



Tier II Mental Health Services: A CBT Therapy Group Model

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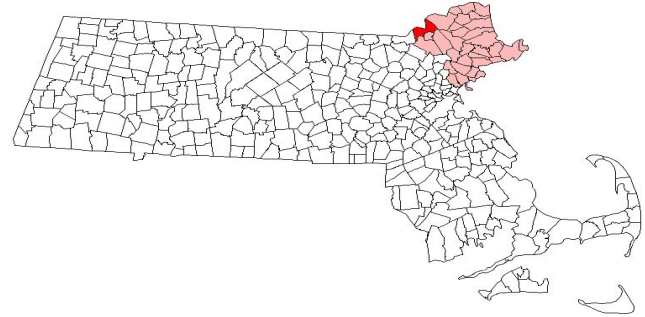
Overview of Methuen, MA

City of Methuen, Massachusetts

- 27 miles North of Boston
- Approximately 48,000 residents

School District

- 4 Grammar Schools PK-8 (approximately 1500 students per school)
- 1 High School (approximately 2000 students)
- Approximately 7000 students
 - 24.6% First Language not English
 - 8% ELL
 - 15.6% Students with disabilities
 - 44.8% High Needs
 - 30.2% Economically Disadvantaged
 - 1.3% Dropout



What About Methuen?: Geographic Risk Factors

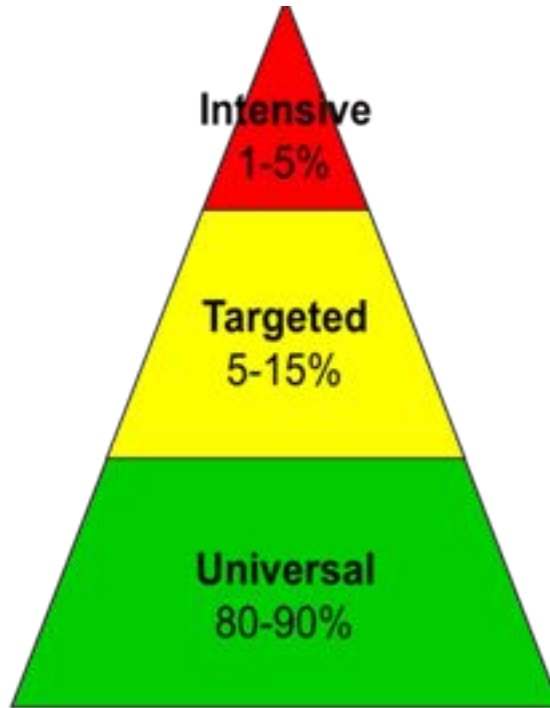
- Low SES population
 - One of the most replicated findings regarding mental health shows that low SES populations are at an increased risk for developing mental health problems
 - Decreased access to community mental health
- Higher than average rate of DCF-involved youth
 - Exposure to trauma
 - Insufficient support networks
 - High rate of transition between placements
- Below average educational attainment per capita
 - Parental educational attainment impacts children's emotional and cognitive development

Mental Health Overview

- Mental Health Initiative in MPS
 - University of Maryland - Center for School Mental Health (CSMH)
 - **Definition:** “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.”
- MPS has developed a Comprehensive School Mental Health System (CSMHS)
 - Established a variety of collaborative partnerships
 - Created a formal mental health initiative committee with sub-committees/teams
 - Uses evidence-based services and supports
 - Intervention planning and progress monitoring district-wide (i.e. GAD-7, PHQ-9, SEL)
 - Includes a variety of collaborative partnerships
 - Professional development through Salem State

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

MHS Mental Health Tiered Services & Supports



Multi-tiered System of Mental Health 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. Focus: promotion, prevention and intervention to reduce symptoms

Historic Tiered Services at MHS (Pre-'16-'17)

Tier I

- Utilizing SEL needs assessment data to consider curriculum to discuss during Connections
- Social/Emotional Learning Instruction during school-wide Connections lessons
- Universal Mental Health Screening

Tier II

- *Non-Existent*



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

A Focus on Tier II --> Group Counseling

- Discussed a need for Tier II Mental Health Services to address targeted 5-15% students at MHS
- Too often we jump straight from Tier I to Tier III (individual therapeutic) services - Are we over servicing?
- 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 efficiently and effectively 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 a Tier II efficient and effective evidence based intervention.

