

# EBP SESSION PACKET

## CBITS & BOUNCE BACK

### English

#### Required Forms

1. Bounce Back Child Session Information:

*Bounce Back Child Individual Session Form*

*Bounce Back Caregiver Individual Session Form*

*Bounce Back Group Session Form*

2. CBITS Child Session Information:

*CBITS Individual Child and Caregiver Session Form*

*CBITS Group Session Form*

3. Group Attendance Form



## Bounce Back Child Individual Session Form

Group Leader: \_\_\_\_\_

Client Initials: \_\_\_\_\_

Client ID: \_\_\_\_\_

<b>Bounce Back Session Objectives</b> <i>How well did you and the individual meet each objective?</i> 1= Not Met/Not Attempted, 2= Somewhat Met, 3= Mostly Met, 4= Completely Met	<b>Bounce Back Session Activities</b> <i>Did you and the individual complete the activity?</i> Y= Yes, N= No	Session #:	1	2	3 (conjoint)
		Date:	/	/	/
<b>Child</b>					
Provide rationale for trauma narrative			1 2 3 4		
Reduce anxiety when remembering trauma			1 2 3 4	1 2 3 4	
Build rapport and trust			1 2 3 4	1 2 3 4	
	Help child create trauma narrative outline		Y N	Y N	
	Begin imaginal exposure to stressful or traumatic event		Y N	Y N	
	Ask child to rate parts of story using fear thermometer		Y N	Y N	
	Prepare child to share trauma story with parents at conjoint session			Y N	
	Prepare child for end of session/return to class		Y N	Y N	Y N
Prepare parent for the best way to support their child					1 2 3 4
Normalize difficulty of hearing/seeing trauma					1 2 3 4
	Review child's story with parent				Y N
	Review maladaptive thoughts child has				Y N
	Hand out and review "Tips for Listening to Your Child" handout with parent				Y N
	Do trauma narrative role play with parent				Y N
	Have child share trauma narrative story with parent				Y N



## Bounce Back Caregiver Individual Session Form



Group Leader: \_\_\_\_\_

Client Initials: \_\_\_\_\_

Client ID: \_\_\_\_\_

		Session #:	1	2	3
Bounce Back Session Objectives <i>How well did you and the individual meet each objective? 1= Not Met/Not Attempted, 2= Somewhat Met, 3= Mostly Met, 4= Completely Met</i>	Bounce Back Session Activities <i>Did you and the individual complete the activity? Y= Yes, N= No</i>	Date:	/	/	/
<b>Caregiver</b>					
Reduce stigma around trauma exposure and reactions		1 2 3 4			
Lay ground work for improving parent-child communication		1 2 3 4			
	Introduce yourself, explain your role in group and purpose of parent session	Y N	Y N	Y N	Y N
	Discuss prevalence of trauma exposure and PTSD	Y N			
	Review common reactions to stress or trauma	Y N			
	Introduce CBT triangle and treatment rationale	Y N			
	Introduce feelings identification and hand out feeling cards	Y N			
	Introduce physiological feelings and relaxation	Y N			
Educate parents about techniques used in the program			1 2 3 4	1 2 3 4	1 2 3 4
Enable parents to support children during the program			1 2 3 4	1 2 3 4	1 2 3 4
	Guide group in what we mean by "thoughts" and how to identify them		Y N		
	Explain idea of Courage Cards and Double Bubble practice		Y N		
	Provide rationale for individual meetings and trauma narrative		Y N		
	Describe avoidance		Y N		
	Describe ways to gradually face anxiety (I Can Do It Ladder)		Y N		
	Review importance of social support				Y N
	Review "What to Do When You're Feelings Thermometer is Rising" as a way to problem solve				Y N





# CBITS Child and Caregiver Individual Session Form



Group Leader: \_\_\_\_\_

Client Initials: \_\_\_\_\_

Client ID: \_\_\_\_\_

<b>CBITS Session Objectives</b> <i>How well did you and the individual meet each objective?</i> 1= Not Met/Not Attempted, 2= Somewhat Met, 3= Mostly Met, 4= Completely Met		<b>CBITS Session Activities</b> <i>Did you and the individual complete the activity?</i> Y= Yes, N= No		Session #:	1	2	3	
				Date:	/	/	/	
<b>Child</b>								
Gather information about the trauma for use in treatment planning				1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Reduce anxiety when remembering trauma				1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Plan with participant how they will work on trauma group sessions				1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Build rapport and trust				1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
		Explain rationale for stress and trauma exposure		Y N	Y N	Y N	Y N	
		Begin imaginal exposure to stressful or traumatic event		Y N	Y N	Y N	Y N	
		Use the "Counseling" worksheet to make a list of key parts of the story		Y N	Y N	Y N	Y N	
		Ask the students to rate parts using their fear thermometer		Y N	Y N	Y N	Y N	
		Select parts to be shared in group work		Y N	Y N	Y N	Y N	
		Plan for group work		Y N	Y N	Y N	Y N	
				Session #:	1	2		
				Date:	/	/		
<b>Caregiver</b>								
Reduce stigma around trauma exposure and reactions				1 2 3 4				
Lay ground work for improving parent-child communication				1 2 3 4				
		Introduction of yourself and your background and role as group facilitator/overview of what will occur during the teacher session		Y N				
		Educate about common reactions to stress and trauma – provide handout		Y N				
		Explain the theoretical basis for CBITS (CBT triangle)		Y N				
		Introduce Fear Thermometer concept/ teaching child to measure fear		Y N				
		Relaxation training/ progressive muscle relaxation/ how to help your child relax		Y N				
Educate parents about techniques used in the program								1 2 3 4
Enable parents to support children during the program								1 2 3 4
		Briefly review the topics from session 1						Y N
		Explain how parents can teach children to look at (and challenge) their thoughts/use handout						Y N
		Explain how parents can help children face their fears						Y N
		Prep parents for trauma work children will be doing/ how they can help their child digest fears						Y N
		Teach how parents can help their children solve everyday problems						Y N

Notes:



