



Tier II Mental Health Services: A Cognitive Behavioral Therapy (CBT) Group Model

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Agenda

- Mental Health in Schools/MPS Mental Health Initiative
- Tiered Services at MHS
- Group Counseling Research
- CBT Group Counseling Model
- Universal Screening at MPS
- Referral Process for Group
- Group Session Overview
- Program Implementation for 2017 - 2019
- Future Plans for the Group Therapy Program
- Questions



Activity



What does group counseling currently look like in your school?

Do you feel you have adequate tier II services to support the needs of your students?

If you run groups in your school, when do they end, and how do you know whether or not they were effective?



Mental Health Initiative Overview

- NQI CoIIN: University of Maryland - National Center for School Mental Health (NCSMH)
 - Developed relationship with NCSMH through the NQI CoIIN
 - Adopted national performance measures and monitored implementation / targeted improvement areas using SHAPE to create a CSMHS at MPS
- School Mental Health Improvement and Innovation Task Force
- National Coalition for the State Advancement of School Mental Health (NCSA-SMH)



Comprehensive School Mental Health System (CSMHS)

“Comprehensive School Mental Health System (CSMHS) is defined as school-district-community-family partnerships that provide a continuum of evidence-based mental health services to support students, families and the school community.”

- Provides a full array of tiered mental health services
- Includes a variety of collaborative partnerships
- Uses evidence-based services and supports



Group Therapy: Part of a Much Larger System

- The group therapy program draws upon a much larger system to sustain itself, such as:
 - Universal screening
 - Professional development for evidence-based services and supports (CBT)
 - System buy-in
 - Mental health teaming
 - Data-driven decision making using psychosocial data
- Today, our goal is to introduce the structures and systems that make group therapy a sustainable practice in schools.
- If you have questions about the other components of the CSMHS that support group, please ask!

The Why: Universal Screening Results: GAD-7

GAD-7				
Over the last 2 weeks, how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

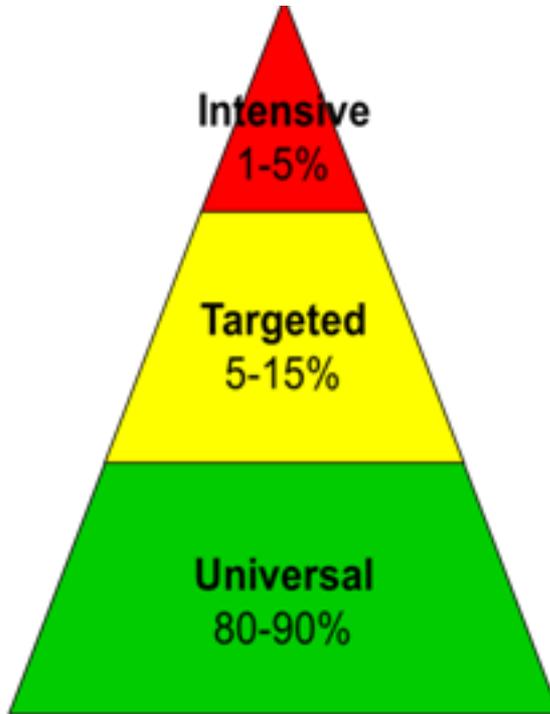
(For office coding: Total Score T___ = ___ + ___ + ___)

MHS Results January 2017

GAD-7 16-17	Student Population	%
Sample	943	100.00
No Concern	575	60.98
Mild Anxiety	193	20.47
Moderate Anxiety	107	11.35
Severe Anxiety	68	7.21

18.56% identifying in the moderate to severe anxiety range (scoring between 15 - 21)

MHS Mental Health Tiered Services & Supports



- Tier I - Universal Supports and Interventions; Promotion & Prevention Practices
 - Promoting positive mental health in ALL students
- Tier II - Targeted/Selected/Group Supports and Interventions
 - Focus on students at-risk of developing a mental health challenge
- Tier III - Intensive/Individualized Supports and Interventions
 - Focus on students experiencing a mental health challenge

