Agenda

⭐ A Tiered Approach to School-Based Mental Health

⭐ Cognitive-Behavioral Therapy: The Big Picture

⭐ Social-Emotional Learning at Tier 1

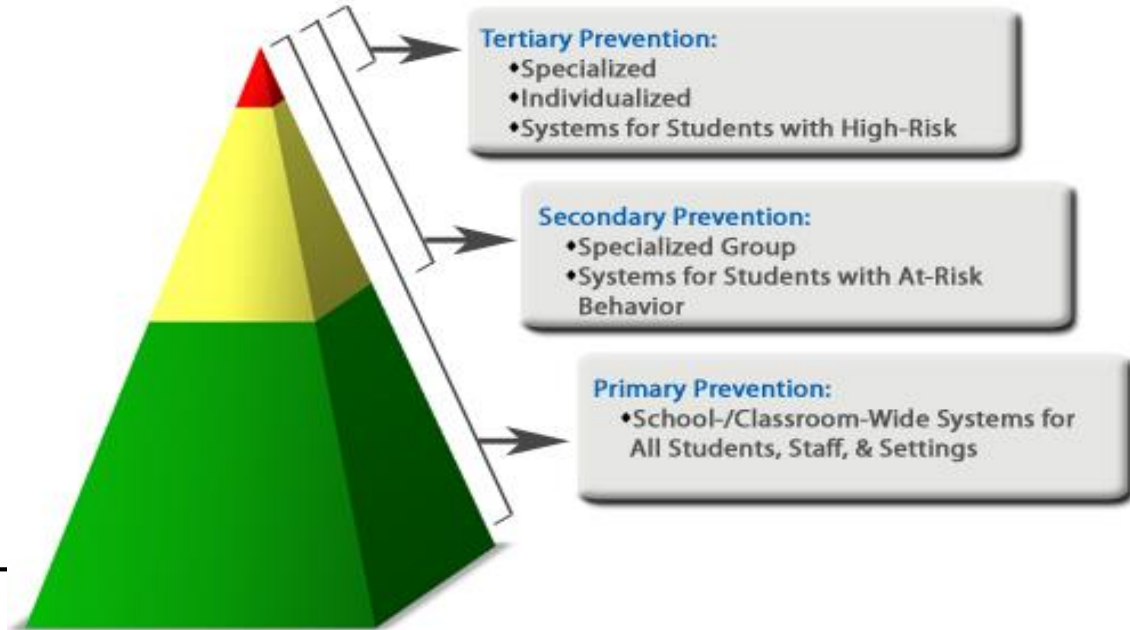⭐ Group Based Interventions at Tier 2

⭐ Individualized Interventions at Tier 3

Addressing Mental Health Through a Tiered Model

Continuum of student supports

Tiered Models for:

Behavior	Mental Health
Tier 1: SWPBIS	Tier 1: Social-Emotional Learning (SEL)
Tier 2: Check In/Check Out, behavioral contracting, social skills groups	Tier 2: Group-based CBT
Tier 3: FBA/BIP	Tier 3: Individual CBT

