

FROM THE CLINIC TO THE CLASSROOM: ADAPTING CBT FOR CLASS-WIDE IMPLEMENTATION

Advancing School Mental Health Conference 2015

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OBJECTIVES

• For you

- Learn about research and conceptual frameworks for CBT in schools
- Learn about a model for adapting CBT for classrooms
- Review a case study applying this model
- Discuss special considerations and challenges when looking to implement CBT in schools (including technology)

• For me

- Try not to talk to fast
- Elicit feedback throughout the presentation and at the end
- Be mildly entertaining

CHILDHOOD MENTAL HEALTH CONCERNS

- Approximately one out of five children has a diagnosable mental health disorder (CDC, 2010; Davis, Young, Hardman, & Winter, 2011; Merikangas et al., 2010).
 - Most youth do not receive adequate services to address their mental health needs (Kataoka, Zhang, & Wells, 2002).

Schools are ideal context to intervene

- 75% of all childhood mental health services are provided in schools (Ringel & Sturm, 2001; Huan et al, 2005).
- Output: Stein, & Jaycox, 2010).
 Output: Book and Stein a

COGNITIVE BEHAVIOR THERAPY

- Cognitive behavior therapy is one of the most well-established treatment for children and adults (Kendall, 2000; Kendall, Suveg, & Kingery, 2006; Gresham, 2005)
- What is cognitive behavior therapy?
 - Not one treatment but a large group of treatments that incorporate components of cognitive and behavioral therapies

COGNITIVE BEHAVIORAL MODEL

- The CBT approach is intended to provide participants with the skills they need to recognize, understand, and manage their thoughts, feelings, and behaviors for improved well-being
- Our thoughts, feelings, and behaviors all influence each other.



- Focuses on thoughts
 - Core beliefs and thinking patterns (automatic thoughts)
- And address feelings and behaviors



COGNITIVE BEHAVIORAL THERAPY IN SCHOOLS

Classroom Models

RESEARCH ON CBT IN SCHOOLS

- CBT can and has been successfully applied in school settings at all three tiers (Reynolds & Coats, 1986; Lamb et al., 1998; Shirk et al., 2009)
 - Variety of setting (classroom, counseling room, school health clinics)
 - Various professionals (counselors and nurses)
- Effect size is typically lower in schools (Bernstein et
 - al., 2008; Kavanagh et al, 2009)
 - Some review studies indicate a ranged from 0.11 to 1.37
 - Others indicate a range from 0.15 to 0.27.

CHALLENGES OF CBT IN THE CLASSROOM

- There are over 500 CBT manuals!
 - Each targets a specific condition
- There is no overall agreement on essential components of CBT
 - Some suggest there are 4, others 6 or 8.
- Not designed for comorbid concerns
- CBT is often criticized for not incorporating enough emotional regulation training, which is core of many social emotional learning programs
- Finding the appropriate context and personnel to deliver high quality CBT services

POTENTIAL SOLUTIONS

• Place within a tiered systems framework

- Targeting core processes (principles of change) to build general cognitive behavioral skills
 - Focus on key elements that can be adapted with flexibility
 - Can apply to variety of problems
- Target general capability for emotional regulation
- Deliver in the classroom by special service staff or teachers (other MH professionals if available)



Tier 3- Individual or Group CBT

Tier 2- Classroom or small group CBT Lessons (Social skills)

Tier 1- General principles of CBT applied universally



ESSENTIAL COMPONENTS

- Modular or principle based approach (Kendall et al, 2006; Gosch et al., 2006; Velting et al., 2004)
 - Psychoeducation
 - Somatic management
 - Cognitive restructuring
 - Problem solving
 - Exposure
 - Relapse prevention
 - Homework
 - Parent involvement
 - Emotional Learning
 - Behavioral activation



BARLOW'S UNIFIED MODEL

- David Barlow's transdiagnostic approach to Emotional Disorders proposes four categories that incorporate essential components
 - Psychoeducation
 - Cognitive appraisal
 - Emotional acceptance
 - Behavior change (practice)



BARLOW: ESSENTIAL COMPONENTS OF CBT

- Psychoeducation
 - Normalize & understand emotional responses
 - Identify triggers
 - Understand the cognitive triangle
- Cognitive appraisal
 - Identify maladaptive/automatic thoughts
 - Develop strategies for challenging maladaptive thoughts
- Emotional acceptance
 - Develop strategies to manage negative emotions
- Behavior change (practice)
 - Provide guided practice managing difficult situations

EMOTIONAL REGULATION

Overall model

- James Gross- emotion science
- Sequential ordering of regulation strategies, each providing a different point for interventions



• Explaining CBT as part of this process

EMOTIONAL REGULATION

• Using CASEL Standards as targets



AN INTEGRATIVE MODEL OF CLASSROOM BASED CBT

TYPICAL SEQUENCE

- Designed primarily for classroom instruction (however MH professionals can do it as well and collaborate)
- Typically 8 weeks, 16 sessions (roughly a school quarter)
 - Can be as long or short as needed
 - Covers 4 components
 - 50 minute sessions

• Embedded within social skills curriculum

SOCIAL & EMOTIONAL SKILLS TRAINING

Social Skills: Focus on skill deficits

- Can't do
- Social skills curriculums

• Emotional Skill: Focus on motivation

- Won't do- (Scare to do)
- Classroom CBT

INSTRUCTIONAL APPROACHTell (coaching)

- Show (modeling)
- **Do** (role play)
- Practice (behavioral rehearsal)
- Monitor Progress (feedback)
- Generalize (apply in multiple settings)

INCREASING INVOLVEMENT

• Reward activities!