Tier II Services: Why Group Counseling?

- Group counseling, which involves a number of students working on shared tasks and developing supportive relationships in a group setting, is an efficient, effective and positive way of providing direct service to students with academic, career and social/emotional developmental issues and situational concerns.
 - Taken from American School Counselor Association (ASCA)
- By allowing individuals to develop insights into themselves and others, group counseling makes it possible for more students to achieve healthier personal adjustment, cope with the stress of a rapidly changing and complex environment and learn to communicate and cooperate with others (Gerrity & DeLucia-Waack, 2007; McGannon, Carey, & Dimmitt, 2005; Paisley & Milsom, 2007; Whiston & Sexton, 1998).
- Group counseling creates a safe space for students to discuss their issues with people who have similar struggles, helping them see that they are not alone in their feelings and experiences (Corey & Corey, 2006).
 - Groups can be less stigmatising for some – and the stigma that there is can be reduced by the ‘normalisation effect’ of meeting others with the same problem(s) (Yalom, 1995)

Group Counseling 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)
- Heterogenous: students share similar needs/problems/characteristics
- Closed group (students unable to “drop in”)
- Students Screened in utilizing data & needs assessment

Association for Specialists in Group Work (2007). Special issue on group work in the school: Innovative thinking and practice to support school improvement initiatives. *The Journal for Specialists in Group Work*, 32(1), entire issue.

Prior “Group” Counseling in MPS

Established Groups in MPS:

- Social Skills Groups
 - Utilizes the Social Thinking Curriculum
- “Lunch Bunch” Groups
- Transition Groups for New Students

Considerations:

- Mostly targeted towards grammar schools
- Evidence-Based Groups in MPS are **NON-EXISTENT!**
- Progress Monitoring is not being conducted
- No Therapeutic Groups



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 indiv)	District Attorney programs Second Step Rosaline 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

Changing the Idea of Group in School

- Realigning how we define group: Challenging the universal idea of what group therapy is in schools and moving to data-driven, evidence-based, effective, and efficient model
- Evolving Role of School Counselors - 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
 - School Counseling Licensure
 - Leveraging in-house resources
 - Cost-effective
 - Benefits of school-based mental health (barriers to outside therapy)

Barriers to Group in the School Setting

- Scheduling
 - Restrictions on session times.
 - Ensure students missed a variety of classes and not impact a single class for 8-10 weeks.
 - Outside factors (weather, school assemblies, state testing, staff duties and crises).
- Staffing
 - Co-facilitators to ensure someone was always available and present during sessions.
 - Leveraging in house resources so the group models isn't an additional cost
- School Personnel Support
 - Buy-in from staff school-wide



Leading Question:

What mental health counseling group can be piloted to provide Tier II Intervention Services?