Cognitive Model

Focus of cognitive therapy

Focus of behavior therapy

Situation — something happens

Thought — the situation is interpreted

Emotion — a feeling occurs as a result of the thought

Behavior — an action in response to the emotion
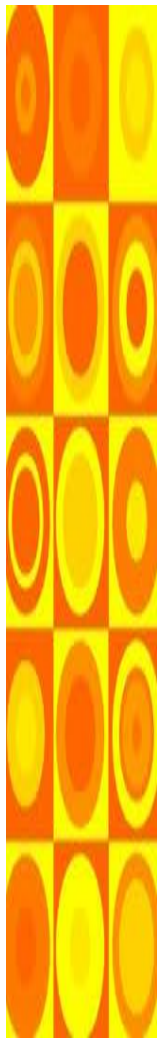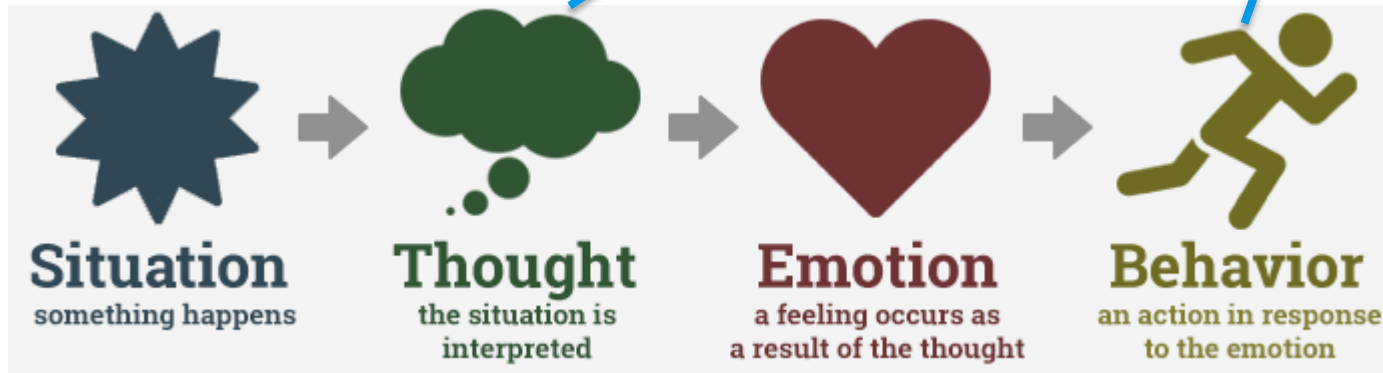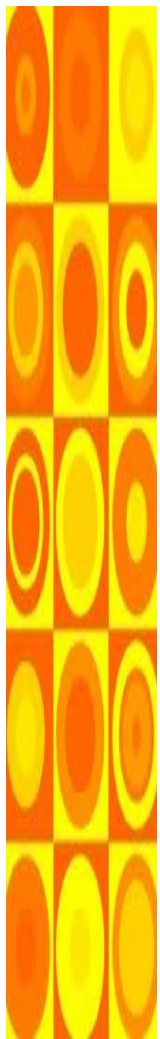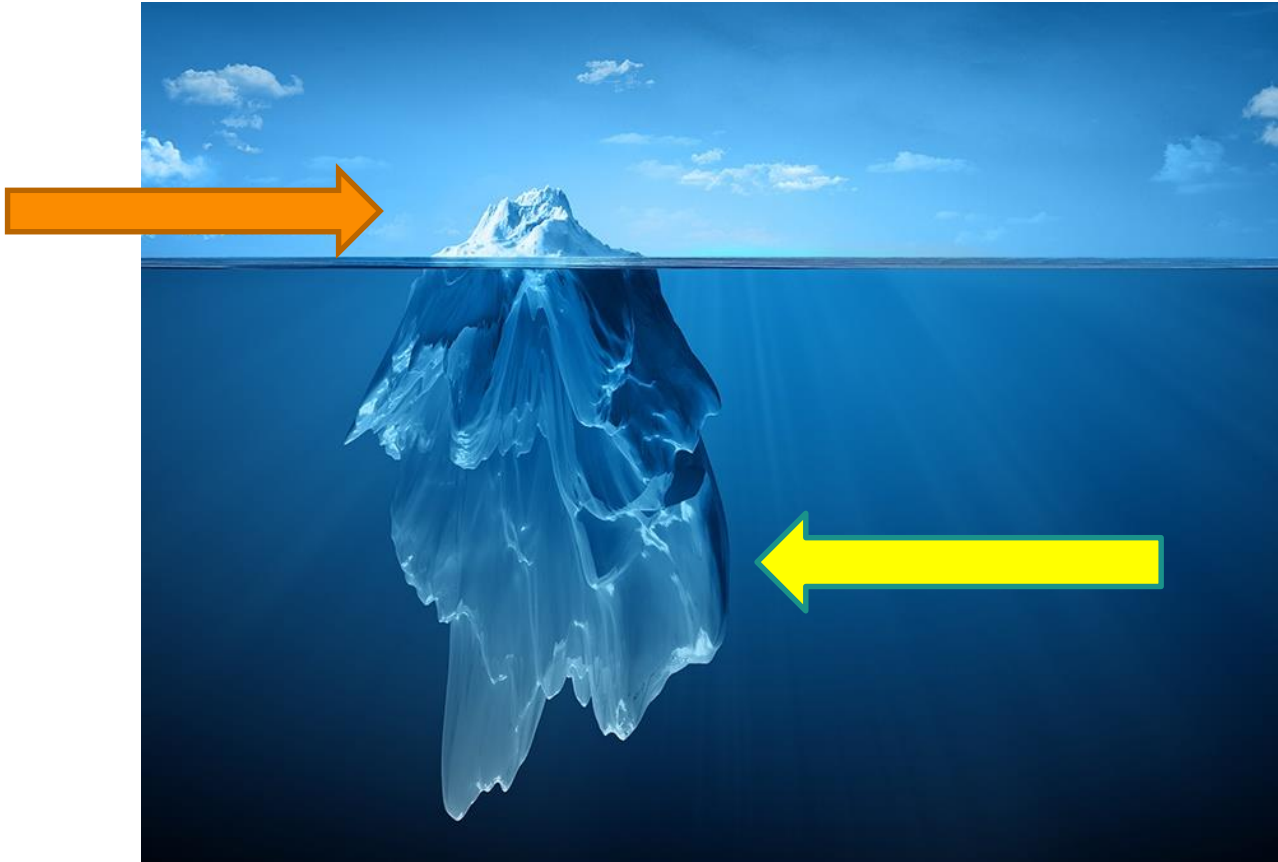
Teacher tells student to stop talking and start his work.

