



An assessment of the efficacy of cognitive behavioral intervention for trauma in schools among student-residents at the Manila Boys' Town Complex, Philippines

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Abstract

This study assessed the efficacy of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) in mitigating the impact of trauma on the behavior and academic performance of student-residents at the Manila Boys' Town Complex, Philippines. Utilizing a pretest-posttest control group design, trauma symptoms were evaluated using the Trauma Symptom Checklist for Children (TSCC). The study included 20 participants, divided equally into experimental and control groups. Statistical analysis was conducted using the Wilcoxon Signed-Rank Test, a non-parametric test used to compare two related samples, in this case, the pretest and posttest scores. The test revealed no statistically significant differences between pretest and posttest scores across six TSCC subscales: Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns, at the .05 significance level. Despite the lack of significant statistical improvement, median posttest scores for the experimental group were lower than those of the control group, with scores of 61.5, 60, 51, 55.5, 58, and 64, compared to 64.5, 59.5, 52, 58.5, 61, and 74.5 for the control group across the respective subscales. These results suggest that while CBITS did not produce statistically significant outcomes, it may have a potentially positive effect on addressing trauma-related issues. The findings highlight the complexities involved in trauma intervention within educational settings and emphasize the need for culturally and contextually tailored approaches. Future research should consider increasing sample sizes and further adapting CBITS to enhance the reliability and applicability of the findings. This study contributes to a deeper understanding of trauma intervention strategies in public schools and underscores the necessity for ongoing exploration to optimize support for vulnerable student populations.

Keywords: *abuse, CBITS, child welfare, trauma*

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Introduction

Childhood is a critical period for growth and development, ideally nurtured in a stable and supportive environment. Unfortunately, many of the children and youth admitted to shelters are denied such opportunities due to adversity such as abuse, neglect, exposure to dysfunctional families, or other negative circumstances that impede their progress and cause trauma (Manila City Children Protection Handbook, 2021, p.67). These hardships often necessitate intervention, leading to the placement of affected children in homes where they can receive rehabilitation. The Manila Boys' Town, managed by the city government of Manila, seeks to provide continuous education and meet the children's basic needs in an arranged residential setting.

Recognizing that these adolescents were on the verge of assuming greater responsibilities and integrating into society, it was imperative to provide them with the necessary support to address their trauma (Horton, 2019; Hoover et al., 2018). Cognitive Behavioral Intervention for Trauma in Schools (CBITS) has shown promise in supporting children with trauma across the United States (Auslander et al., 2020; Jaycox et al., 2018; Jorgensen, 2017) and internationally (Baggerly & Corbin, 2021; Ochieng-Munda, 2020). This study assessed the efficacy of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for junior high school students residing and studying within the Manila Boys' Town Complex (MBTC). Specifically, it aims to evaluate the impact of CBITS on reducing trauma-related symptoms among student-residents aged 13 to 16 while characterizing the manifestations of traumatic stress, gauge the psychological and emotional states of student-residents both before and after their participation in the CBITS program. This was conducted using the Trauma Symptom Checklist for Children (TSCC), which provided insights into how trauma influenced their behavior, coping mechanisms, and academic performance.

Methodology

The study was initiated to address the persistent trauma experienced by children residing at MBTC who were victims of exploitation and neglect and often discriminated against due to their families with low incomes ("R.A. 7610," 1992). These traumatic experiences frequently disrupted their ability to focus on their studies, leading to poor academic performance and a lack of

appreciation for the long-term benefits of education. The study sought to identify an intervention that could support adolescents by resolving their trauma.

Research Design and Methods

To evaluate the efficacy of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), the study employed a true experimental design, specifically a pretest-posttest control group design (Choueiry, 2021). This required measuring trauma symptoms before and after the intervention using the Trauma Symptom Checklist for Children (Lobo et al., 2015). The 10 residents from the boys' and girls' homes were randomly assigned to the experimental and control groups, resulting in 20 participants. CBITS was implemented as the intervention for the experimental group, and the school's guidance office provided counselling for the control group.

Participants were selected through purposive sampling, choosing subjects based on specific characteristics. In this case, the center head recommended children with known trauma backgrounds, ensuring that the study targeted those most in need of intervention.

Research Ethics

The study adhered to strict ethical standards mandated by the National Center for Mental Health (NCMH) research committee. The study ensured participant data's confidentiality and ethical treatment throughout the research process. Strict measures were observed, including coding participants' names to protect their identities and maintaining voluntary attendance and participation in CBITS sessions. Confidentiality was particularly emphasized during consultations with the statistician, ensuring the integrity of the study's ethical standards. Key ethical considerations included:

No harm: Ensuring the participants would not be harmed physically or psychologically.

Voluntary participation: Allowing children to participate voluntarily with the option to withdraw at any point.

Informed consent: Translating consent forms into Filipino to ensure participants fully understood the study's purpose and procedures. This was supplemented by a detailed briefing before both the pretest and posttest.

Data privacy: Implementing stringent measures to protect the respondents' identities, ensuring that all data collected were securely stored and anonymized (Data Privacy Act of 2012).

Influences and Contributions of the Research

The implementation of CBITS, a program with demonstrated success in the United States (Auslander et al., 2020; Jaycox et al., 2018; Jorgensen, 2017) and internationally (Baggerly & Corbin, 2021; Ochieng-Munda, 2020), was assessed for its applicability and effectiveness in a local context. By focusing on the traumatic experiences of student residents and their impact on behavior, academic, and mental health (Jaycox et al., 2012), the study's findings could enhance policies and support systems for traumatized youth at the Manila Boys' Town. Furthermore, providing evidence-based trauma intervention within an educational setting contributes to developing informed policies and practices that support the academic and personal development of traumatized youth, promoting their long-term integration and well-being in society.

Findings

This study assessed the efficacy of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) among junior high school students residing at MBTC, focusing on three specific objectives. Firstly, the evaluation aimed to gauge CBITS' impact on reducing trauma-related symptoms among student-residents aged 13 to 16, while characterizing the manifestations of traumatic stress. Although statistical analysis did not reveal significant differences in pretest and posttest scores for each participant in the experimental group, the Wilcoxon signed rank test indicated a lower median average, suggesting the potential efficacy of CBITS in alleviating trauma symptoms. Secondly, the study utilized the Trauma Symptom Checklist for Children (TSCC) to assess the psychological and emotional states of student-residents before and after participating in CBITS, focusing on their behavior, coping mechanisms, and academic performance. It was found that the majority of the participants in the experimental group attended all 10 sessions, with all of

them successfully promoted and two even achieving honors under the Alternative Learning System (ALS) program.

Conclusion

The research critically evaluated the effectiveness of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program among junior high school students residing in a shelter. While the program showed potential in alleviating trauma symptoms, statistical analysis revealed no significant differences between pretest and posttest scores for individual participants. However, the Wilcoxon signed-rank test suggested an overall positive trend, highlighting benefits in attendance in the CBITS sessions, academic progress, and improvement in well-being within the experimental group. Challenges in culturally adapting the intervention, originally designed for American students, to the Filipino context, alongside time constraints and logistical issues, limited its effectiveness.

Despite the guidance counselor's culturally sensitive facilitation during CBITS sessions, the intervention's lack of modification to meet the unique needs of the student residents was a significant barrier. These findings emphasize the critical need for culturally tailored, evidence-based interventions in educational settings, particularly for traumatized populations. The study also emphasizes allocating appropriate time and resources to adjust interventions effectively. Future recommendations include improving CBITS to meet the specific requirements of shelter residents and maintaining strict ethical standards to ensure participant mental health in the research processes.

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