Historic Tiered Services at MHS (Prior to 16-17)

Tier I

- Utilizing SEL needs assessment data to design and implement curricula to deliver during advisory
- Social Emotional Learning (SEL) Instruction during school-wide Connections lessons, through classroom lessons, embedded in core content areas
- Universal Mental Health Screening

Tier II*

- Non-Existent



*Our focus today = Evidence-based Tier II Group Therapy Services in MPS

Tier III

- Providing evidence-based individual therapeutic services to students identified through screening
- Creating intervention plans and conducting progress monitoring to determine the impact of services on academic, social/emotional, and behavioral outcomes
 - Incorporating data from screeners to guide practice
 - 5% of each SMH staff member's caseload

Prior “Group” Counseling in MPS

Established Groups in MPS:

- Social skills groups (Social Thinking curriculum)
- “Lunch bunch” groups
- Transition groups for new students

Takeaways:

- Mostly targeted towards grammar schools
- No progress monitoring
- No therapeutic groups
- Evidence-based groups in MPS are non-existent



Discrepancy between Group Counseling Definition

# of Groups/Type	# of students serviced in groups	SEL Curriculum delivered	Questions Regarding Group
16/Social/Behavioral/Coping Skills	48 approximately at end of last year year (plus 10% of building evaluations)	Zones of Regulation Skillstreaming Superflex Social Explorers Zeebu What to do when (temper flares, worry too much)	In lower school students can pull from intervention blocks (3 per day) but this is when all other pullout times are also done. In upper school students can be pulled during enrichment which occurs 1 time a day for 40 minutes, again when other providers are doing pull outs
10/social/behavior/coping skills	30 (not including individual)	District Attorney programs Second Step Rosalind Wiseman "Crash" in the classroom Steps to Respect 104 Activities That Build Lisa M. Schab's 9 Basic Coping Skills	Groups are open groups with students being added as needed throughout the year
13/Social/behavioral/coping skills	20 (Plus 30% of building evaluations)	Zones of Regulation, Whole Body Listening, Skills Streaming, Superflex, Worry Scale, MindUp	Data used to track progress includes-IEP goals , behavior plan data, screening/progress monitoring data, infinite campus entries, coping skills DDM pre/post test

Tier II Services: Why Group Therapy?

- Efficient / effective practices needed for tier II mental health services to address targeted 5-15% of students at MHS
- Too often, we jump straight from tier I to tier III (individual therapeutic services)
- Remember:
 - Focus of tier II: Prevention and promotion using small groups and embedded strategies (World Health Organization, 2016)
 - Tier II services, such as group counseling, are integral in providing and sustaining mental health services in the district

Goal: Expand our tier II services by piloting a group therapy program in order to provide an efficient and effective evidence based intervention.

Group Therapy, continued

The Association for Specialists in Group Work (ASGW) has defined four types of groups:

- Task Groups: Promote the accomplishment of group tasks/goals
- Psycho-Educational Groups: Promote typical growth and/or prevent/remediate transitory difficulties in personal/social, academic, career development
- Counseling Groups: Address problems of living that arise in the lives of students
- Psychotherapy Groups: Address consistent patterns of dysfunctional behaviors and/or distortions

Structured Groups:

- Time limited (about 6 - 8 weeks)
- Students screened in utilizing data & needs assessment
- Homogenous (students share similar needs/problems/characteristics)
- Closed group (students unable to “drop in”)



Evolving Roles, Evolving Services

- Create a universal definition of group counseling across the district
 - Move towards a data-driven, evidence-based, effective, and efficient model
- Evolving role of SMH staff - Empowering school mental health staff to engage in evidence-based therapeutic services
 - Training programs have been preparing school counselors and school psychologists to administer a full range of mental health services for many years
 - i.e. CBT Training from Salem State University 2016 - 2017
 - Leveraging in-house resources
 - Cost-effective for students & school
 - Student accessibility to school based mental health



Barriers to Group Therapy in the School Setting

- Scheduling
 - Restrictions on session times
 - Students missing instructional time (1 hr. per week x 8 weeks)
 - Coordination of optimal student availability
 - Outside factors (weather, school assemblies, state testing, staff duties and crises)
- Staffing
 - Co-facilitators attendance at each session
 - Schedule conflicts between departmental and group counseling
- School Personnel Support
 - Buy-in from staff school-wide





Leading Question:

What small counseling group can be piloted to provide tier II mental health services and supports to students?