Student thinks: "She always picks on me. Lots of other kids are talking, too!

Student feels: Anger (7 on a scale from 1-10)

Student says: "What?! Why are you picking on me? Don't you see that Riley is talking, too? Why don't you say something to him???

Automatic Thoughts and Core Beliefs

Core Beliefs and Mental Health Disorders

Mental Health Concern	Examples of Common Thought Patterns
Anxiety	The world is full of danger. I must constantly be alert to danger in order to protect myself and my loved ones.
Depression	I am not as good, smart, capable, or loveable as other people.
Aggression	I have to show other people who's boss. Backing down from a fight is a sign of weakness.
Anger	Other people are incompetent idiots. They do things just to upset me.
Borderline personality	The only way to get other people to understand how I feel is to act in extreme ways (e.g., cut myself, say I am going to kill myself).

Checklist of Cognitive Distortions *

1. **All-or-nothing thinking:** You look at things in absolute, black-and-white categories.

2. **Over generalization:** You view a negative event as a never-ending pattern of defeat.

3. **Mental filter:** You dwell on the negatives.

4. **Discounting the positives:** You insist that your accomplishments or positive qualities don't count.

5. **Jumping to conclusions:**

   (A) Mind-reading-- you assume that people are reacting negatively to you when there's no definite evidence;

   (B) Fortune Telling-- you arbitrarily predict that things will turn out badly.

6. **Magnification or minimization:** You blow things way out of proportion or you shrink their importance.

7. **Emotional reasoning:** You reason from how you feel: "I feel like an idiot, so I really must be one."

8. **"Should statements":** You criticize yourself (or other people) with "shoulds," "oughts," "musts," and "have tos."

9. **Labeling:** Instead of saying "I made a mistake," you tell yourself, "I'm a jerk," or "a fool," or a "loser."

10. **Personalization and blame:** You blame yourself for something you weren't entirely responsible for, or you blame other people and deny your role in the problem.

