.com/p5sh4fur2al/>

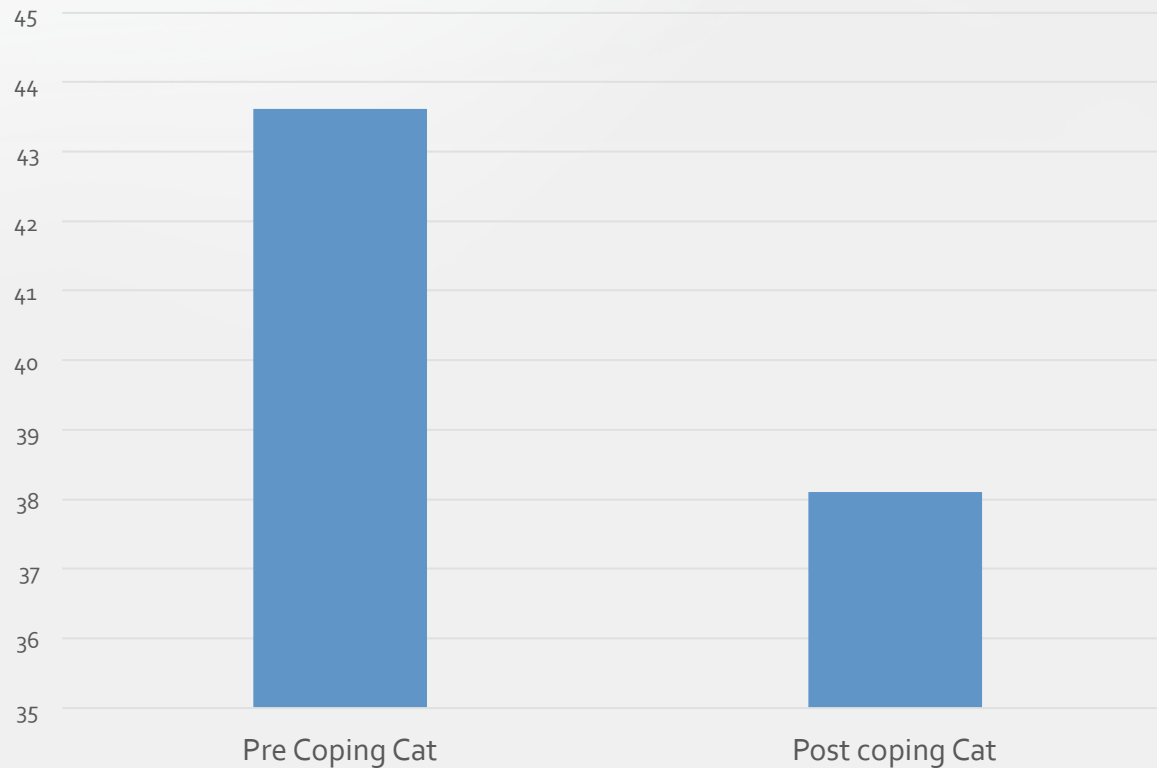
Generalize to
Context

Outcome

Outcome

5. Tier II/III supports

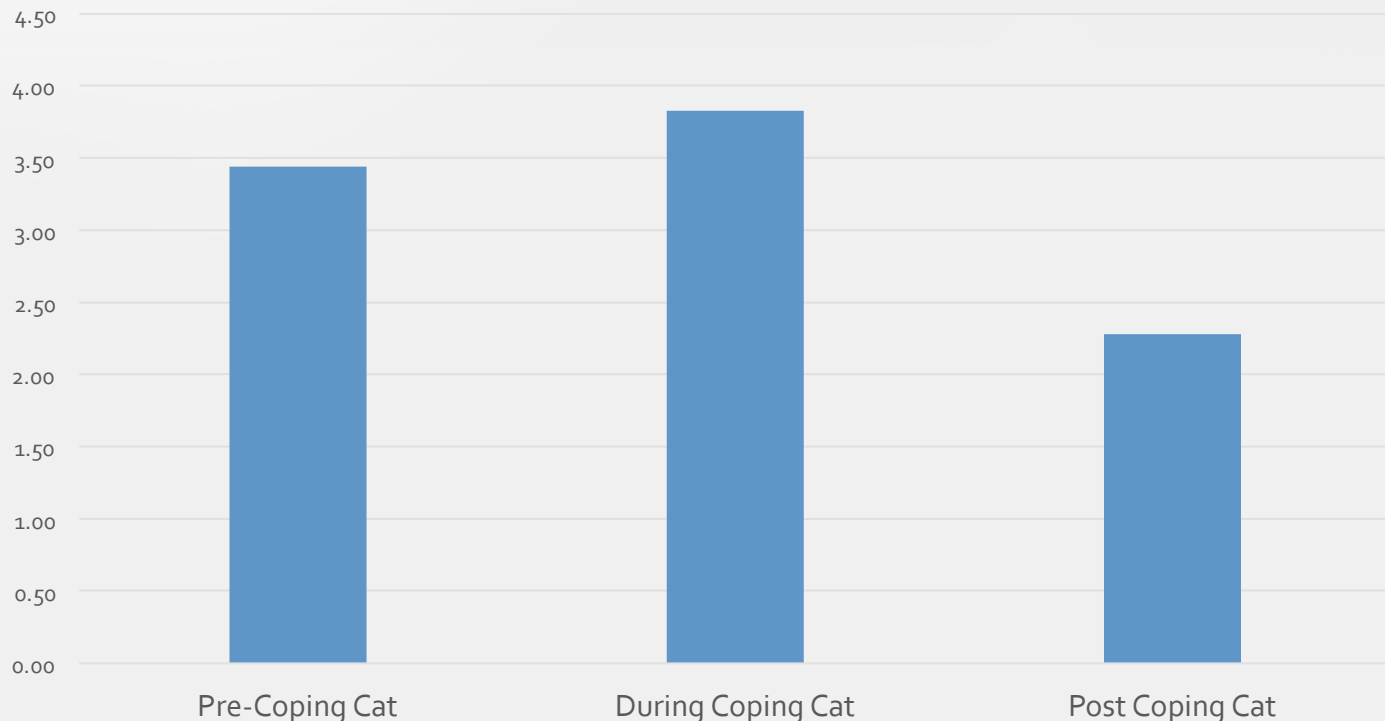
Pre/Post Coping Cat Students Report on the SCARED (n=18)



