

I Feel Better Now! Program

The I Feel Better Now! Program (IFBN) is an intervention for elementary school-age children (ages 6-12) who have experienced trauma-induced symptoms related to their learning, behaviors, and social, emotional, and psychological functioning. The IFBN is designed to reduce these symptoms by providing participants with cognitive-based therapy and sensory-based activities to offset the cognitive distortions and deficits produced by traumatic events. Children are assisted in developing a sense of safety from and control over their trauma-induced reactions before they engage in the cognitive-restructuring processes that help them cope with past traumas and be more resilient to future traumas.

The IFBN consists of 10 one-hour sessions: 1 individual debriefing session, 7 group sessions, 1 individual processing session, and 1 joint parent-child session. The individual debriefing session helps to reduce the child's trauma-induced reactions as well as anxiety about the group process. The group sessions include drawing and question-and-answer tasks to create representations and visualizations of the traumatic experience (i.e., what happened, emotional reactions to it, the terror or hurt of the experience). Parents must grant permission for children to participate in the IFBN, and children are given the opportunity to orally assent.

The study reviewed for this summary was conducted in an after-school setting and consisted of 10 group sessions.

Descriptive Information

Areas of Interest	Mental health treatment
Outcomes	Review Date: September 2011 1: Trauma-related symptoms 2: Problem behaviors
Outcome Categories	Mental health Social functioning Trauma/injuries
Ages	6-12 (Childhood)
Genders	Male Female
Races/Ethnicities	Hispanic or Latino Race/ethnicity unspecified
Settings	School
Geographic Locations	Urban Suburban
Implementation History	The I Feel Better Now! Program was field tested in 1997. More than 10,000 children have received the intervention since it was developed, and 120 documented sites are implementing the intervention across the country.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	No population- or culture-specific adaptations of the intervention were identified by the developer.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention	IOM prevention categories are not applicable.

Quality of Research

Review Date: September 2011

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Raider, M. C. (2010). Structured sensory trauma intervention program for elementary school children. *National Social Science Journal*, 34(2), 129-138.

Supplementary Materials

Psychometric information on the Trauma Symptom Checklist for Children and the Child Behavior Checklist

Raider, M. C., Steele, W., Kuban, C., & Chaperon, T. (2009). School based group trauma treatment for elementary school children. Unpublished manuscript.

Steele, W., Kuban, C., & Raider, M. C. (2009). Connections, continuity, dignity, opportunities model: Follow-up of children who completed the I Feel Better Now! trauma intervention program. *School Social Work Journal*, 33(2), 98-111.

Trauma intervention program--I Feel Better Now! fidelity checklist for sessions 1-10 [Handout]

Outcomes

Outcome 1: Trauma-related symptoms

Description of Measures	<p>Trauma-related symptoms were assessed using two measures:</p> <ul style="list-style-type: none"> • The Trauma Symptom Checklist for Children (TSCC), a standardized self-report measure of posttraumatic and related symptoms of children ages 7-17. The version of the instrument used in the study evaluates five symptom domains: anxiety, depression, anger, posttraumatic stress, and dissociation. The dissociation domain has two subscales: overt dissociation and fantasy. • The Child and Adolescent Questionnaire (CAQ), a 35-item self-report measure of posttraumatic stress symptoms as specified in the DSM-IV. The CAQ consists of three scales: reexperiencing of the traumatic event, avoidance of stimuli associated with the traumatic event, and symptoms of arousal due to the traumatic event.
Key Findings	<p>Participants in the study were elementary school students (ages 6-12) who were randomly assigned to the intervention group, which received the IFBN, or the wait-list control group, which received the IFBN after 10 weeks. Data were collected at pretest, posttest, and 3-month follow-up assessments. Pre- and posttest data were collected simultaneously for the IFBN and wait-list control groups. After the wait-list control group received the IFBN, pre- and posttest data from this group were merged with data from the intervention group.</p> <p>From pre- to posttest, all students who received the IFBN (i.e., intervention group participants plus wait-list control group participants who also had received the IFBN) had a reduction in trauma-related symptoms as measured by all five domains of the TSCC ($p < .05$ for each domain: anxiety, depression, anger, posttraumatic stress, and dissociation) and all three scales of the CAQ ($p < .001$ for each scale: reexperiencing of the traumatic event, avoidance of stimuli associated with the traumatic event, and symptoms of arousal due to the traumatic event). Meanwhile, pre- to posttest results indicated that, prior to receiving the IFBN, students in the wait-list control group had a reduction in trauma-related symptoms only as measured by the posttraumatic stress domain of the TSCC ($p < .05$).</p> <p>From posttest to the 3-month follow-up, all students who received the IFBN had a reduction in trauma-related symptoms as measured by all five domains of the TSCC and all three scales of the CAQ; however, these findings were not statistically significant.</p>
Studies Measuring Outcome	<p>Study 1</p>

Study Designs	Experimental
Quality of Research Rating	2.6 (0.0-4.0 scale)