https://feelinggood.com/

Books I Use to Train Students in CBT
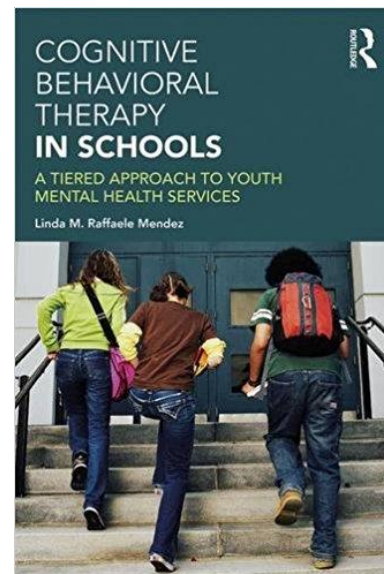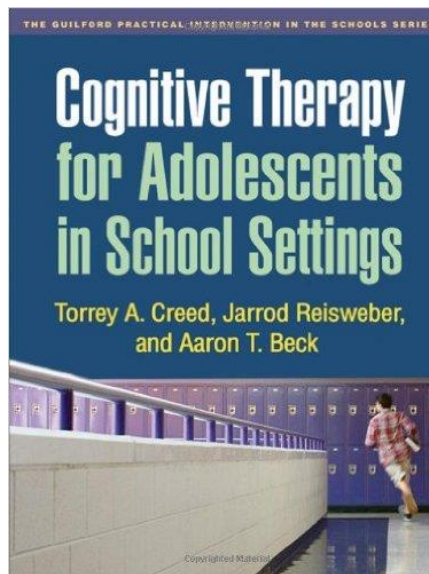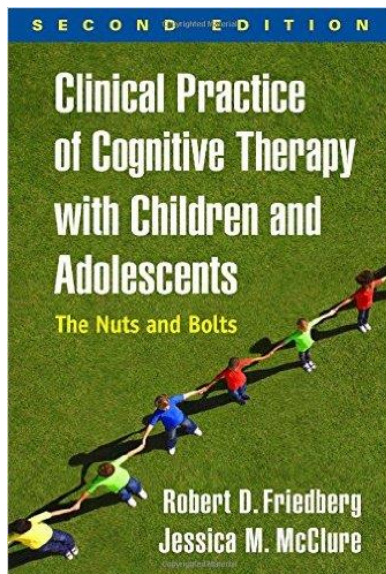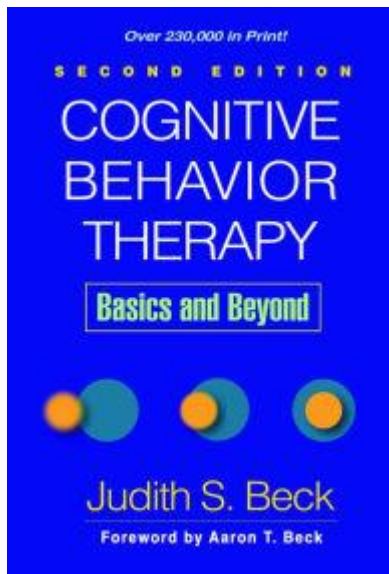
Why CBT?

- Evidence-based for a wide variety of youth mental health problems

- Many manualized programs available for use

- Can be used in both group and individual formats

- Has been adapted for youth with special learning needs

    - ASD—e.g., Reaven, Blakely-Smith, Nichols, & Hepburn (2011)
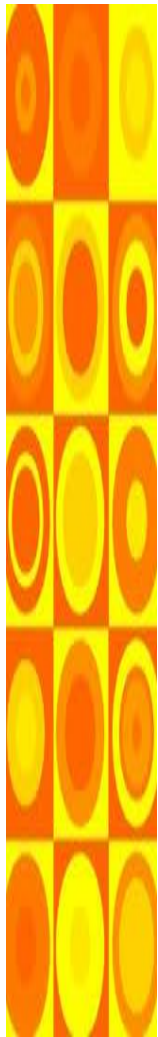
Disorders for Which CBT is an Empirically-Supported Treatment

Probably Efficacious

Generalized Anxiety

ODD/CD

Social Phobia

Self-Harm

OCD

Well-Established

Depression

PTSD

Substance Abuse

www.effectivechildtherapy.org

CBT: Cognitive vs. Behavioral Components

Cognitive Components

- ❑ **Use of thought records**
- ❑ **Guided discovery using Socratic dialogues**
- ❑ **Collaborative problem-solving**
- ❑ **Use of metaphors and humor**
- ❑ **Psychoeducation regarding cognitive distortions**
- ❑ **Coping cards**

Behavioral Components

- ❑ **Behavioral experiments**
- ❑ **Exposures based on a fear hierarchy**
- ❑ **Pleasant events scheduling**
- ❑ **Examination of antecedents, behaviors, and consequences**
- ❑ **Shaping (successive approximations)**
- ❑ **Role playing (therapist modeling)**
- ❑ **Relaxation training**

CBT within a Tiered Model

Tier 1: Social-Emotional Learning (SEL) for all (with progress monitoring to determine who needs additional supports)

Tier 2: Group-based CBT interventions (with progress monitoring to determine movement up or down within tiers)

Tier 3: Individual CBT interventions (with progress monitoring to determine movement up or down within tiers)