5. Tier II/III supports

Average Number of Absences per Student (Full Days)

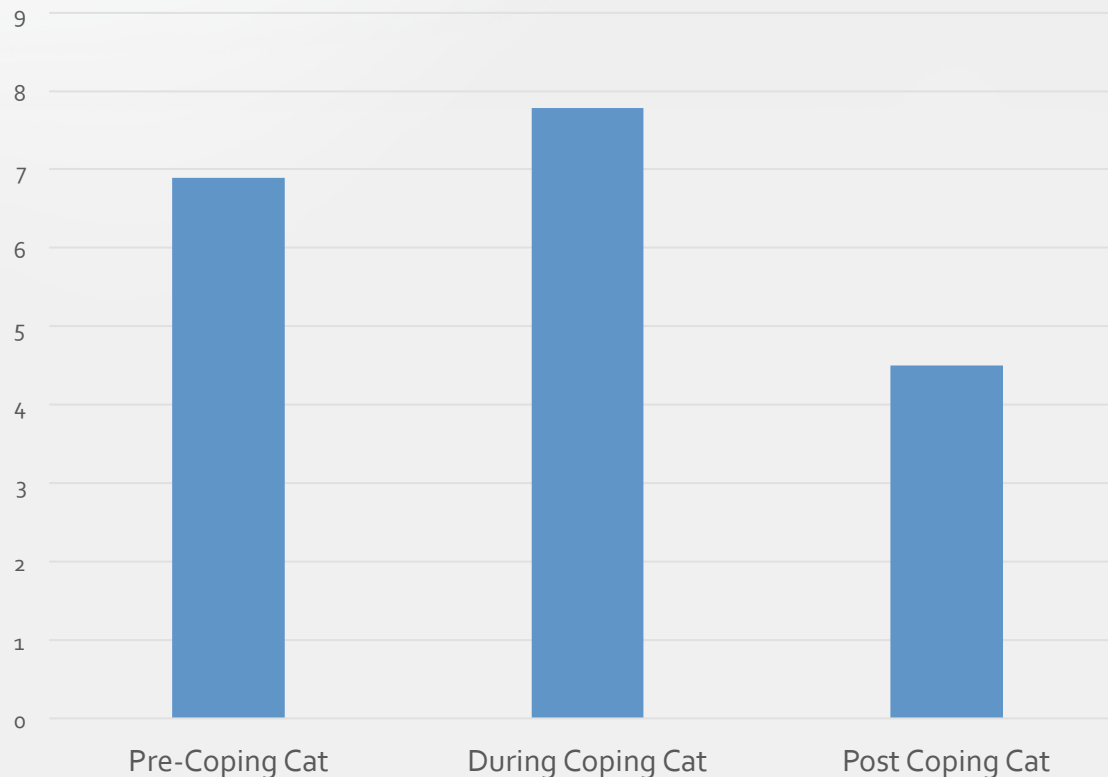
Pre (7 weeks prior to group); During (8 school weeks of intervention); Post (7 weeks after group)