The Advantages of a CBT Group Model



- An anxiety group provides students with a mental health intervention in schools, and allows school counselors to provide direct mental health service to a larger group of students at one time (Corey & Corey, 2006).
- The prevailing treatment modality for anxiety-related issues is cognitive behavioral therapy (CBT), focusing on challenging anxious thoughts to change anxious behaviors (Gerrity & DeLucia-Waack, 2007).
- CBT has been shown to be effective in school-based anxiety groups, with students having a higher level of maintained treatment gains after being involved in CBT-based anxiety groups compared to those who participated in non-CBT groups (Hains, 1992; Miller, Gold, Laye-Gindhu, Martinez, and Waechtler, 2011).

CBT Group Model, continued

1. Smaller groups – suggestions for the ideal patient-to-therapist ratio vary, but groups are usually fewer than 12 members
2. Interaction between group members is a key part of the intervention
3. Psychoeducation will always be part of the group content – but is less likely to be delivered in didactic format
4. Tailored therapy relates to aspects of the group members' own aims and formulations
5. Involves live, in-session cognitive and behavioral interventions

“Group psychotherapy views the interactions between the group members as the vehicle of change.”

Implementation Overview

Step 1: Analyze GAD-7 Data and Identify Potential Group Members

Step 2: Screening & Referral Process to Identify Group Members

Step 3: Counselor Interviews with Identified Population/Collect Pre-Group Data

Step 4: Obtain Informed Consent

Step 5: Group Sessions & Progress Monitoring

Step 6: Collect Post-Group Data / Group Evaluation



Step 1: Analyze GAD-7 Data and Identify Potential Group Members

GAD-7 score	Level of anxiety
0-4	minimal
5-9	mild
10-14	moderate
15-21	severe

GAD-7 16-17	Student Population	%	Cutoff Population	Cutoff %
Moderate Anxiety	107	11.35	36	3.8
Severe Anxiety	68	7.21	58	6.2

Target students in the moderate/severe range on the GAD-7

Cutoff group score-range: 13-18 (10% of sample population = meets tier II guidelines)

Step 2: Screening & Referral Process to Identify Group Members

1. All School Counselors reviewed 10th/11th grade students on his/her caseload scoring in the 13 - 18 range on the GAD-7
 - a. Initial Screening - Based on counselor's knowledge of the student, would a group counseling setting be appropriate?
2. If Yes:
 - a. Student called down for in-person clinical interview (see next slide)
 - b. Consent secured from parent/guardian
3. If No:
 - a. Consider referral to alternative tier II services (CCALM, CICO, BRISC)

Score on GAD-7	Student Name	Grade	Student Screen In (y/n)	Counselor
16	Student 1	Grade 11	No - Individual Meetings	Peterson
13	Student 2	Grade 11	No	Tatro
18	Student 3	Grade 11	Yes	Cockroft



Step 3: Counselor Interviews with Identified Population/Collect Pre-Group Data

“The guidance department is developing a group counseling program focusing on anxiety. In working with you, I have considered your potential involvement in the group. Do you feel comfortable with me asking a few questions to determine your potential involvement?”

1. In a group, all members are required to talk and share their experiences. Is this something you are willing to do?
2. Everything that you hear in a group is confidential and what you hear from other group members should not be shared with anyone. Would you have a problem with this?
3. The purpose of the group is to support one another experiencing similar issues. Would you be willing to help others that are in the group?
4. We plan to meet 8-10 times and you are expected to be present and on time to all group meetings. Is this something you are willing to comply with?

If a student responds yes to all questions, administer the GAD-7 to record pre-group baseline data.