Consultation with parents and school staff at each level

Raffaele Mendez (2017)
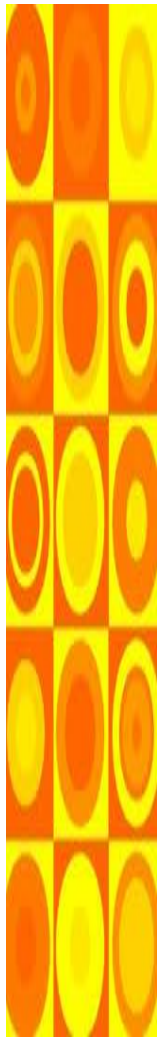
Tier 1 (Universal SEL): An Overview

- Start with a population-based needs assessment

- Identify an SEL program

- Train teachers to implement the program

- Monitor student progress

  - Individual students

  - The school as a whole
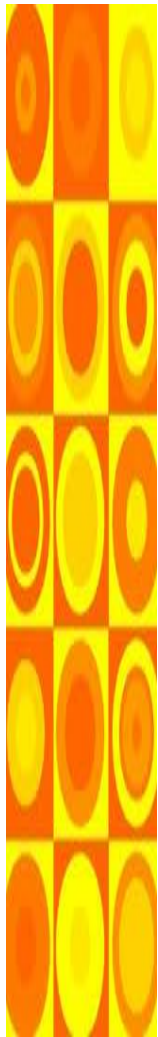
Population-Based Needs Assessment

Purpose: Develop an understanding of the social and emotional strengths and needs of the students at your school

Goals: Answer questions such as:

a. What is known about the mental health of students at the school or in the district?

b. How would the needs of the population as a whole be described?

c. What are the needs of students in this population who are at-risk or showing early signs of mental health concerns?

(Doll, Cummings, & Chapla, 2014)

Steps in the Needs Assessment

1. **Pre-assessment.** A team of committed key stakeholders is formed, and a plan, method, and participants for the assessment are developed

2. **Assessment.** Data is collected and analyzed (this may include interviews, questionnaires/ surveys, community forums, or focus groups)

3. **Post-assessment.** A report is disseminated to the appropriate audiences, priorities are established, solutions based on the needs assessment are implemented, and these solutions are monitored and evaluated

(Nagle & Glover Gagnon, 2014)

Important Issues in Screening and Implementation

1. Parental consent for universal screening
   For what types of assessments do you need parental consent?

2. Key indicators
   ODRs, suspensions, rates of absenteeism, visits to the nurse's office

3. Systems-level issues
   Buy in, support for the initiative

4. Developing a long-term plan
   What is needed to make the plan sustainable?

5. Training and supporting teachers
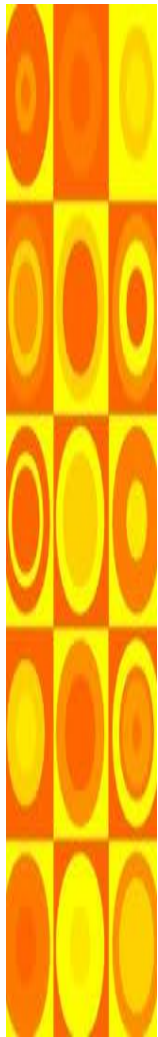
Web-Based Resources

Center for School-Based Mental Health at the University of Maryland

SCHOOLMENTALHEALTH.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA.org

Institute of Education Sciences' What Works Clearinghouse

IES.ED.gov/ncee/wwc

Division 53 of the American Psychological Association

EFFECTIVECHILDTHERAPY.com
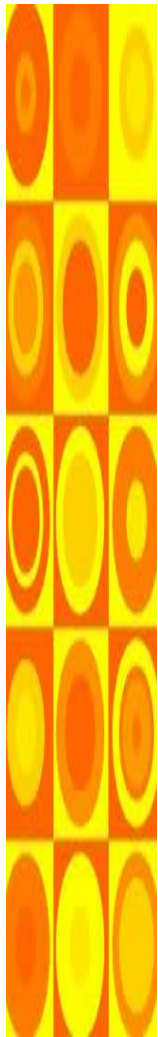
Empirically-Supported Universal SEL Programs

I Can Problem Solve (Raising a Thinking Child)