Universal Screener: GAD-7

GAD-7

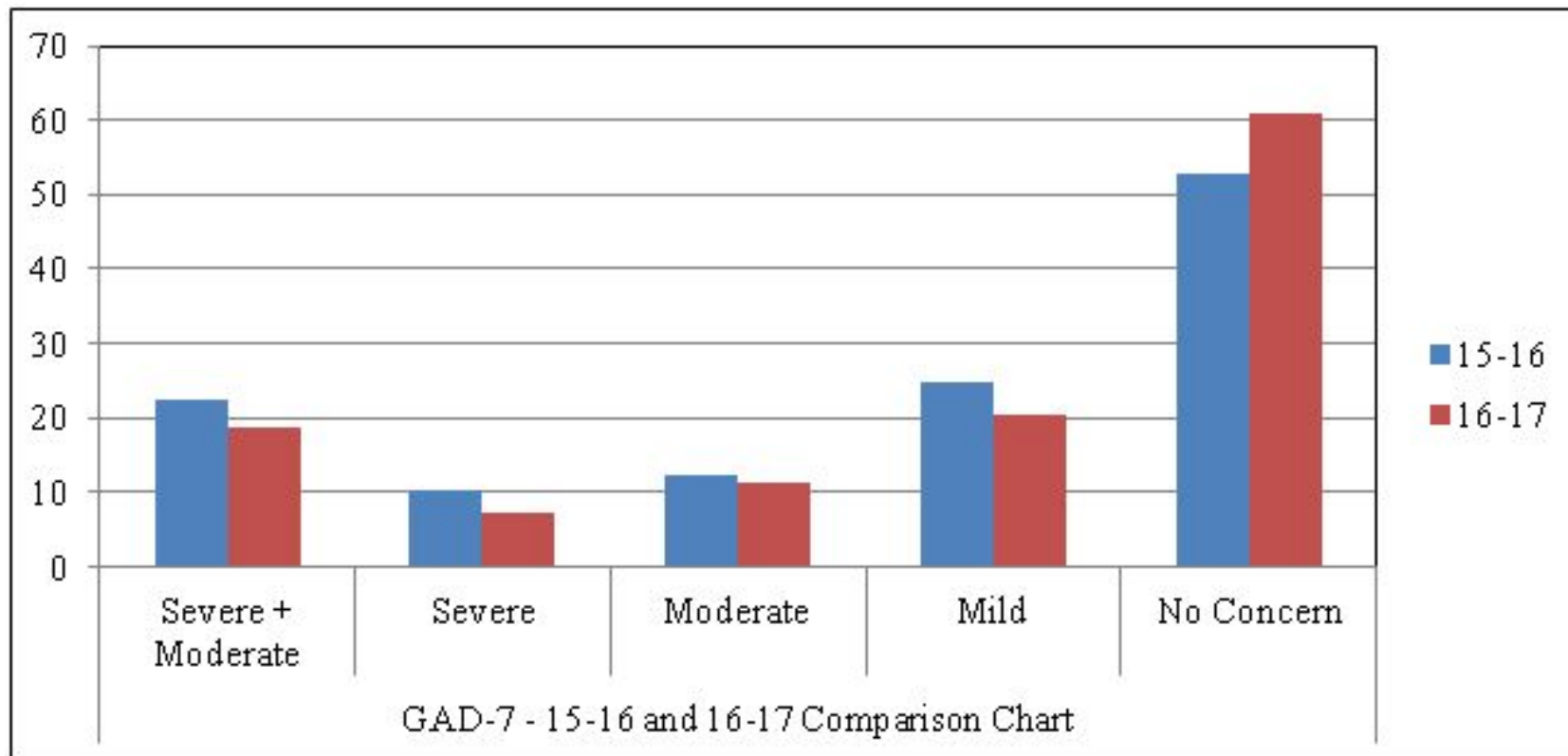
Over the last 2 weeks, how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying 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___ = ___ + ___ + ___)

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

Percentage of Students by Score Group



Tier II CBT Group Model - Advantages of CBT In Group

- 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).
- 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).
- 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 groups incorporate a ready 'audience' which can be utilized for exposure and behavioural experiments.
 - The views of other group members often carry more weight or are viewed as more 'neutral' than the views of the therapist(s) - useful for cognitive challenging (Hollon 1979)
 - Can be useful for people who struggle with a one-to-one professional relationship (such as those likely to form a regressive and very dependent relationship)

CBT Group Model

- 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 More likely to deliver therapy that can to an extent be tailored to aspects of the group members' own aims and formulations.
- 5 More emphasis on using the other group members as a 'resource' for carrying out live, in-session cognitive and behavioural interventions

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

(Hains, 1992; Miller, Gold, Laye-Gindhu, Martinez, and Waechtler, 2011).

Implementation

Step 1: Analyze the Data from the GAD-7 (Universal Screener) and Identify Potential Group Members.