Step 4: Obtain Informed Consent



Dear Parent/Guardian,

Methuen's Guidance Department emphasizes the importance of academic and personal/social success for every student. This year, there is an opportunity for students to participate in small group counseling (approximately eight to ten students). Small group counseling is an excellent way for students to learn skills, develop self-awareness and confidence, practice new behaviors, and better understand how to effectively manage stressors.

We would like to invite your child to attend a group focusing on anxiety, which will begin on Tuesday, January 10th. The group will focus on helping students identify and understand common thoughts and feelings associated with the experience of anxiety, developing positive coping strategies, and learning from the shared experiences of other students.

This group will meet for eight weeks for one academic block (approximately one hour) each week. Absences from academic classes will be excused, and students are expected to make up missed work, however they will be afforded with the appropriate amount of time to do so. We will meet at different times during the school day to minimize the content missed in each class.

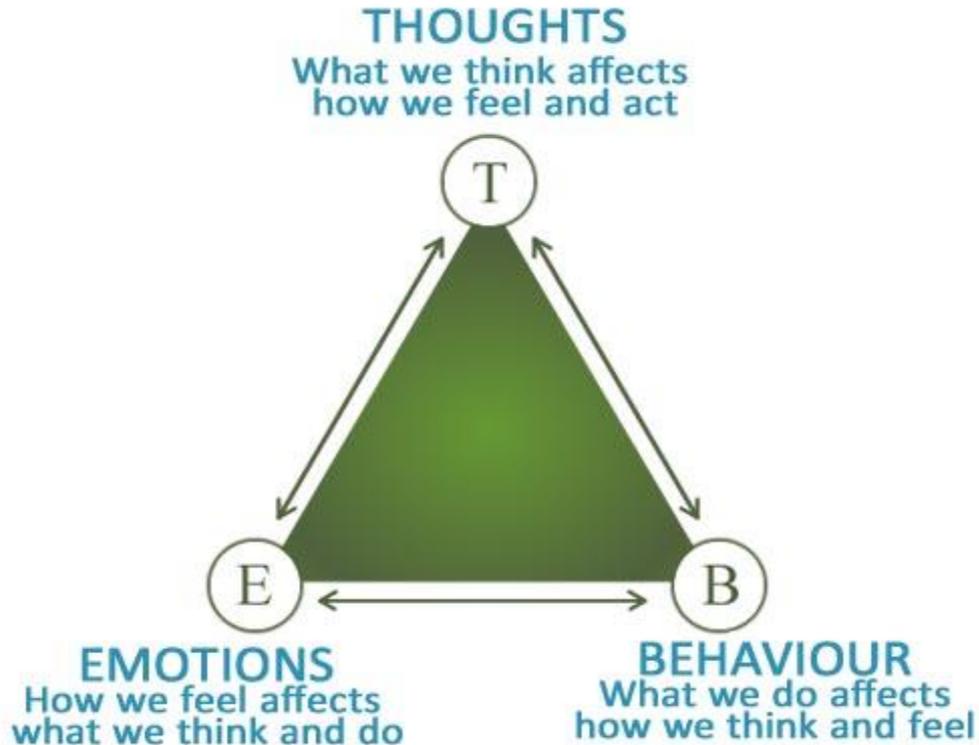
Please understand that participation in the group is completely voluntary and student confidentiality is addressed and respected. The exception to this is my legal and ethical responsibility to take appropriate action in the case of an individual intending to do harm to oneself or others or if abuse and/or neglect is reported.

Please contact me at (____) _____ if you have questions or desire further information about the group. In order for your child to participate in this group, district policy requires your signed consent. Please sign and date the following form and return it to the guidance office by December 22.