MindUP Curriculum

Promoting Alternative Thinking Strategies (PATHS)

PATHS to PAX

Positive Action

Project ACHIEVE

Second Step

Skillstreaming

Strong Kids

The Incredible Years
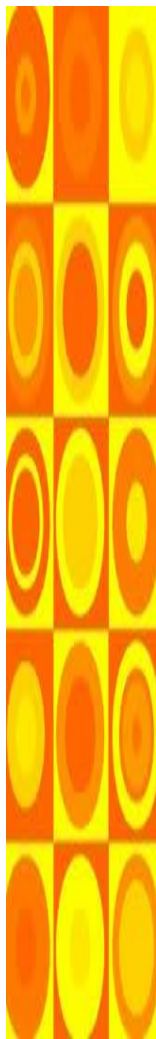
Tools for Universal Progress Monitoring

Social Emotional Health Survey System (SEHS)
Behavioral and Emotional Screening System (BESS)
Strengths and Difficulties Questionnaire (SDQ)
Social Emotional Asset and Resilience Scale (SEARS)
Systematic Screening for Behavior Disorders (SSBD)
Social Skills Improvement System-Performance Screening
    Guide (SSIS-PSG)
School Archival Records Search (SARS)
Strong Kids assessment tools

(Furlong, You, Renshaw, Smith, and O'Malley, 2014;; Kamphaus & Reynolds, 200; Goodman, 1997; Goodman, Meltzer, Bailey, 1998; Goodman, Lamping, Ploubidis, 2010; Merrell, Felver-Grant, and Tom, 2011; Walker & Severson, 1992; Elliott & Gresham, 2008; Walker, Block-Pedego, Todis, & Severson, 1991; Merrell, 2007)

Tier 2 (Targeted Interventions): An Overview

❑ Identifying youth for Tier 2 services
    Universal screening
    Self, family, or peer referral
    Progress monitoring

❑ Common types of interventions at Tier 2
    Anxiety
    Depression
    Anger management training
    Social skills
    Trauma-focused
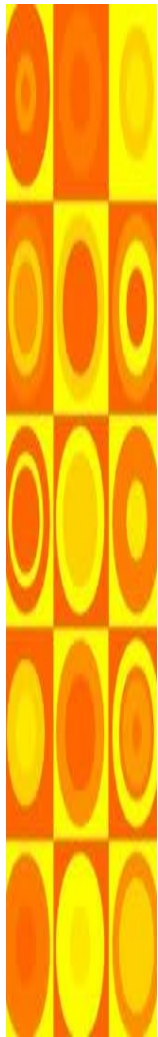
Examining School Level Data: An Example from Syracuse City School District

❑ Screening/intervention protocol for moving from Tier 1 to Tier 2
  - Three to five ODRs
  - Less than 90% attendance
  - At-risk referrals from faculty or staff

❑ Screening intervention protocol for moving Tier 2 to Tier 3
  - Six or more ODRs

Putnam (2013)

Common Types of Interventions at Tier 2

⭐ Anger Management Training

⭐ Social Skills

⭐ Coping with Anxiety

⭐ Coping with Depression

⭐ Recovery from Trauma

Tier 3 (Selective Interventions): An Overview

❏ Youth who should be triaged to Tier 3

❏ Who is a good candidate for individual CBT?

❏ Other options if the student is not a good candidate for CBT

❏ Individual CBT for students with externalizing behaviors
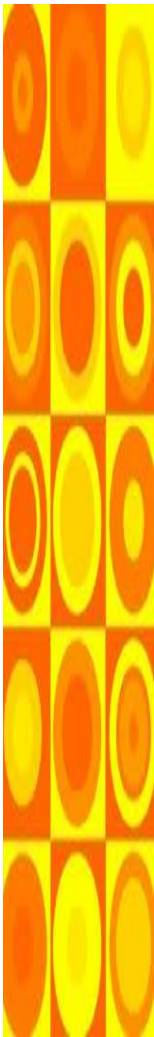
Youth Who Should Be Triaged to Tier 3

- ✓ EBD
- ✓ Homeless
- ✓ Two or more suspensions in the past year
- ✓ Involved with the juvenile justice system or who have been incarcerated
- ✓ Refugees
- ✓ Foster care system
- ✓ Experienced two or more school changes in the past year
- ✓ Experienced more than 10 absences in the past year

Is the Student a Good Candidate for Individual CBT?