Step 2: Conduct Pre-group Interview/Screening; Referral Process and Identify Group members

Step 3: Counselor Interviews with Identified population

Step 4: Obtain Informed Consent/Collect Pre-Group Data

Step 5: Group Sessions & Progress Monitoring

Step 6: Collect Post-Group Data/Group Evaluation

Step 1: Analyze the Data from the GAD-7 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	%
Moderate Anxiety	107	11.35
Severe Anxiety	68	7.21

Target students in the moderate/severe range (10 - 21) on the GAD-7 and create an evidence-based Tier II service in the form of Group Counseling

Step 2: Conduct Pre-group Counselor Interview/Screening; Referral Process

1. All School Counselors reviewed 10th/11th grade students on his/her caseload scoring in the moderate/severe 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 would be called down for in-person clinical interview (see next slide)
 - b. Consent secured from parent/guardian

Score on GAD-7	Student Name	Grade	Yes	No	Maybe with Discussion	Counselor
16	Julia	Grade 11			No- Individual meetings	Peterson
13	Kristin	Grade 11		No		Tatro
18	Nicholas	Grade 11	Yes			Cockroft

Step 3: Counselor Interviews with Identified population

Sample Script:

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 students respond yes to all questions, administer the GAD-7 (pre-group data)

Step 4: Obtain Consent Mandatory Parent/Guardian Consent Form

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 “Safe Haven for Spirit Animals”

Session 1: Get Acquainted • Review the purpose of the group • Discuss group rules and confidentiality • Icebreaker/introduction activities

Session 2: Anxiety-What Does it Mean to Me? • Defining anxiety • Discuss the anxiety cycle (anxious thoughts lead to anxious behaviors) • Compare anxiety symptoms

Session 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

Session 4: Relaxation Training • Review the benefits of relaxation training • Students participate in a 15-minute guided meditation and reflect on their experience

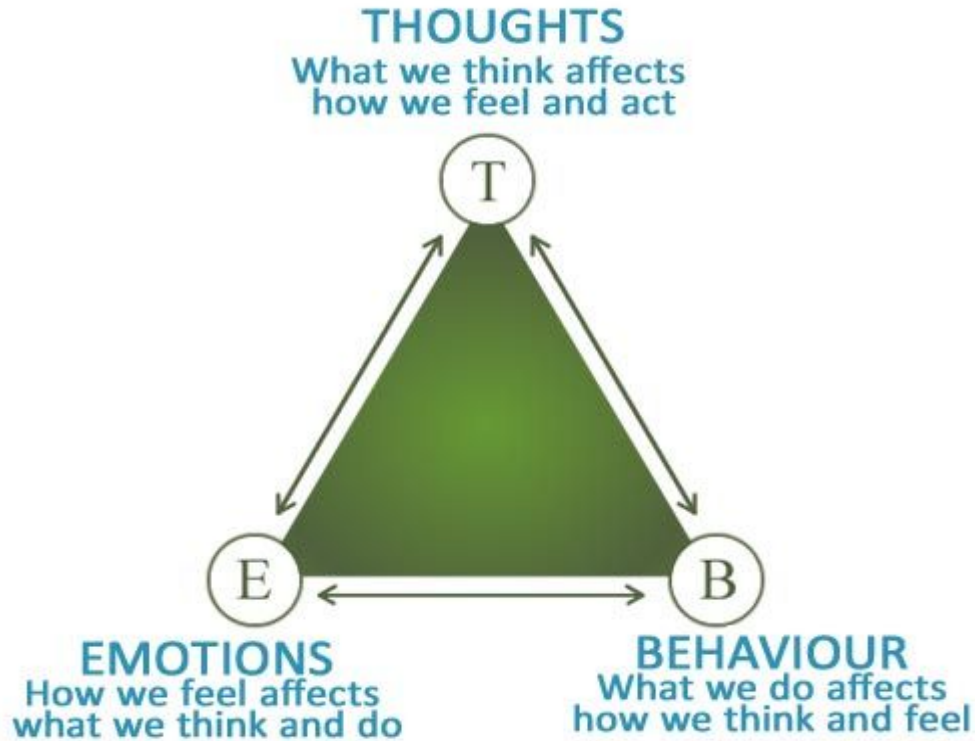
Session 5: Externalization • Define externalization • Students participate in a body-tracing exercise, highlighting the areas of their body where they externalize anxiety

Session 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

Session 7: Mindfulness • Define mindfulness and discuss benefits of practicing mindfulness • Mindful eating activity

Session 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

Session 3: Disputing Irrational Thoughts



Session 3 - Disputing Irrational Thoughts

Objectives:

1. The relationship between thoughts, feelings, and behaviours will be explored and understood by participants.
2. Irrational maladaptive thoughts will be identified, disputed, and replaced with more realistic and productive thoughts.

