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## **What we know**

Traumatic childhood experiences – abuse and neglect, parental incarceration, and parental substance abuse and mental health problems – are public health concerns. Children who are currently being served by child protective services (CPS) have a much higher prevalence of these histories. Therapists and child welfare workers use an array of strategies and evidence-based practices to relieve the harm of past abuse and improve the coping and social skills of children and adolescents with these histories. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) has been identified as a promising intervention for reducing symptoms associated with trauma exposure. Since its first trial, CBITS has been adapted and used in schools for students from 1st through 5th grade.

## **What this study adds**

This is the first study of CBITS conducted on older adolescents (12–19 years old) involved in child welfare systems and delivered in a non-school community setting, including in family homes and group homes. Although CBITS was originally developed for younger adolescents, the study found that older adolescents are just as receptive to the program as younger generations. CBITS was found to be an appropriate and acceptable child welfare treatment model for adolescent girls being served by CPS. Although the intervention did not significantly improve depression or post-traumatic stress symptoms above usual care, social problem-solving skills did improve and retention and satisfaction with the program was high.

## **What this means for practice or policy**

Results showed that the services provided as usual care (inpatient psychiatric care, residential treatment, outpatient therapy, and drug and alcohol treatment) were also effective; these services reduced depression and PTSD at the same rate as CBITS. For future research, it is suggested that CBITS be used on other populations, including adolescent males, to further determine the extent to which it is effective.

## **How do we know this is a good study**

The study used a randomized controlled trial comparing an adapted version of CBITS with usual care services. Participants aged 12–19 were recruited through referrals from state child welfare offices and other agencies serving youths in the child welfare system. Data collection included face-to-face interviews in which the participants' symptoms of PTSD, depression, and social problem-solving skills were assessed at pre, post (3 months), and follow-up (6 months) intervals. A linear mixed model was used to compare states due to time interactions. Analysis of the correlations of the outcome variables over time indicated a relatively small number of possible covariance structures to explain the correlation error due to the repeated measures.