Step 5: Group Session Overview

Session	Topic	Discussion Points
1	Get Acquainted	Review the purpose of the group • Discuss group rules and confidentiality • Icebreaker/introduction activities
2	Anxiety-What Does it Mean to Me?	Defining anxiety • Discuss the anxiety cycle (anxious thoughts lead to anxious behaviors) • Compare anxiety symptoms
3	Disputing Irrational Thoughts	Discuss irrational beliefs and common thinking errors • Begin work on replacing anxious, irrational thoughts with more adaptive, positive, and rational thoughts
4	Relaxation Training	Review the benefits of relaxation training • Students participate in a 15-minute guided meditation and reflect on their experience
5	Externalization	Define externalization • Students participate in a body-tracing exercise, highlighting the areas of their body where they externalize anxiety
6	Introduction to Exposure	Students develop an anxiety hierarchy • Discuss goals of exposure therapy • Relaxation and exposure therapy-participants go to their “special place” they discovered in their guided meditation while imagining an anxiety-provoking situation from their hierarchy
7	Mindfulness	Define mindfulness and discuss benefits of practicing mindfulness • Mindful eating activity
8	Termination	Discuss what group has learned and what coping skills they will take away with them • Explore how the group is feeling as the sessions are coming to an end

Example - Session 3: Disputing Irrational Thoughts



Example - Session 5: Externalization

Define externalization - Students participate in a body-tracing exercise, highlighting the areas of their body where they externalize anxiety



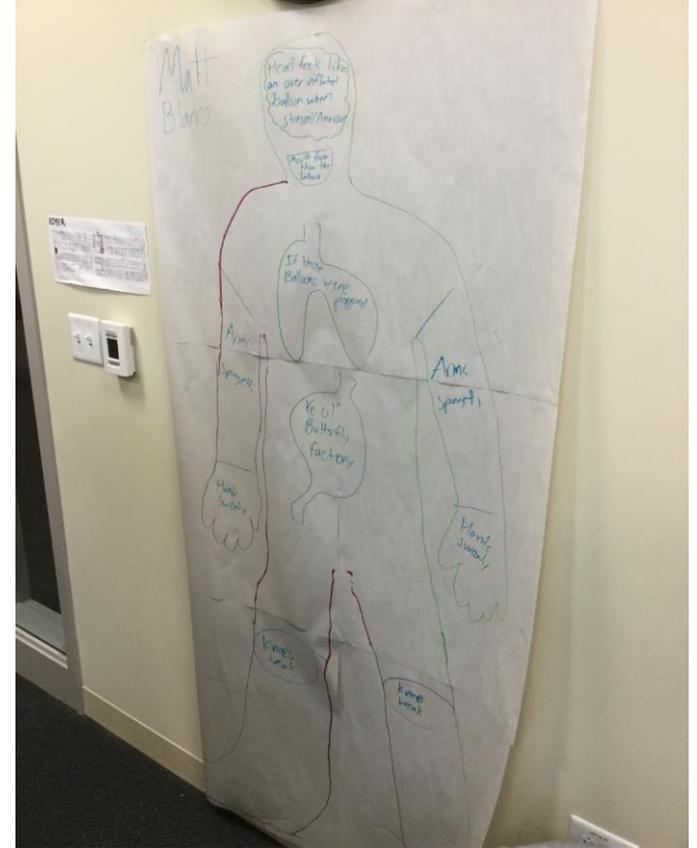
"Arms Spaghetti"

"Head feels like an over-inflated balloon"

"Ye ol' butterfly factory"

"Hands sweaty"

"Knees Weak"