Advance Preparation:

1. Prepare copies of handouts. (3 handouts + GAD-7)

Beginning - 15 minutes

Check-In: Discussion

How do you feel about being in group today?

Ask participants if they were more aware of their thoughts, feelings, and body over the last week. If yes, how so and in what context? Ask participants to identify one thing that they are aware of right now.

Review: Thoughts (something awful is happening to me) → Feeling Anxious → Feeling bodily symptoms → feeling anxious

Ask students to reference the anxiety checklist (completed last week). Give students a few minutes to review their answers with their partners. Then ask students to share what they discovered in completing the Anxiety Checklist. What did they learn about themselves? Were they surprised to find that their partner had similar symptoms?

Middle: 30 minutes

Connection between thoughts, feelings, and behaviours – how irrational thoughts are developed and maintained

Reference Handout 1: Examples of Irrational Beliefs
Ask students to share which examples they identify with

Reference Handout 2: Identifying Thinking Errors
Go through each error and give examples for each. Ask students to identify errors they make in their daily lives.

Discussion: Negative emotions are caused by negative thoughts and beliefs. People who interpret a given situation in different ways are likely to experience

thoughts are developed and maintained

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Reference Handout 2: Identifying Thinking Errors
Go through each error and give examples for each. Ask students to identify errors they make in their daily lives.

Discussion: Negative emotions are caused by negative thoughts and beliefs. People who interpret a given situation in different ways are likely to experience different emotions. For example, imagine that a friend of yours has cancelled a dinner date at the last minute, without providing a reason. Some of the possible interpretations for this are:

- "My friend has been hurt or is ill" – Anxiety or Worry
- "My friend isn't treating me with the respect I deserve" – Anger "My friend doesn't care about me" – Sadness
- "Thank goodness the dinner has been cancelled; I am always so nervous when I have to eat with others" – Relief
- "I guess something else came up. Everyone changes plans from time to time, including me" – Neutral

Anxiety and fear result when a person interprets a situation as threatening or dangerous. Although fearful predictions and interpretations are sometimes accurate, they are often exaggerated and inaccurate.

Reference Handout 3: Have students complete one "Situation" and discuss with the group.

- Discuss how irrational thoughts can be replaced with rational and positive thoughts to eliminate anxiety
- Assigned rest of Handout 3 for homework

End: 5-10 minutes

Homework: Ask students to complete 1-2 more "Situations" on Handout 3. Throughout the week, students can identify times when they have negative automatic thoughts, explore their irrational thought and replace the negative thought with a positive.

Distribute the GAD-7 and have students complete the form for their records.

Session 5: Externalization

Objectives:

1. Participants will become aware of how they physically feel emotions.
2. Participants will have the opportunity to externalize their emotions through a body tracing activity.
3. Participants will learn how to recognize when anxiety affects their body in order to work towards coping with anxiety before it gets to internalizing symptoms.

Advanced Preparation:

1. Prepare supplies for body tracing activity: 9 large sheets of paper, colored markers
2. Copies of the GAD-7

Beginning: 15 minutes

Check-in:

- Ask participants if they have any insights about the guided meditation last week
 - Did they try another one at home?
 - Did they go to their “special place” at some point during the week?
- Ask participants if they have had any anxiety-inducing situations occur in the past week
 - Have they utilized any of the coping skills we’ve discussed so far? If not, what could they do differently next time?