5. Tier II/III supports

Average Number of Visits to the Nurse (per week)

Pre (7 weeks prior to group); During (8 school weeks of intervention); Post (7 weeks after group)



5. Tier II/III supports

A Trauma-Informed Intervention - SPARCS?

Structured
Psychotherapy for
Adolescents
Responding to
Chronic
Stress



DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., Kaplan, S. (2005). *SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide*. Great Neck, NY: North Shore- Long Island Jewish Health system, Inc.

5. Tier II/III supports

Research: SPARCS

- National Child Traumatic Stress Network Empirically Supported Treatments & Promising Practices List

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

- Clinical & anecdotal evidence
- Research Evidence
- Outcomes

<http://naswil.org/news/chapter-news/featured/for-school-social-workers-sparcs-sparks-interest-among-adolescents-in-champaign-county/>

<http://sparcstraining.com/index.php>

5. Tier II/III supports

Complex Trauma Domains



- Emotional & Behavioral Regulation
- Attention/Consciousness
- Self-Perception
- Relationships
- Somatization
- Systems of Meaning

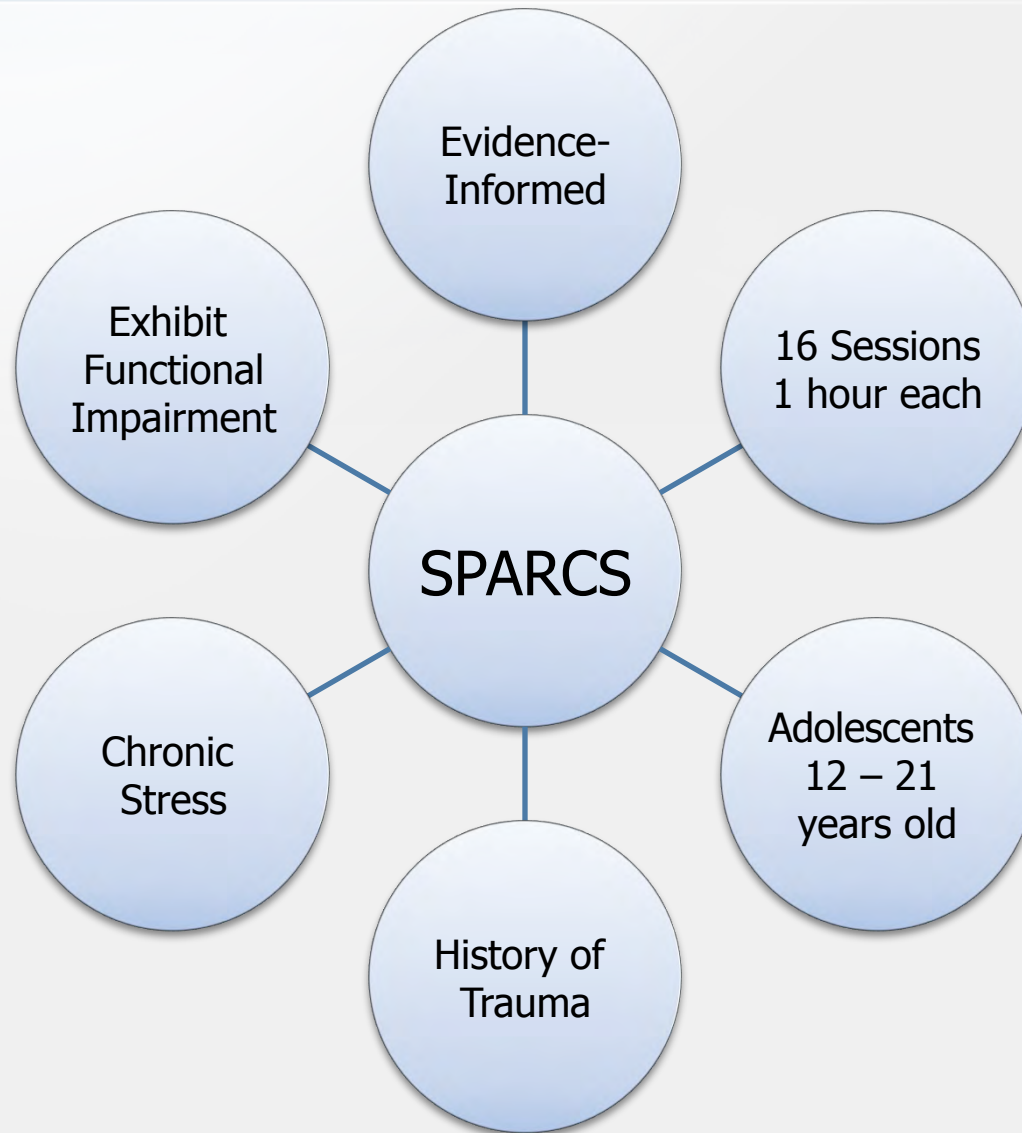
DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J.,...Kaplan, S. (2005). *SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide*. Great Neck, NY: North Shore-Long Island Jewish Health system, Inc.

4. Tier II/III supports

Students who might benefit from SPARCS

- Affect & Behavioral Regulation: "I get upset over the smallest things & I don't know how to calm down." "Why wouldn't I get high? What's the point of staying sober?"
- Attention/Consciousness: "My teachers always say that I don't seem to hear the directions & I don't know what's going on when they call on me."
- Self-Perception: "I can't do anything right; nothing I do ever works out."
- Relationships: "I'll beat the crap out of anyone who tries anything with me; I'm not letting anyone disrespect me."
- Somatization: "I've had stomachaches and headaches ever since I can remember."
