Table 2

|  |
| --- |
| *Targeted (Tier 2) Interventions for Youth At-Risk of Various Mental Health Concerns or Exhibiting Mild to Moderate Symptoms* |
| **Program Name** | **Age/****Grade Level** | **SMH Tier Level of Service** | **Areas of Concern** | **Details About Program** | **CBT Components** | **Evidence-Base** |
| *Aggression Replacement Training* (ART; Glick & Gibbs, 2011)/Available for purchase at: aggressionreplacementtraining.com  | 12 to 17 | Targeted | Aggression | 10 weekly 60 min sessions. Up to 10 students to a group. Each week all three topics are covered- prosocial skills, anger management, and moral reasoning. | Role-play, cognitive restructuring, homework, exposures | EMSH |
| *Anger Coping Program* (Lochman, Nelson, & Sims, 1981; Smith, Lochman, & Daunic, 2005)/Available in book form from Guilford Press (Larson & Lochman, 2010) | Elementary or middle school aged youth | Targeted | Anger Management | Two formats--12 or 18 sessions; 45–60 mins each; 4–6 participants. Each week includes specific goals, objectives, and homework. Lessons seek to enhance perspective-taking skills, affect recognition, self-control (through inhibitory and coping self-statements), social problem solving, and social skills strategies for managing conflict situations. | Peer feedback, in-vivo experiential learning, Sessions included role-plays and activities that generate affective arousal. Reinforcement and feedback are used to support skill acquisition. | Lochman, 1985; Lochman, 1992; Lochman, Coie, Underwood, and Terry, 1993; Lochman, Curry, Dane, & Ellis, 2001 |
| *Camp Cope-A-Lot* (Khanna & Kendall, 2008)/Available for purchase at [www.campcope-a-lot.com](http://www.campcope-a-lot.com) | 7 to 13 | Targeted | Anxiety | A computer software version of *Coping Cat* to treat anxiety in youth. Includes 12 sessions. Youth advance at their own pace through the first 6 sessions; the remaining 6 sessions are with a therapist. This interactive computer program includes videos and child-paced activities to help with problem-solving, changing self-talk, and identifying signs of anxiety includes a built in reward system, and provides peer modeling of exposure tasks and coping. Includes the software, a therapist manual, and a child manual. | Psychoeducational, cognitive restructuring, problem solving skills, relaxation techniques, and exposure therapy | Khanna & Kendall, 2008 |
| *Children of Divorce Intervention Program* (CODIP; Pedro-Caroll & Cowen, 1985)/Available for purchase at https://www.childrens institute.net/programs/ codip  | K to 8th grade | Targeted | Issues related to Divorce: Outcomes effective for: School-related behaviors and competencies, Behavioral and emotional adjustment to divorce, anxiety, and attitudes and feelings about family | 12-15 weekly group sessions, 40-60 minutes each. Designed to help youth accept their feelings and thoughts about their parents' separation and reduce any anxiety/worries concerning the impact of the divorce on them and their family.  | Psychoeducation, emotion recognition, cognitive restructuring | SAMHSA |
| *Cognitive Behavioral Interventions for Trauma in Schools* \* (CBITS; RAND Corporation, the University of California at Los Angeles and the Los Angeles Unified School District-LAUSD)/Available for free download with registration at https:// cbitsprogram.org/  | 10 to 15 | Targeted | Trauma | 10 group 1 hour, weekly session, with 6 to 8 students per group. Also includes 2 parent education sessions and 1 teacher education session  | Education about reactions to trauma, relaxation, cognitive restructuring, exposures, and problem solving | ESMH & SAMHSA  |
| *Coping Cat/ C.A.T. Project* (Kendall, 2006)/Available for purchase at Amazon and other online retailers | 8 to 13; 14-17 | Targeted | Anxiety | 16, 1 hour, weekly sessions. 14 sessions with the youth and two with the parents; Teaches the child how to identify anxious feelings and then how to cope with these feelings. The Coping Cat is divided into two sections: (1) psychoeducation and (2) exposure to anxiety- provoking situations | Psychoeducational, cognitive restructuring, problem solving skills, relaxation techniques, and exposure therapy | Beidas, Edmunds, & Kendall, 2010; Kendall & Hedtke, 2006a, 2006b, Evidence-based ESMH & SAMHSA  |