"Earn a chance to win a mystery prize!"

 Motivates students to do work between sessions

- Provides an informal "assessment" to see if students are understanding the content
- Improve rate of homework completion

EVALUATION

• CASEL Criteria-5 criteria

- Self-management
- Self-awareness
- Social awareness
- Relationship skills
- Responsible decision making



• Phase assessments

- At the end of each phase, informally assess if the content of the phase was successfully acquired
- For example, giving a homework assignment that requires students to list and give examples of each emotion and associated behaviors

CASEL basedRating scale



Additional Comments or Notes

Case Study with Children with Emotional and Behavioral Challenges

CENTENNIAL SCHOOL AT LEHIGH UNIVERSITY



CENTENNIAL SCHOOL

Alternative Education Placement

- Serves local school districts and Intermediate Units in the Lehigh Valley
- Students ages 6-21
 - Primarily ED diagnosis
 - Secondary SLD, Autism
- Enrollment: Approximately 80 to 100 students

School Wide Positive Behavior Support System in place

Completely eliminated use of restraint and seclusion.

PARTICIPATING STUDENTS

• Elementary and Middle School students

• In middle school, across 3 classrooms:

- Grouped according to academic grade level
- Classroom sizes of 8-12 students
- Majority males

INTRODUCING THE GROUP

- Explaining what will happen and what is expected
 - Group coherence
 - Ice breakers
 - Building the "bridge"!
- Confidentiality and respect
- Explaining reward system
- ${\scriptstyle \bigodot}$ Setting up values and goals up front



SETTING VALUES AND GOALS

• Values include

- Honesty
- Intelligence
- Friendship
- Love
- Activity:
 - Ideal self versus real self

Goals and sub-goals A sub-goals

Concrete steps towards the value

FOUR COMPONENTS

Psychoeducation

Cognitive Appraisal

Emotional Acceptance

Practice

PSYCHOEDUCATION

PSYCHOEDUCATION

- 1. Help students identify their personal bodily reactions to emotions
- 2. Facilitate the identification of events/ triggers that lead to those emotions
- 3. Emphasize that strong emotional reactions to certain situations are normal
- 4. Introduce and reinforce the cognitive triangle



EMOTIONAL CHARADES

 Having students act out emotions and have other students guess what emotion it is.

 Review cues and signals that led them to the correct answer







HUNTING THE SNIPE


EVENT

Russell comes to Mr. Frederickson's door looking for an elderly person to help. He interrupts Mr. Frederickson's program and starts reading from a script.

Allows off the mark thoughts to occur: "This kid is just like all the other kids who come to my door - they just want me to buy something!" (Repetitor)

THOUGHTS

Rolls his eyes

Shuts the door on Russell

Lies to Russell about the Snipe in order to get rid of him



Annoyed Frustrated Mad

FEELINGS

EVENT

Russell comes to Mr. Frederickson's door looking for an elderly person to help. He interrupts Mr. Frederickson's program and starts reading from a script.

Interrupts off the mark thoughts: "Hmmm...this young man looks like a Wilderness Scout. He may want me to buy something, or he may be here for some other reason. I'll listen to what he has to say to find out."

THOUGHTS

Holds open the door and says, "Hello."

Listens to Russell politely

Finds a way for Russell to help him so he can earn his badge.



Curious

Optimistic

FEELINGS





COGNITIVE APPRAISAL

COGNITIVE APPRAISAL

- 1. Fostering greater flexibility
- Cognitive distancing through catching and noticing thoughts
- 3. Changing automatic responses to thoughts



COGNITIVE RESTRUCTURING

Thinking Traps	Description	Examples				
The fortune teller	Predicting what will happen in the future- and usually predicting things will go badly	"I know today is going to be a bad day, just like every other day; I won't have fun if I hang out with my friends so I might as well not go"				
The minder reader	Reading minds (not in the good way): jumping to conclusions that someone is thinking bad things about you	"I know my classmates don't like me, even if they don't say it; She bumped into me on purpose to make me mad, she doesn't like me"				
The perfectionist	Setting expectations for yourself that are too high, or saying things to yourself like	"I'm going to fail; my teacher will think I'm not smart if I get one thing wrong; I'm not good enough unless I do everything perfect"				
The catastrophe	Always thinking the "worst ever" is going to happen	"I don't have any friends and I will never have any friends; I'm going to fail all my classes and not be able to graduate"				
Walking with blinders	Not thinking about all the possible good things that could happen in a situation, just thinking something unwanted is going to happen.	"ONLY bad things happen to me, nothing good ever happens; My brother ALWAYS gets the the best things, I ALWAYS get the worst"				
The repetitor	If it happened once it is always going to happen that way	"I did bad in school before and I will always do bad in school"				
The pessimist	Expecting things to always turn out badly	"Nothing ever goes right for me, even if I get something nice, it's just taken away anyways"				
Pick, pick, pick	Missing the good parts but picking out the potential dangers in a situation	"If I perform in the talent show, people might make fun of me (not considering how the talent show maybe fun as well)"				
The avoider	Avoiding or staying away from situations or things you think are scary without trying first and seeing if it is really dangerous or as scary as you think	"I could never go on stage, that seems so scaryI would just freeze"				
The should	Should' thinking, thinking about how things should be rather than how they are	"I SHOULD always get all my responses right on my homework. I SHOULDN'T feel nervous"				

