

# DATA, DISSEMINATION, AND DELIVERY: A 3-D APPROACH TO SCHOOL-BASED MENTAL HEALTH

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# THE FOUNDATIONS OF CBT

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# KEY TERMS IN CBT

- ▶ **Automatic Thoughts** – thoughts that occur without much consideration (habitual and reflexive)
- ▶ **Conditional Beliefs** – fundamental beliefs that influence response to a situation (e.g., how we think, feel, and act)
- ▶ **Schema** – a cognitive framework that serves as a basis for screening, organizing, and interpreting situations based on past experiences (e.g., core beliefs about the self, others, and the future)

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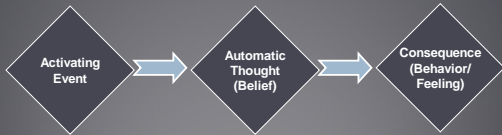
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## COGNITIVE-BEHAVIORAL CONNECTION TRADITIONAL MODEL



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## UNDERSTANDING CHALLENGES



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## ERRORS IN FUNCTIONING

- ▶ **Cognitive Deficiency** – the lack of information processing
- ▶ **Cognitive Distortions** – an active but misguided way of processing information
- ▶ **Skill Deficiency** – the lack of a specific skill
- ▶ **Skill Dysfunction** – the lack of implementation or generalization of skill

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## THE CBT MODEL

- ▶ The way we view ourselves, the world, and the situations that confront us shapes how we feel, what we think, and how we act.
- ▶ Fosters change in the way people think and behave.
- ▶ Build skills to target the situational, cognitive, affective, and/or behavioral components.

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## COMPREHENSIVE MULTI-INTERACTIONAL MODEL OF SBMH

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## RESILIENT LEARNING ENVIRONMENT

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## RESILIENT LEARNING ENVIRONMENT

Involve schools that are:

- ▶ Safe and Secure
- ▶ Well Managed
- ▶ Caring
- ▶ Participatory

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## RESILIENT LEARNING ENVIRONMENT

Atmosphere or climate of a school

- ▶ Helps to create an environment that fosters healthy relationships and collaboration among the school, the home, and the community
- ▶ Includes tangible and intangible qualities
- ▶ Two important characteristics:
  - ▶ Frequency and quality of interactions among students, parents, school professionals, and members of the community
  - ▶ Feelings of trust and respect within the school and the community

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## RESILIENT LEARNING ENVIRONMENT

*Examples of Resilient Learning Environment Interventions*

- ▶ School Climate Programs
- ▶ Resilient Classrooms
- ▶ Faculty & Staff Responsiveness

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## PREVENTATIVE MECHANISM

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## PREVENTATIVE MECHANISM

- ▶ Focus on prevention
- ▶ Based on school-wide data
- ▶ Identify and expand sources of strength within the system
- ▶ Identify and adjust problem areas
- ▶ Emphasize skill development

“What skills could all students benefit from?”

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### EXAMPLES OF PREVENTATIVE MECHANISM PROGRAMS

- ▶ I Can Problem Solve (Shure, 2001)
- ▶ PATHS (Kusche & Greenberg, 1994)
- ▶ Social Decision Making/Social Problem Solving (Elias et al., 2005)
- ▶ Olweus Bullying Prevention Program (Olweus & Limber, 1999)
- ▶ Bully Busters (Horne, Bartolomucci, & Newman-Carlson, 2003)
- ▶ Second Step (Seattle Committee for Children, 1992)
- ▶ Positive Behavior Support Program (Sugai & Horn, 1999)
- ▶ Etc.

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### STRATEGIC MECHANISM

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### STRATEGIC MECHANISM SUPPLEMENTAL AND GROUP

#### **Supplemental**

- ▶ Assess problematic system factors (i.e., deficits in necessary skills within the environment, classroom issues)
- ▶ Consultation services
- ▶ Provide workshops and in-services for teachers
- ▶ Psychoeducation and skill building with staff

#### **Group**

- ▶ Identify and intervene with at-risk students regarding a particular issue
- ▶ Utilize group format and structured approaches (e.g., manualized approaches)

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## STRATEGIC MECHANISM

### SUPPLEMENTAL CONSULTATIVE INTERVENTIONS

- ▶ Cognitive-Behavioral Consultation (Christner & Stewart-Allen, 2004; Christner, Stewart, & Lennon, 2006)
- ▶ Classroom Interventions
- ▶ Individual Positive Behavior Support
- ▶ Parent Consultation and Support
- ▶ Teacher In-service Training, Consultation, and Support

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## STRATEGIC MECHANISM

### GROUP MANUAL-BASED INTERVENTIONS

#### Benefits

- ▶ Specific content to be addressed
- ▶ Clearly defined procedures to use
- ▶ Articulated activities to follow
- ▶ Starting and stopping point
- ▶ Outcome research

#### Difficulties

- ▶ Which manual do I chose?
- ▶ Not meeting the individual needs of clients
- ▶ Difficulty getting students to attend 15 to 20 sessions
- ▶ Addressing the students skills, but not the barriers and difficulties that affect implementation