- Systems of Meaning: "You're born, you die, what's the big deal?"

5. Tier II/III supports



5. Tier II/III supports

Facilitation Techniques for Instructional Groups

- Psychoeducation
 - Skill-based
- Role-Play
- Group Discussion
- Games
- Experiential Instruction
- Teambuilding/Group Cohesion



5. Tier II/III supports

A Typical SPARCS Session

- Check-in
- Practice from last session
- Mindfulness exercise
- Session-specific content & activities
- Check-out
- Remind to practice

DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., Kaplan, S. (2005). *SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide*. Great Neck, NY: North Shore-Long Island Jewish Health system, Inc.

5. Tier II/III supports

Impact

- Reductions in problem behavior
- Improvements in attendance
- Improvements in grades
- Students “recruiting” other students
- Students who completed intervention supporting other students

Interventions for Depression

Intervention	Rating *	Age	Implementation Details	Getting Started
ACTION	3	9 to 14 years	<ul style="list-style-type: none"> • Tier 2 – group intervention • 20 group sessions, 2 individual • 60 minute sessions 	<ul style="list-style-type: none"> • Therapist workbook \$24 • 2 days of training, inquire with developer for cost
Primary and Secondary Control Enhancement Training (PASCET)	2	8 to 15 years	<ul style="list-style-type: none"> • Tier 3 • Individual psychotherapy 	<ul style="list-style-type: none"> • Provider should have Master's degree in psychology, social work or related field • Therapist manual available • 2 days of training inquire with developer for cost
Risk Reduction through Family Therapy http://www.nctsnet.org/sites/default/files/assets/pdfs/rft_072015.pdf	3	13 to 18 years	<ul style="list-style-type: none"> • Tier 3 • Trauma-related mental health • Family sessions • 18-24 weeks, 60 to 90 minutes 	<ul style="list-style-type: none"> • Provider should have graduate degree in counseling, clinical psychology, social work, or related field • Competent TF-CBT Clinician • Completion of RRFT training