Outcome 2: Problem behaviors	
Description of Measures	Problem behaviors were assessed using the Child Behavior Checklist (CBCL), a standardized parent-report measure with eight syndrome subscales: anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior. Scores for these subscales are summed to produce scores for internalizing behavior and externalizing behavior domains, as well as a total behavior problems score.
Key Findings	<p>Participants in the study were elementary school students (ages 6-12) who were randomly assigned to the intervention group, which received the IFBN, or the wait-list control group, which received the IFBN after 10 weeks. Data were collected at pretest, posttest, and 3-month follow-up assessments. Pre- and posttest data were collected simultaneously for the IFBN and wait-list control groups. After the wait-list control group received the IFBN, pre- and posttest data from this group were merged with data from the intervention group.</p> <p>From pre- to posttest, all students who received the IFBN (i.e., intervention group participants plus wait-list control group participants who also had received the IFBN) had improvements in all eight subscales of the CBCL ($p < .05$ for somatic complaints and $p < .001$ for each of the other seven subscales: anxious/depressed, withdrawn/depressed, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior), the internalizing behavior and externalizing behavior domains ($p < .05$ for each), and total behavior problems ($p < .05$). Meanwhile, pre- to posttest results indicated that, prior to receiving the IFBN, students in the wait-list control group had improvements in the anxious/depressed, attention problems, and aggressive behavior subscales ($p < .05$ for each), the internalizing behavior and externalizing behavior domains ($p < .05$ for each), and total behavior problems ($p < .05$).</p> <p>From posttest to the 3-month follow-up, all students who received the IFBN had improvements in the aggressive behavior subscale of the CBCL ($p < .05$) and the internalizing behavior and externalizing behavior domains ($p < .05$ for each); however, results from the other seven subscales were not statistically significant.</p>
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood)	53% Male 47% Female	85% Race/ethnicity unspecified 15% Hispanic or Latino

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Trauma-related symptoms	3.1	3.4	2.5	1.5	2.5	2.8	2.6
2: Problem behaviors	4.0	3.8	2.5	1.5	2.5	2.8	2.8

Study Strengths

The outcome measures are well researched and frequently used and have good psychometric properties. The study addressed fidelity of implementation in several key ways: an implementation manual and a fidelity checklist were used, and the intervention was delivered by trained, certified therapists. The study used an experimental design, with random assignment of participants to an intervention group or a wait-list control group, which received the IFBN after 10 weeks.

Study Weaknesses

Although fidelity of implementation was addressed, the lack of information on fidelity results raises concerns regarding the consistency with which the intervention was implemented. Limited information was reported on attrition and missing data. The study authors did not report findings comparing the pretreatment means of the intervention and wait-list control groups to establish baseline equivalence. The analyses focused primarily on pre- to posttest changes in the intervention and wait-list control groups and did not compare between-group differences over time.

Readiness for Dissemination

Review Date: September 2011

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Moser, A. (1988). Don't pop your cork on Mondays! The children's anti-stress book. Kansas City, KS: Landmark Editions.

National Institute for Trauma and Loss in Children. (n.d.). Children of trauma tools to help the helper [DVD]. Grosse Point Woods, MI: Author.

Program Web site, <http://www.starrtraining.org>

Steele, W. (1999). What parents need to know: Help for parents of grieving and traumatized children. Grosse Point Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W. (1999). You are not alone. Grosse Point Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W. (2003). A trauma is like no other experience. Grosse Point Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W., Kuban, C., Lemerand, P., & Ginns-Gruenberg, D. (2007). I Feel Better Now! leaders guide: An 8-session group program for children 6-12 years old. Grosse Point Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W., Kuban, C., Lemerand, P., & Ginns-Gruenberg, D. (2007). I Feel Better Now! workbook: An 8-session group program for children 6-12 years old. Grosse Point Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W., & Raider, M. (2009). Structured Sensory Intervention for Traumatized Children, Adolescents and Parents (SITCAP): Evidence based interventions to alleviate trauma. Lewiston, NY: Edwin Mellen Press.

TLC Institute training PowerPoint slides [CD-ROM]

TLC Institute training PowerPoint slides [Handout]

Trauma intervention program--I Feel Better Now! fidelity checklist for sessions 1-10 [Handout]

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.3	3.8	2.5	3.2

Dissemination Strengths

Program materials are well organized and easy to use, and they provide practical and straightforward instructions and tools for implementation. Group leaders are provided with step-by-step instructions for each program session, as well as sample scripts, to support successful intervention delivery. Individuals and images shown in materials are racially and ethnically diverse. The well-developed training program includes levels of certification and ongoing training opportunities. Additional resources to support group leaders in building knowledge and skill in effective trauma intervention are referenced throughout printed materials and on the program Web site. A number of quality assurance tools and processes are identified to support outcome monitoring and ensure fidelity to the model.

Dissemination Weaknesses

Guidance is limited on the selection of appropriate group leaders, strategies for preparing an organization or agency for adoption of the practice, and the addressing of cultural differences while working with diverse populations. It is unclear to what extent developers are able to provide ongoing consultation and support beyond questions and answers sent via email. Although three increasing levels of quality assurance are available, the extent to which fidelity is monitored and improved is dictated primarily by the implementation site's staffing decisions and resources rather than requirements and protocol from the developer.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
I Feel Better Now! Program materials (includes leaders guide, workbook, supporting materials, and quality assurance tools)	\$120	Yes
On- or off-site training and certification	\$0-\$250 per participant, depending on site training needs (plus travel expenses if necessary)	No
Email consultation	Free	No

Additional Information

The workbook may be copied for repeated use. Participants can receive training at no cost if they attend a training sponsored by other schools or organizations.

Replications

No replications were identified by the developer.

Contact Information

To learn more about implementation, contact:

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To learn more about research, contact:

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://www.starrtraining.org/tlc>