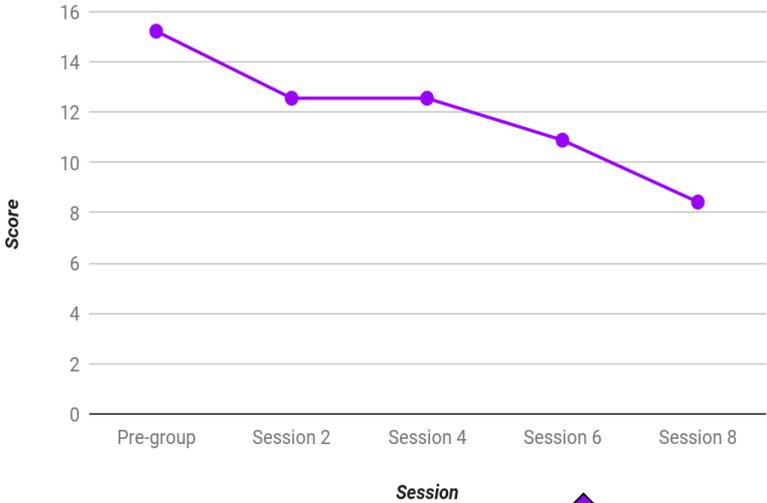


Step 5, continued: Progress Monitoring

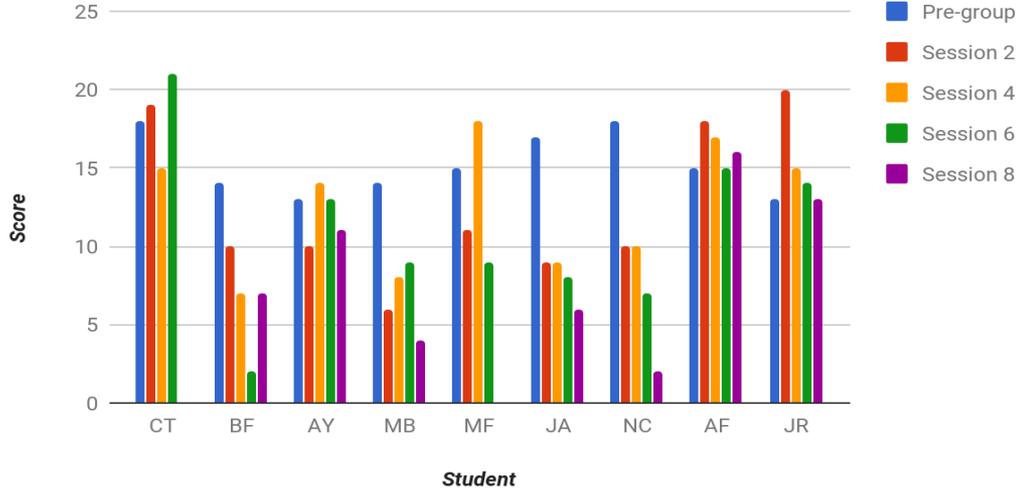
- Screening
 - Administered GAD-7 biweekly
 - Individual scores were tracked and saved throughout the group
 - Data was graphed to show individual student and group's growth
 - Discussion of “spikes” in a screener based on social/emotional events particular to that week's screener (i.e. school vacations, tests, social events, etc)
 - Session data vs. trend data
- Self-Reported Evaluations / Check-Ins
 - Distributed weekly feedback form to gauge efficacy of session structure
 - Feedback used to determine areas of focus for future sessions
- Administered post-group evaluation