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## STRATEGIC MECHANISM

### GROUP MANUAL-BASED INTERVENTIONS

#### ▶ Anxiety

- ▶ Coping Cat (Flannery-Schroeder & Kendall, 1996)
- ▶ Social Effectiveness Therapy for Children (Beidel & Turner, 1998)
- ▶ Child Anxiety Management Program (CAMP; Friedberg & Elamir, in preparation)
- ▶ Cognitive-Behavior Group Therapy - Adolescent (CBGT-A; Albano, 2000)
- ▶ Coping with Stress (Clarke, Lewinsohn, & Hops, 1990)
- ▶ Building Confidence (Wood, Piacentini, Southam-Gerow, Chu, & Signman, 2006)
- ▶ Cognitive-Behavioral Therapy for Social Phobia in Adolescents (Albano & DiBartolo, 2007)

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## STRATEGIC MECHANISM

### GROUP MANUAL-BASED INTERVENTIONS

- ▶ **Anger and Aggression**
  - ▶ Coping Power Program (Larson & Lochman, 2002)
  - ▶ Teen Anger Management Education (TAME; Feindler & Gerber, 2011)
  - ▶ "Keeping Cool" (Dwivedi & Gupta, 2000).
  - ▶ Aggression Replacement Training (ART; Goldstein, Glick, & Gibbs, 1998)

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## STRATEGIC MECHANISM

### GROUP MANUAL-BASED INTERVENTIONS

- ▶ **Depression**
  - ▶ Coping with Depression (Clarke, Lewinsohn, & Hops, 1990; 2003)
  - ▶ ACTION Program (Stark & Kendall, 1996)
  - ▶ Coping with Stress (Clarke, Lewinsohn, & Hops, 1990)
  - ▶ POD-TEAMS Depression Prevention Program (POD-Team, 2003)

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## INTENSIVE MECHANISM

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## INTENSIVE MECHANISM

- ▶ Direct, ongoing intervention with identified students
- ▶ Group, individual, and family treatments aimed to address specific problems
- ▶ Often have multidisciplinary involvement within schools
- ▶ Evidence-based approaches – Manualized vs. Modular

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## MODULAR-BASED INTERVENTIONS

### Benefits

- ▶ Decreases the demands of following a manual-based program
- ▶ Uses specific techniques from manual-based programs
- ▶ Allows the use of outcome research to develop good interventions
- ▶ Bases intervention on specific client needs

### Difficulties

- ▶ Must have good case conceptualization skills
- ▶ Must use single case design and progress monitoring more efficiently to measure outcome
- ▶ Must have a good understanding of the literature across various disorders

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## ACTIVE INTERVENTION CYCLE

- A** Assessment
- C** Conceptualization
- T** Treatment Planning

Progress Monitoring

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## CONCEPTUALIZATION WITH YOUTH

- ▶ Extensive problem list
- ▶ Antecedents/Precipitating factors
- ▶ Developmental considerations
- ▶ Relational development
- ▶ Cultural/Context considerations
- ▶ Readiness to change factors
- ▶ Protective factors/Resiliency factors
- ▶ Risk factors/Impediments to change
- ▶ Working hypothesis
- ▶ Origins of working hypothesis

(Mennuti, Christner, & Freeman, 2012)

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## POSSIBLE MODULES: PART I

- ▶ **Activity Selection/Scheduling**
  - ▶ To introduce pleasant and enjoyable activities into the child/adolescent's day. Also, to increase activity level.
- ▶ **Assertiveness Skills**
  - ▶ To teach skills to express needs or goals.
- ▶ **Behavioral Skills**
  - ▶ To increase practice of certain skills and improve generalization.
- ▶ **Cognitive Skills**
  - ▶ To identify and understand thoughts and to restructure them appropriately.
- ▶ **Communication Skills**
  - ▶ To teach expected communication skills.

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## POSSIBLE MODULES: PART 2

- **Exposure Skills**
  - To expose individual to a specific object or situation associated with anxiety and avoidance.
- **Goal Setting Skills**
  - To assist client in establishing a realistic goal for treatment.
- **Maintenance Skills**
  - To discuss ways to maintain gains on treatment goals.
- **Problem Solving Skills**
  - To provide ways to evaluate and navigate problems and to consider new solutions.
- **Psychoeducation**
  - To provide information about individual problems and the course of treatment.

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## POSSIBLE MODULES: PART 3

- **Relaxation Skills**
  - To teach relaxation training to decrease physiological arousal and tension.
- **Self-Rewards/Reinforcement**
  - To reinforce self for goal attainment and to increase expected behaviors.
- **Self-Monitoring Skills**
  - To identify areas of concern and to provide information about progress.
- **Self-Efficacy Skills**
  - To teach new skills in various areas to assist with symptom reduction and to increase self-efficacy.
- **Social Cognitive skills**
  - To teach and practice basic skills expected social interaction skills with peers.
- **Self-Instruction/Self-Talk Skills**
  - To focus attention on the task and elicit coping statements.

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## CRISIS MECHANISM

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## CRISIS MECHANISM

- ▶ Immediate response
- ▶ Intensive, individualized intervention and referral
- ▶ Services include:
  - ▶ Violence Risk Assessment
  - ▶ Suicide Risk Assessment
  - ▶ Stabilize
  - ▶ Referral to Outside Supports
  - ▶ Reintegration Back to School

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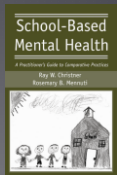
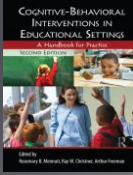
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## QUESTION AND ANSWER

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