| *Coping Power Program* (Lochman, Wells, Murray, Tolan, Szapocznik, & Sambrano, 2007)/Available for purchase at [www.copingpower.com](http://www.copingpower.com) | 9 to 11 | Targeted | Risk factors for substance abuse and delinquency | The main focus of the program are on social competence, self regulation, and positive parental involvement. Recommended to have up to 6 group participants. The group meets once per week and the full program lasts 15 to 18 months (usually delivered in 2 school years). The main components include anger management, social problem solving, and practicing skills to resist peer pressure. | Psychoeducation, problem solving, exposures to practice using skills | ESMH |
| *Coping with Stress Course* (Clarke & Lewinsohn, 1995)/Available for free download at research.kpchr.org/ Research/Research-Areas/Mental-Health/Youth-Depression-Programs  | High school | Targeted | Depression | 15 weekly, 45 minute sessions. The sessions consist of active guidance by group leaders and structured activities for participants. A participant workbook, including exercises for practice outside of the group. The specific skills the youth are taught include monitoingr daily moods, identifying activating events, cognitive restructuring, connection between thoughts, feelings, behavior, and how to problem solve and cope with stress.  | Psychoeducation, cognitive restructuring and problem solving skills, role plays, and group discussions. | Clarke, Hawkins, Murphy, Sheeber, Lewinsohn, & Seeley, 1995 |
| *Creating Opportunities for Personal Empowerment* (COPE; Melyn, Small, Morrison-Beedy, Strasser, Spath, Kreipe, & O’Haver 2007)/Available for purchase at http:// www.cope2thrive.com. | 7 to 11 years old, 11 to 18 years old, 18 to 24 years old | Targeted | Anxiety, Depression, Healthy Choices (physical activity, food intake) | 7 sessions, 50 minute sessions, weekly or a 15 session version, 50 minute sessions, Cognitive Behavioral Therapy-based (CBT) programs are designed to help children, teens and young adults deal with anxiety, stress and depression by showing them how to develop the skills needed to stop negative thoughts and start thinking and behaving in more positive ways. | Cognitive restructuring | There have been 14 intervention studies over past 8 years supporting positive effects. Articles can be found in Hetrick et al., 2015 |
| *First Steps to Success* (Walker, Kavanagh, Stiller, Golly, Severson, & Feil, 1998)/Name changed to *First Step Next* in 2015; Available for purchase at https:// pacificnwpublish.com/ products/FIRST-STEP-Next.html  | K to 3rd grade | Targeted or Intensive | Aggression, Non-Compliance,  | Designed for youth that are at risk of developing aggression and other antisocial behaviors. This intervention involves a trained behavior coach working with the identified students in the classroom, with the teacher, and parent training for about 50 to 60 hours across three months. There is a screening implemented classwide, then teacher training, and parent training components.  | Heavy on the B in CBT. Behavior analyst coaches teacher and parents how to teach replacement behaviors and reinforce these behaviors. | What Works Clearinghouse evidence-based program |
| *Girls Circle* (Hossfeld & Taormina, 1997)/Available for purchase at <https://onecirclefoundation.org/materials.aspx>  | 9 to 18 | Targeted | Social Support, Body Image, Self-Efficacy, Locus of Control and Self-Esteem | This is a support group for girls to increasing connections, build empathic skills and develop resiliency. It is suggested to have 10 weekly, 1 1/2 to two hour sessions. It teaches the youth to actively listen to the other members of the group and the group members also express their concerns through role playing, drama, journaling, poetry, drama, dance, drawing, collage, and clay. Various topics are covered each week such as, trusting ourselves, friendships, body image, goals, sexuality, drugs, alcohol, tobacco, competition, and decision-making.  | Integrates relational theory, resiliency practices, and skills training and teaches problem solving and cognitive restructuring | ESMH |
| *Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems* (Match-ADTC; Chorpita & Weisz)/Available for purchase in an online, interactive format or in book form at <http://www.practicewise.com/portals/0/MATCH_public/purchase.html>  | 7 to 15 | Targeted or Intensive | Anxiety, Depression | This is a modular approach to treating these various concerns, so it can be individualized to the students' needs. There are 45 treatment materials that are the most common elements of evidence-based practices for treating these concerns. There is an online subscription for easy access to the materials. The flowcharts to help decide which modules to implement are very helpful. | For Anxiety, Trauma, and Depression have all the key components of best CBT practice in treating these concerns, while Conduct problems has the best behavioral practices for treating these concerns | Weisz, Ugueto, Cheron, & Herren, 2013 |