Step 6: Collect Post-Group Data/Group Evaluation

Average GAD-7 Score



Students' GAD-7 Scores By Session



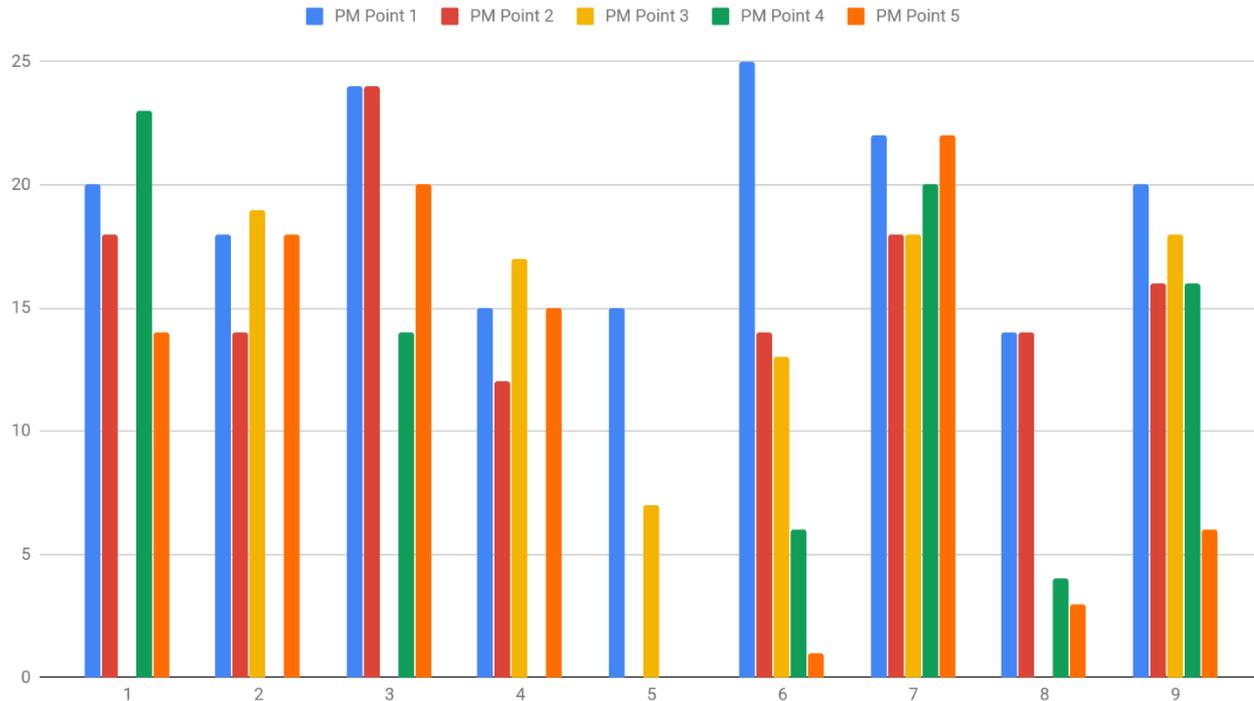
Average GAD-7 score pre-group: 15.22
Average GAD-7 score post-group: 8.42



Indicates -7 point average decrease to the mild category on the GAD-7

Selected Data - 18-19 Mixed Internalizing Group

Mixed Internalizing Group (11/12)



- 67% of participants showed improved scores on the PHQ-9 when group terminated
- On average, participants reported a 38% reduction in symptom presentation at termination
- Show-rate for group was approximately 84%

Student Feedback

What did you like best or find the most valuable from the sessions?

Being in a group of people who are going through the same thing I am going through.

What did you dislike or find the least valuable from the sessions?

Not much. I just wished we had more sessions.

Would you like a follow up or advanced program to this program?

Yes!!!!

Do you have any suggestion how we could improve this program?

Calming music.

We welcome other comments you may have.

I enjoyed these sessions so much. I've learned a lot and I can honestly say that I am better with stress and anxiety.

Expansion of Group Therapy Program 2017-2019

- 2017 -2018
 - Implementation of five (5) therapy groups
 - 2 groups focused on anxiety
 - 2 groups focused on depression
 - 1 mixed internalizing group
- 2018-2019
 - Replicated group offerings from previous year
 - Cross-trained new SMH staff to build capacity across the department
 - Initiation of Group Therapy team
 - Building out on group session materials, resources, and activities
 - Conducting data analysis to determine targeted areas for improvement
 - Planning for 19-20 school year, including new therapy groups

Expansion of Groups 2017 - 2019

Implementation of Five Evidence-Based Groups Using CBT:

- Group Therapy for Anxiety
 - Grades 9/10
 - Grades 11/12
- Group Therapy for Depression
 - Grades 9/10
 - Grades 11/12
- Mixed Internalizing Group
 - Grades 9-10