Administer GAD-7

Middle: 35 minutes

Body tracing activity: 20 minutes

1. Choose a partner you feel comfortable with as they will be getting in your space.
2. The partner being traced chooses a colored marker, lies down on the tracing paper provided.
3. The partner completing the tracing should maintain appropriate boundaries and respect their partner’s need for safety and comfort.
4. The partner being traced should think of a time they have experienced anxiety, all while thinking about the shapes, colours, or textures they notice in their body from head to toe.
5. Switch partners once tracing is complete on the first partner

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5. Switch partners once tracing is complete on the first partner.
6. Once both partners have been traced, each partner colors their emotions inside their body – highlighting where they feel anxiety in their body

Processing the body tracing activity: 15 minutes

- How did it feel to have your body traced?
- What did you discover about your body?
 - Where in your body do you feel the most anxiety?
- What colors did you choose to describe anxiety, what about other emotions? Why these colors?
- How can you utilize relaxation training and disputing irrational thoughts to externalization?

End: 10 Minutes

- Have participants share with the group one coping skill they will try to practice this week

NEXT WEEK: Introduction to Exposure Therapy!

Session 5: Externalization

“Arms Spaghetti”

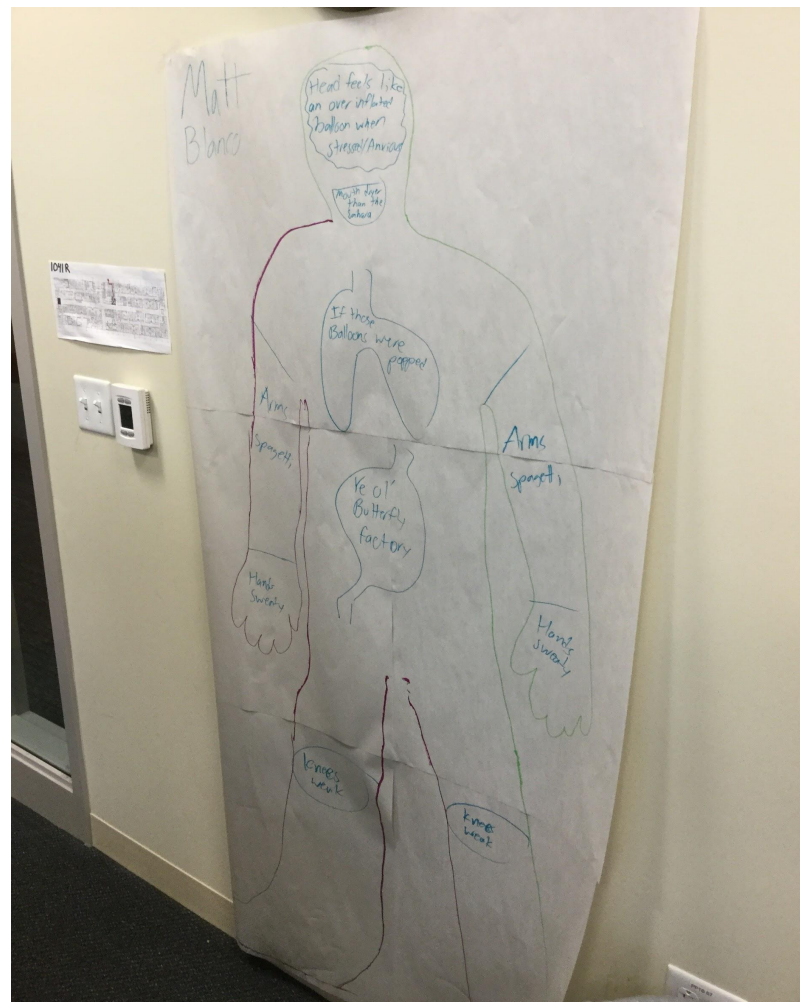
“Head feels like an over-inflated balloon”



“Ye ol’ butterfly factory”

“Hands sweaty”

“Knees Weak”