| *Penn Resiliency Program* (Gillham, Reivich, Freres, Chaplin, Shatte, Samuels…Seligman, 2007)/Available through a train-the-trainer model with in a classroom-based format, via online learning, or video based. For more information see: <https://ppc.sas.upenn.edu/services/penn-resilience-training>  | 5th to 8th grade; 10-14 years of age | Universal or Targeted | Program has been used to address anxiety, conduct disorders & depression  | 12, 90 minute lessons or 18-24 60 minute lessons. Resilience concepts and skills are taught through skits, role playing, short stories or cartoons. Also there is practice with hypothetical examples that are relevant to real-world situations. Weekly homework is assigned to encourage use of new skills in daily life.  | Includes cognitive restructuring, relaxation, emotion regulation, assertiveness, coping skills, negotiation, social skills, goal-setting, creative and social problem-solving, decision-making | 12 trials reported in 11 studies in the Hetrick et al. (2015) meta-analysis found consistent positive significant results |
| *Prepare Curriculum* (Goldstein, 1999)/Available for purchase at Amazon and other online retailers | Middle and High school, can be adapted for younger youth | Targeted | Addresses prosocial behaviors | This has 10 courses on reducing stress, reducing aggression, and reducing prejudices. The series is a set of psychoeducational courses that are made to teach various prosocial psychological concepts. There are many supplementary exercises involving games, role plays, reading and writing, drawing, brainstorming, group discussion, relaxation, tape recordings, photography, and other hands-on activities. It is suggested by the authors that the materials from the curriculum that are chosen are fit to the prosocial deficiencies of the youth in need.  | Problem solving, psychoeducation, cognitive restructuring, moral reasoning training, relaxation | Goldstein & Glick, 1987; Goldstein, Glick, & Gibbs, 1998; Goldstein & Pentz, 1984; McGinnis & Goldstein, 1984 |
| *Primary Project* (Cowen, 1991)/Available for purchase through Amazon in book form (Hightower & Cowen, 1996) | preschool to 3rd grade; 4 to 9 years old | Targeted or Intensive | Early warnings of school maladjustment; increased task orientation, behavior control, and social skills; school adjustment including anxiousness and assertiveness  | 10-14 weekly sessions, approximately 30 minutes each. Unclear if can implement in group setting or individual level, but it is recognized as to prevent mental health problems in this population as an indicated Tier II intervention. It includes a screener, and then a one on one trained paraprofessional works with the youth through play and relationship building skills.  | Communication skills | Evidence-based ESMH & SAMHSA  |
| *Skills for Academic and Social Success* (SASS; Masia, Beidel, Albano, Rapee, Turner, Morris et al., 1999)/Described in Fisher, Masia Warner, & Klein (2004); available from Carrie Masia Warner, NYU Child Study Center | High School | Targeted | Reduce anxiety | Involves youth and their parents over a period of three months; 12 weekly sessions each lasting forty minutes. Also includes two individual sessions (15 mins each), four weekend social events, two 45 min parent group sessions, and two 45 min teacher meetings  | Psychoeducation, realistic thinking, social skills training, exposure, and relapse prevention. | Clearinghouse for Military Family Readiness, 2014 |