Group Therapy Team

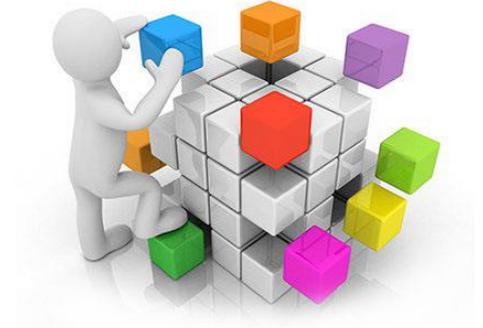


- Comprised of Six MHS School Counselors and Director
- Monthly meetings with independent work based on team initiatives and related projects
- Created MHS Master Group Therapy Google Folder
 - Folders designate group resources for session structure
 - Houses consent and screening documents
 - Development of sessions drawing from evidence-based resources and modules to bolster group therapy efficacy
- Developed the Group Therapy Calendar
 - Calendar coincides with mental health screening dates in order to decrease the wait time for services and improve the referral process
 - Shared amongst guidance department to ensure facilitators are aware of dates

Group Therapy Program Session Structure

MHS Master Group Folder: [Anxiety Based Curriculum](#) (Example)

- Sessions 1-3 and termination session remain consistent
 - Group orientation / norms, review of CBT model, and termination procedures
- Working phase of group therapy draws on modularized sessions, activities, strategies tailored to the needs of the group
 - Combination of psycho-educational curriculum and open forum
 - Needs assessment given to group to determine session structure
- Preparatory work allows for productive time management for counselors and more targeted services
- All session content and technique / strategies are evidence-based and draw upon vetted resources



Expansion of Group Counseling Facilitators

- Small Groups are Co-Facilitated
 - Department members responsible for running one group per year
- Cross Training
 - Lead facilitators responsible for training new staff
 - All new staff run a group with a lead facilitator
- Group Facilitator Expectations
 - Create a safe and supportive environment through leadership, affect exploration, and common goal setting
- Benefits of Co-Facilitation
 - Capitalizing on diversity
 - Modeling
 - Keeping focused



Future Plans for the Group Therapy Program

Expansion to K-8 Grammar Schools

- MPS has secured grant funding to expand group therapy to grades 5-8 in the 19-20 school year
- Funding will support:
 - Securing additional staff in grades K-8 to support a reduction in caseloads and an opportunity to enhance the tiered system of social emotional/mental health services and supports
 - Coaching stipends for high school staff to:
 - Deliver PD to K-8 staff re: group therapy
 - Develop resources that are developmentally appropriate for students in grades 5-8
 - Co-facilitate groups to provide ongoing coaching, support, and technical assistance to K-8 staff in order to build capacity and foster sustainability



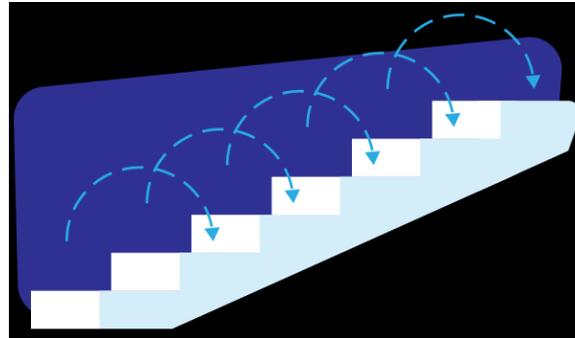
Improving Social Skills Group

- 2018 - 2019: Year-Round Program for 12 students
- Student referrals based on counselor input, IEP & 504 Plans
- Models SEL Curriculum
 - Relationship Skills
 - Responsible Decision Making
 - Self-Awareness
 - Self-Management
- Considerations:
 - Progress Monitoring?
 - Rotating Facilitators ~ Is this effective?



Increase and Improve Progress Monitoring

- Consider multiple measures to gauge increase in prosocial indicators and a decrease in symptom presentation
- Periodic follow-up to gauge maintenance of skills and emotional regulation (1 month, 6 weeks, 2 months, etc.)
- Augment self-report progress monitoring with parent/guardian- and teacher-completed scales



Other Planned Improvements

- Modularized group therapy activities designed to fit the presenting needs of the group
- Improve termination referral procedures to move students to tier III services and supports or to terminate therapeutic services when indicated
- Further develop social skills groups and design methods for engaging in progress monitoring with more fidelity to gauge students' gains regarding social pragmatics, skill acquisition, and generalization of skills to settings other than group



Thank You

Questions?

Please Email:

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