Interventions for Anxiety Disorders

Intervention	Rating*	Age	Implementation Details	Getting Started
Coping Cat	1	7 to 13 years	<ul style="list-style-type: none"> Tier 2 – group intervention 16 weekly sessions 50 minute sessions 	<ul style="list-style-type: none"> None set at this time Student, therapist and parent workbooks available for under \$30 each Training DVDs available for under \$100
C.A.T. Project	3	12 to 18 years	<ul style="list-style-type: none"> Tier 2 – group intervention 16 weekly sessions 60 minute sessions 	<ul style="list-style-type: none"> Master's degree or higher Student, therapist and parent workbooks available for under \$30 each Participation in training preferred-inquire with developer for cost
Cool Kids https://www.kidsmatter.edu.au/primary/programs/cool-kids-school-version	3	7 to 17 years	<ul style="list-style-type: none"> Tier 2 – group intervention Can also be individual Variations exist for comorbidity 	<ul style="list-style-type: none"> Preferred clinical psychology degree Well-trained in standard cognitive behavioral techniques School Kit \$65 Parent & student workbook \$35 per set 1 day training inquire with developer for cost
Cue-Centered Treatment (CCT)	3	8 to 18 years	<ul style="list-style-type: none"> Tier 3 – youth and family 15 sessions 	<ul style="list-style-type: none"> Master's degree Training manual available for \$45 on Amazon No training available
Early Pathways Program (EPP)	3	0 to 6 years	<ul style="list-style-type: none"> Tier 3 – youth and family 8 to 12 weeks 	<ul style="list-style-type: none"> Clinicians minimum Bachelor's degree Training manual available \$50 20 hour on-line training program \$75/ individual and group rates available http://www.marquette.edu/education/early-pathways/

Interventions for Trauma

Intervention	Rating *	Target Populatio n	Implementation Details	Getting Started
Trauma Focused Coping (TFC)	3	9 to 18 years	<ul style="list-style-type: none"> Tier 2 14 sessions 	<ul style="list-style-type: none"> Mental health provider with Master's Degree Manual available for free Training available, but not required \$2400 per day
Bounce Back https:// bouncebackprogram. org/	3	5 to 11 years	<ul style="list-style-type: none"> Tier 2 Adaptation to CBITS 10 sessions 	<ul style="list-style-type: none"> Clinicians with CBT aptitude may only need trainer manual Free online training and resources In-person training available from \$2000-8000
CBITS Cognitive Behavior Intervention for Trauma in Schools	3	8 to 15 years	<ul style="list-style-type: none"> Tier 2 Group, individual, parent and teacher sessions 	<ul style="list-style-type: none"> Master's or doctorate in clinical field Free online training and resources In-person training available from \$4000-10,000
SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress)	NR	12 to 18 years	<ul style="list-style-type: none"> Tier 2 16 sessions 	<ul style="list-style-type: none"> Generally mental health clinicians with Master's Degree 4 days of training with follow-up support (contact developers for cost)
Trauma-Focused Cognitive Behavioral	1	3 to 18 years	<ul style="list-style-type: none"> Tier 3 Weekly 30-45 sessions with both student and 	<ul style="list-style-type: none"> Master's degree and training 2 day training available for approximately \$300

Resources

- Center for School Mental Health
<http://csmh.umaryland.edu/>
- National Child Trauma Stress Network
<http://www.nctsn.org/>
- California Evidence Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>)
- Workbook Publishing House
<http://www.workbookpublishing.com/>

6. Implications for PBIS Practices, Data and Systems



Please Provide Feedback

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