| *Structured Psychotherapy for Adolescents Responding to Chronic Stress* (SPARCS; DeRosa, Habib, Pelcovitz, Rathus, Sonnenklar, Ford, et al., 2006)/SPARCS training described at: <http://www.cttntraumatraining.org/uploads/4/6/2/3/46231093/sparcs_brochure-_1_5.pdf>; contact Mandy Habib, Psy.D./ Victor Labruna, Ph.D. Address: Adelphi University, Institute for Adolescent Trauma Treatment & Training, One South Avenue, Garden City, NY 11530 Phone number: 917-710-7335 / 516-672-3859 Email: mhabib@sparcstraining.com or vlabruna @ sparcstraining.com | 12 to 19 years old | Targeted | Trauma | 16 weekly sessions, 60 mins each. Target population is students who have experienced a history of chronic interpersonal trauma or are living with significant ongoing stressors; may or may not meet full criteria for PTSD and exhibit functional impairment. Targeted areas of change include affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves. There are several goals of the program including teaching how to cope with stress in the moment, self-efficacy skills, connecting and maintaining supportive relationships, awareness, and create meaning in life.  | Primary theoretical base of the program is CBT  | DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., ... & Labruna, V. (2006). |
| *Taking Action* (Stark & Kendall, 1996)/ Available for purchase at Amazon and other online retailers; workbook also available | 9 to 13 years old | Targeted or Intensive | Depression, Dysthmia | 18 child sessions, 11 family sessions, 4 to 6 youth in 1 hour sessions, held twice a week for the first 4 weeks for faster symptom relief of depression.  | Affective education, problem solving, coping skills, cognitive restruturing | Currently, there is no research that has examined the effectiveness of the Taking Action program. However, it is a CBT program, and there is evidence to suggest the effectiveness of cognitive-behavioral treatments (CBT) on depression for children and adolescents. |
| *Teaching Kids to Cope* (Lamb, Puskar, Sereika, & Corcoran, 1998)/Training available through contacting Kathryn Puskar, Ph.D.415 Victoria Building3500 Victoria St.Pittsburgh, PA 15261Phone: (412) 624-6933Email: krp12@pitt.eduWebsite:  [www.pitt.edu/~krp12/](http://www.pitt.edu/~krp12/) | 12 to 18 | Targeted | Social Skills, Depression, Coping with Stress and Problems | Ten, 1 hour group sessions are taught by a trained professional. Youth are taught to explore distorted thinking patterns and to then test their thoughts against reality. Problem solving is also taught, perspective taking, and different ways of responding.  | Cognitive restructuring but has more of an emphasis on behavioral skill building including social skills training, assertiveness training, conflict resolution and CBT relaxation; bibliotherapy, role-playing, and group exercises such as ‘trust-fall’, buddy assignments, and role playing situations from school as well as art activities | Puskar, Sereika, & Mumford, (2003); Lamb, Puskar, Sereika, & Corcoran, (1998).  |
| *Think First* (Larson, 2005)/Available for purchase in book form from Amazon and other online retailers | 13 to 18 years old | Targeted | Anger | 15 sessions, weekly, 1 hour in a group setting. The youth typically have exhibited discipline problems, aggressive behavior, and trouble managing conflict with others, and possibly substance abuse. The anger management program is taught through role plays, discussions, weekly goal setting and self- monitoring.  | Emotional recognition and coping, cognitive restructuring of social processes | Larson, 1992 |
| *We Have Skills*!/ Available for purchase at http://www.irised. com/products/we-have-skills | Elementary aged youth | Universal or Targeted | Social Skills | A video-based social skills program. Includes 8 weekly sessions. Materials include lesson plans, videos, activities, teacher professional development, and assessments. Lessons have 2 main components- a 5- to 10-minute discussion about the lesson plan and a 5-minute video lesson. The first video is about social skills in general; the other 7 videos include how to listen, ask for help, follow directions, do the best you can, follow the rules, work out strong feelings, and get along. Also included are guided practice activities, homework, and reinforcement strategies. The ESBA is used for pre and post data on social skills outcomes.  | This program is heavy on the B in CBT. It uses education, guided practice, homework, and reinforcement strategies.  | The Institute of Education Sciences's What Works Clearinghouse has found that it is an evidence-based intervention to enhance social skills in elementary aged youth.  |
| \* Recognized as an Evidence-Based Programs Implemented by Expanded School Mental Health (ESMH) Programs\* Center for School Mental Health, University of Maryland School of Medicine; Refer to the matrix found on schoolhealth.org for more details. In the subsequent sections this reference will be titled ESMHMeans it's from the CSMH Matrix |