1. Will the parent give consent for therapy?

2. Does the student have the cognitive and language skills needed to benefit from talk therapy?

3. Is the student able to generalize what is learned in therapy to everyday life?

4. Is the student open to discussing problems with you?

5. Is the student motivated to engage in personal change to reach goals?

Other Options at Tier 3

1. Behavioral interventions

2. Teacher/parent consultation

    a. Family Check Up

3. Community-based counseling

4. Adult or peer mentoring
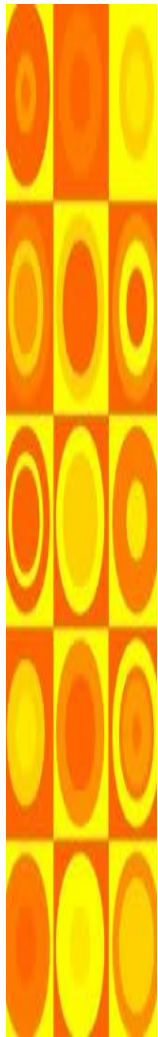
Individual vs. Group-Based CBT

Individual	Group

Individual

✓ **More flexibility to address individual issues of concern**

✓ **More privacy**

Group

Opportunities for:

✓ **Practicing skills in a group setting**

✓ **Learning from group members**
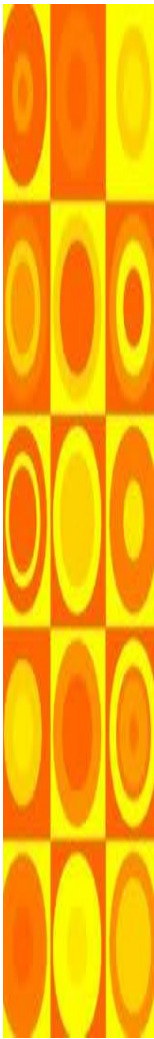
Tier 3: Constructing the Treatment Plan

We typically choose 4-5 goals to work on based on the case conceptualization. These goals guide what we do in therapy each week.

Goals are typically related to:

✓ Changing dysfunctional ways of thinking

✓ Alleviating painful emotions and/or associated physiological symptoms

✓ Learning problem-solving skills

✓ Changing dysfunctional behaviors

Let's examine the case conceptualization and treatment plan for a high school student named Aja.

Tier 3 Case Conceptualization: Aja

Bullied by peers in middle school for being different; now anxious about social situations; On-going parental rejection.

Early diagnosis of ADHD; parental alcoholism; sexually molested at age 7; repeated 6th grade; divorce of father and stepmother at age 13 and subsequent move to FL.

Lower middle class family; family attitude toward problems: "Get over it."

Sensitive; artistic; kind; bright and creative; Salient cognitions: "I'm only worth something if I have a boyfriend." "I am inferior to other people."

Presenting Problems

Cognitive: Self-perceptions of worthlessness, inferiority; perceives that no one is there for her.

Emotional: Depression and social anxiety.

Behavioral: Anhedonia, avoidance of opportunities to make new friends; beginning to use alcohol and marijuana to cope.

Physiological: Limited energy; sweaty palms and racing heart in novel social situations.

Interpersonal: Conflict-ridden relationship with parents; few friends; tends to cling to boyfriend when in a relationship.

Treatment Goals for Aja: Depression

1. Improve mood.

- Increase positive self-talk (thought record, Socratic dialogue)

- Participate in activities previously found enjoyable (activity scheduling and monitoring)

2. Decrease feelings of ineffectiveness and negative self-esteem.

- Identify errors in thinking and challenge cognitive distortions (thought record, didactic teaching, Socratic dialogue)

- Replace maladaptive thought patterns with realistic, adaptive thoughts (Socratic dialogue)

- Increase positive relationships with family (behavioral experiments, role playing, coping cards)

3. Decrease risky behavior/maladaptive coping skills.

- Increase adaptive coping skills (didactic teaching)

- Decrease desire to engage in risky behaviors (Socratic dialogue)

Treatment Goals for Aja: Social Anxiety

4. Decrease fear of social situations.

Identify errors in thinking and challenge thought distortions related to social situations (Socratic dialogue)