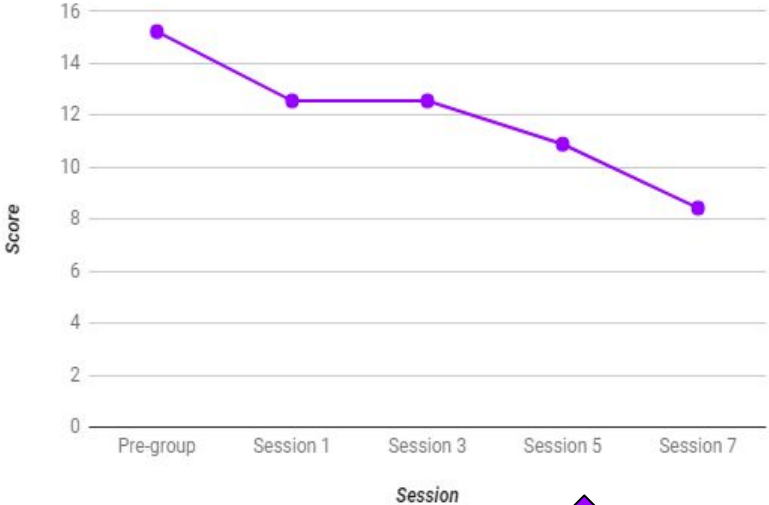


Progress Monitoring

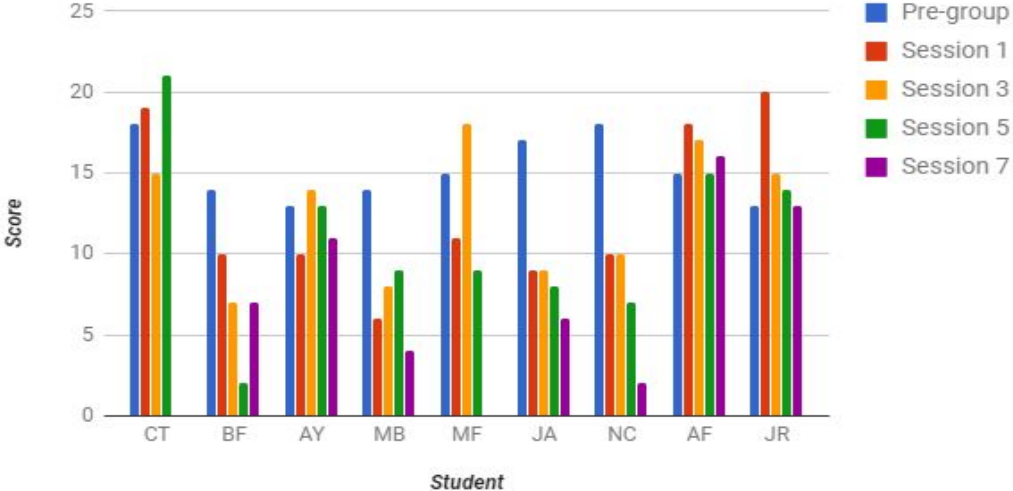
- Screened group members on the first week of the session
- Distribution of the GAD-7 bi-weekly
- Individual scores were tracked and saved throughout the group
- Administered a post-group screener
- Data was assembled and put into a graph so students could see their individual growth and the group's growth as a whole
- 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).
- Distributed a weekly feedback form to gauge the efficacy of our session structure etc.

Step 6: Post-Group Screening Results

Average GAD-7 Score



Students' GAD-7 Scores By Session



Average GAD-7 score pre-group: 15.222
Average GAD-7 score post-group: 8.42



*Indicates about a 7 point decrease, thereby categorizing students in the mild category on the GAD-7!

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.

2017-2018 Group Counseling Program Implementation

- Continue to scale up Tier II services, such as therapy groups, to address the most prevalent mental health presenting problems.
- Expand therapy groups at MHS and planned a comprehensive group counseling calendar including prep time and group sessions. Calendar coincides with mental health screening dates in order to decrease the wait time for services and improve the referral process.
 - 2 groups were run in 2016-2017, we have planned at least 6 groups for 2017-2018 school year.
- Conduct an assessment of the group therapy programs at the grammar schools to identify targeted areas of growth.
- Increase the use of CBT-based groups to increase the use of evidence-based services and supports.

Thank You

Questions?