Table 6.2

*Narrow-Band Measures of Depression, Anxiety, Anger, Social Skills, and Trauma*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Target Area | Measure | Author/Year | Age Range | Details |
| Depression | Children’s Depression Inventory—Second Edition (CDI-2) | Kovacs (2010) | 7-17 | Self-, parent-, and teacher-report forms with 28 items each. Four subscales: Negative Mood, Negative Self-Esteem, Ineffectiveness, and Interpersonal Problems. |
|  | Beck Depression Inventory-Youth (BDI-Y) | Beck**,** Beck, & Jolly (2001) | 7-18 | Self-report with 20 items about thoughts, feelings, and behaviors related to depression. |
|  | Reynolds Child Depression Scale-2 (RCDS-2) | Reynolds (2010) | 7-13 | Self-report with 30 items about feelings during the past 2 weeks. Short form with 11 items (RCDS:SF) also available. |
|  | Reynolds Adolescent Depression Scale-2 (RADS-2) | Reynolds (2002) | 11-20 | Self-report with 30 items in four categories: Dsyphoric Mood, Anhedonia/Negative Affect, Negative Self-Evaluation, and Somatic Complaints. Short form (RADS: SF) also available. |
|  | Center for Epidemiological Studies Depression Scale for Children (CES-DC); Available for free at: <http://www.psych.uic.edu/csp/images/stories/physicians/rating%20scales/CES-DC.pdf>  | Weissman, Orvaschel, & Padian (1980) |  | Self-report with 20 items addressing symptoms of depression in youth. |
| Anxiety | Revised Children’s Manifest Anxiety Scale (RCMAS-2) | Reynolds & Richmond (2008) | 6-19 | Self and parent report forms with 49 yes/no questions. Four subscales: Total Anxiety, Physiological Anxiety, Worry, and Social Anxiety. |
|  | Multidimensional Anxiety Scale for Children—Second Edition (MASC-2)  | March (2012) | 8-19  | Self and parent report forms with 39 items. Four subscales: Social Anxiety, Physical Symptoms, Separation Anxiety/Phobia, and GAD. |
|  | Spence Children’s Anxiety ScaleAvailable for free at: <http://www.scaswebsite.com/index.php?p=1_6> | Spence (1997) | 8-12 | Self- and parent-report as well as a parent-report preschool version are available. In addition to English, free versions are available in 28 languages on the website. Child scale includes 44 items (38 related to anxiety and 6 filler items). Items measure panic attack/agoraphobia, separation anxiety, social phobia, physical injury fears, obsessive-compulsive behaviors, and generalized anxiety. |
|  | Screen for Child-Related Anxiety Disorders (SCARED)Available for free at: <http://www.childrenandwar.org/wp-content/uploads/2009/06/scaredchild-final.pdf>  | Birmaher, Khetarpal, Cully, Brent and McKenzie (1995) |  | Self-and parent-report versions are available. Items measure panic disorder/significant somatic symptoms, generalized anxiety, separation anxiety, social anxiety, significant school avoidance. |
| Anger | PROMIS-Anger | NIH (2004) | Self-report 8-17; parent report 5-17 | Self- and parent-report forms with 22 items measuring angry mood (irritability, frustration), negative social cognitions (interpersonal sensitivity, envy, disagreeableness), and efforts to control anger. |
|  | Beck Youth Inventories-Second Edition (BYI-II)—Anger Inventory | Beck**,** Beck, & Jolly (2001) | 7-18 | Self-report with 20 items measuring thoughts of being treated unfairly by others and feelings of anger and hatred. |
|  | Multidimensional School Anger Inventory (MSAI); included in the *Think First* manual and available for free at: <http://www.michaelfurlong.info/msai/msai-forms/scoring--norms.html>  | Furlong, Smith, & Bates (2002) | 10-17 | Self-report measure of school-related anger. Subscales include anger expression, hostility, destructive expression, and coping. There are two versions—a 36-item version and a 12-item version. Available in English, Japanese, and Spanish versions. |
|  | Adolescent Anger Rating Scale (AARS) | Burney  | 11-19 | Self-report measure with 41 items measuring the intensity and frequency of anger. |
|  | Aggression Questionnaire | Buss and Perry (1992); Buss and Warren (2000) | 9-88 | Self-report measure of aggressive tendencies. Subscales include physical aggression, verbal aggression, hostility, and anger. |
|  | Children’s Inventory of Anger |  |  | Self-report measure of anger provocation and intensity. Subscales include frustration, physical aggression, peer relationships, and authority relations. |
| Social Skills | PROMIS-Peer Relationships | NIH (2004) | Self-report 8-17, parent report 5-17 | 7 items, Assesses the quality of relationships with peers and others. |
|  | SSRS-S | Gresham and Elliott (1990) |  | Self report; 39 items measuring assertion, empathy, cooperation, interfering behaviors, and self-control. |
| Trauma\* | TESI-C: screener for trauma presence, once trauma has been endorsed as occurring and causing distress and/or impairment then a global measure should be administered to understand how this has affected the youth (i.e, BASC, ASEBA), then narrowband measures should be given based on this information, for example for anxiety and depression | Ippen, Ford, Racusin, Acker, Bosquet, Rogers...Edwards (2002) | 4-18 | Self and parents reports, 24 items regarding current and previous injuries, hospitalizations, domestic violence, community violence, disasters, accidents, physical abuse, and sexual abuse |
|  | CAPS-CA-5: measures PTSD | Pynoos, Weathers, Steinberg, Marx, Layne, Kaloupek...Kriegler (2015) | 7-18 | 30-item clinician-administered PTSD scale based upon DSM-5 criteria |