Replace maladaptive thought patterns with realistic, adaptive thoughts (thought record, Socratic dialogue)

5. Increase social confidence.

Develop feelings of confidence in social situations (Socratic dialogue)

Increase positive peer interactions (role playing, activity scheduling and monitoring)

Session Structure

Central components:

Mood check-in

(Homework review)—2nd session and beyond

Agenda setting

Student (and therapist) add items to the agenda

Processing through the session content

Homework assignment

Eliciting client feedback

Friedberg & McClure (2002)

6 Therapeutic Techniques Used with Aja

Thought record--Use to help the student understand how perceptions (thoughts) lead to feelings and behaviors

Socratic dialogue--Use when maladaptive thinking is leading to maladaptive feelings and behavior

Activity scheduling (and monitoring)—Use when a student needs to re-engage in activities to promote recovery

Coping cards--Use when the student needs to be reminded of adaptive ways of thinking in difficult situations

Behavioral experiments--Use to help the student see how changes in his/her behavior can lead to changes in others' behavior

Role-playing (therapist modeling)--Use when a student does not know how to approach a situation adaptively

Didactic teaching-Use to teach skills like adaptive coping, social skills, and relaxation strategies

Thought Record

Used to help the student see the connection between thoughts, feelings, and behaviors

Situation	Thought	Feeling (Strength)	Behavior
Your mother forbid you to go out with a new boy who is much older than you whom you really like.	"My mother doesn't want me to have a life."	Angry (8)	Called your mother a b*tch and slammed your bedroom door in her face.
You sat at a different table at lunch with a new friend.	"Why am I doing this to myself? No one at this table is going to want to talk to me!"	Nervous, sad (7)	Told your friend that you were feeling sick and spent the rest of the lunch period in the bathroom.

Types of Socratic Dialogue

✓ What's the evidence?

✓ What's an alternative explanation?

✓ What are the advantages and disadvantages?

✓ Decatastrophizing

✓ How can I problem solve?

Friedberg & McClure (2015)

Socratic Dialogue: What's the Evidence?

Use this type of dialogue when you think that a student has jumped to conclusions without enough evidence.

What to Do

✓You help the student to examine the evidence that the automatic thought is correct.

✓Is the student's evidence conclusive?

✓Would other people draw the same conclusions from the evidence provided?

Socratic Dialogue: What's an Alternative Explanation?

Use this when you think the student has overlooked other possible ways of looking at the problem.

What to Do

✓Point out that there may be other ways of conceptualizing the problem.

✓Does everyone think like you do? How might other people think about this?

✓Suggest (using humor if appropriate) other possible ways to look at the situation.

What Are the Advantages and Disadvantages?

Use this when a student's thinking may be correct but is not particularly helpful.

What to Do

✓Ask about whether the student's way of thinking is associated with particular advantages or disadvantages.

✓Does this way of thinking lead you to want to try harder or give up?

✓Does this way of thinking make things better for you?

Decatastophizing

Helping a student understand that a feared (dreaded) situation is unlikely to happen.

✓Point out that it sounds like the student is catastrophizing (snowballing) and provide a definition of this type of distortion.

✓Help the student generate other possibilities for outcomes.

✓Ask about the likelihood that the feared outcome will actually happen.

✓Help the student generate ways of responding/coping in the event that the feared outcome does occur.

Socratic Dialogue: How Can I Problem Solve?

Use this type of dialogue when you don't perceive distortions in how the student is thinking.

Steps to Follow

✓Have the student generate alternatives for how to address the problem

✓Evaluate these options

✓Choose a plan

✓Assign the plan for homework

Role Play with Aja

As you watch the role play, note which type of Socratic dialogue I am using.

Coping Card Example

My past does not define me. I am my own person, and my future is full of possibility. I can choose to write my own story and walk my own path.

~Aja

Behavioral Experiments

Experiments designed to test the accuracy of a person's thinking. With Aja, we used them to:

(1) See how changes in Aja's behavior would impact her relationship with her parents.

(2) See how her boyfriend would respond if she told him that she wanted to wait to become sexually active

Didactic Teaching

Used to teach skills. With Aja, we used:

1. Controlled breathing

2. Adaptive coping

3. Social and hereditary factors in alcohol addiction

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Thank You For Your Participation!

Questions/Comments:

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