THE FORTUNE TELLER!



FORTUNE TELLER

Predicting what will happen in the future- and usually predicting things will go badly

"I know today is going to be a bad day, just like every other day"

"I won't have fun if I hang out with my friends so I might as well not go"

THE PERFECTIONIST!





THE PERFECTIONIST

Setting expectations for yourself that are too high, or saying things to yourself like

"I'm going to fail"

"My teacher will think I'm not smart if I get one thing wrong"

" I'm not good enough unless I do everything perfect"

THE CATASTROPHIZER!



ANXIETY GIRL!

able to jump to the worst conclusion in a single bound!

THE CATASTROPHIZER

Always thinking the "worst ever" is going to happen

"I don't have any friends and I will never ever have any friends"

"I'm going to fail all my classes and not be able to graduate"

ON THE MARK & OFF THE MARK THOUGHTS



THOUGHTS DARTS!













Managing Emotions

EMOTIONAL ACCEPTANCE

EMOTIONAL ACCEPTANCE

- 1. Strategies to train distress tolerance
 - 1. Willingness to experience uncomfortable internal experience
- 2. Undercut avoidance patterns to allow for new skill building to occur
- 3. Learn ways to lower emotional distress (somatic management)

SAMPLING EXERCISE

- Offer students the opportunity to try one or more relaxation strategies.
 - Play the audio for students
 - Provide 5-10 minutes of contact with strategies
 - Ask students for feedback on the strategies
 - Discuss with the class



<u>http://www.dartmouth.edu/</u> <u>~healthed/relax/</u> <u>downloads.html#mindful</u>



RELAXATION AND EMOTIONAL ACCEPTANCE STRATEGIES

- Encourage the use of a wide range of relaxation strategies
 - Breathing
 - Imagery
 - Progressive Muscle Relaxation

Meditation



SESAME STREET EXERCISE



ESCALATION AND DEESCALATION



SHREK: DO TI









Describe a trigger or event that made you very sad or angry;___

List your thoughts, feelings, and behaviors at each	a stage of the cycle of escalation for this trigger:
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	Calm	Trigger	Agitation	Acceleration	De- escalation	Recovery
Thoughts						
Feelings						
Behaviors						

Generalization





Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.



EXPOSURE/PRACTICE

- Move from more abstract/hypothetical to practice
 - Hypothetical situations
 - Mr. Fredrickson getting a visit from Russell
 - Temporally and/or contextually removed events
 - Yesterday my Mom took my computer privileges away
 - Video modeling
 - Creating projects demonstrating desired outcome
 - Live practice
 - During upsetting/frustrating situations as they present themselves



LIVE ROLE PLAY

- Have students select a scenario, or give students a scenario
- In pairs, have them brainstorm the appropriate and inappropriate way to react
 - Creating an action plan for problem solving
- Role play these scenarios for other students
- Discuss with the class







- Have students select a scenario, or give students a scenario
- Students will script out the appropriate and inappropriate way to react
 - Talking through the problem vs. flipping a desk over
 - Accepting there is a new opportunity for earning points or reinforcers
- Both situations will be recorded and edited into a movie
- Movies will be played and shared with the rest of the class
- Discuss with the class



 Video project can serve as a good assessment for this stage and successful understanding

 School data indicating that students are improving target concerns

 Specific behavior collection methods developed in collaboration with students

Were we successful?



DATA FROM CASE STUDY



DISCUSSION

SPECIAL CONSIDERATIONS

• Principle based approach v. Manuals

- Modify examples around evidence based principles
- Making sure examples and activities are engaging for your students
- Fidelity with flexibility

Challenges

- Not based on homogenous group (not by disorder or diagnosis)
- Keeping students engaged
- Addressing classroom behavior
- Training teachers to implement

MODIFICATIONS

Different models used over the past three years.

- Adjusting delivery method and activity to students
- Applying student and teacher feedback
- Keeping students engaged by adjusting developmental levels of concepts

Older students (high school)

- Using health class rather than social skills
- Targeting depression for high school more directly

USING TECHNOLOGY

Smart board integration

 Creating PDF documents so that facilitator can work on the baord

Ipads instead of paper worksheets

- Helps with organizational skills
- Easy access to permanent products

Keeping students engaged

 Many students reported greater enjoyment with the use of ipads

• Final products

- Video modeling
- Green screen



Resources

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