\*In addition to the measures listed here, a great resource to select the tools that you think are the best fit for assessing trauma is: [www.nctsn.org/content/standardized-measures-assess-complex-trauma](http://www.nctsn.org/content/standardized-measures-assess-complex-trauma).

Figure 6.1

Sample Tier 2 Teacher Progress Monitoring Rating Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Class and Period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Please rate this student in each area during the past 2 weeks using the following rating scale:

1=Excellent—No concerns; much better than other students

2=Very good—Minimal concerns; better than other students

3=Good/Average—Typical level of concerns; about the same as other students

4=Below Average—Greater than average concerns; not doing as well as other students

5=Far Below Average—Much greater than average concerns; performing far below other students

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Areas of Concern\* | 1 | 2 | 3 | 4 | 5 |
| 1. Class attendance (i.e., coming to class/coming to school)
 |  |  |  |  |  |
| 1. Active participation in class (e.g., does what is expected)
 |  |  |  |  |  |
| 1. Perceived distress/irritability/frustration tolerance
 |  |  |  |  |  |
| 1. Interactions with peers
 |  |  |  |  |  |
| 1. Interactions with teachers
 |  |  |  |  |  |
| 1. In-class work completion
 |  |  |  |  |  |
| 1. Homework completion
 |  |  |  |  |  |
| 1. Time spent in class when in attendance (i.e., not leaving class to go to nurse, because of office referrals, asking to use the bathroom, etc.)
 |  |  |  |  |  |

\*These are examples of possible behaviors to include. Specific behaviors should be modified to fit with the student’s primary concerns.