Tier 2 Practices to Support Students with Internalizing Issues

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Introductions

Who are we?

Who are you?
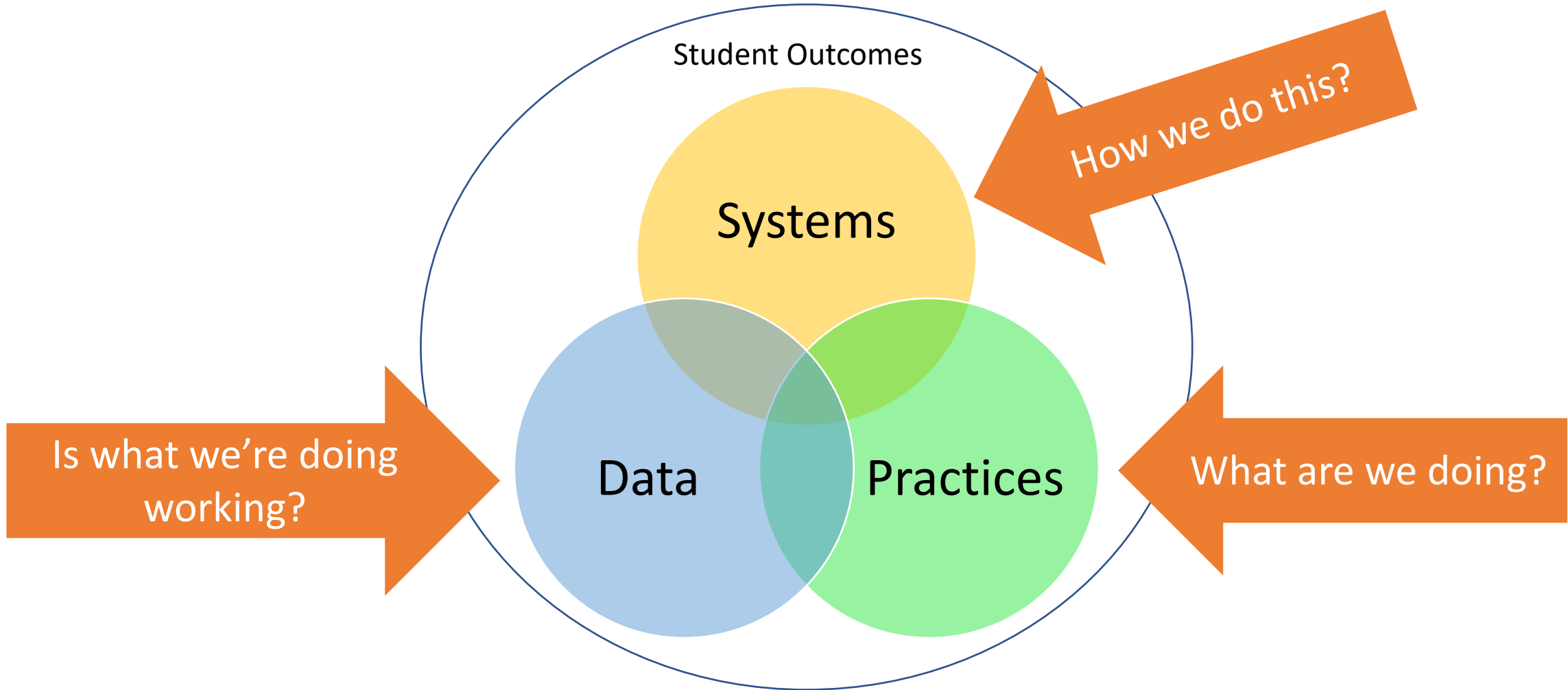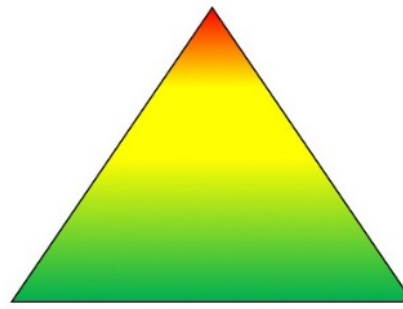
Agenda

Overview of Tier 2
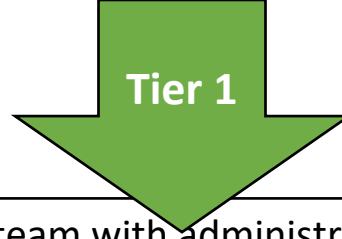
Screening Tools

Tier 2 Interventions for Internalizing

Wrap-Up

Multi-Tiered Systems of Support (MTSS)

A multi-tiered framework for delivering evidence-based practices, making data-driven decisions, and maintaining systems to support implementation to improve student outcomes

Tier 1

| **Systems:** How do we do this?	• Tier 1 team with administrative leadership • Communication • Technology • Professional Development	• **Tier 2 team with administrative leadership** • Communication • Technology • Professional Development
Data: Is what we're doing working?	• ODR • Attendance • Grades • Standardized Tests • Positive referrals • Tiered fidelity inventory • Student survey	• All Tier 1 data • **Progress monitoring data (e.g., DBR, SDO)**
Practices: What are we doing?	• Defining & teaching expectations • Acknowledging positive behaviors • Correcting negative behaviors • Clear discipline plan	• **Check-in/Check-out** • **Social Skills Instruction** • **Self-determination skills (e.g., self-monitoring)** • **Cognitive Behavioral Interventions**

Tier 2
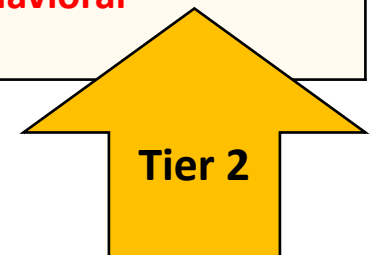
Practices: Core Features of Tier 2 Interventions

- Readily available

- Align with Tier 1 expectations

- Able to deliver to small groups of students

- Require minimal commitment, resources, and changes in practices (e.g., fit well within classroom routines/procedures)

- Easy to implement (e.g., require little training)

- Multiple interventions available that are matched and adapted to student need rather than a "one size fits all" approach

What evidence-based Tier 2 interventions are you currently using?

One Size Fits Who?

What do you do when your child complains that they don't feel well?

What do you do when a child is struggling academically?

What do you do when a student is identified as needing a Tier 2 intervention?

How is your school identifying students for Tier 2?

How can you identify and match students to an appropriate intervention?

- Use data
  - Office discipline referrals (e.g., when, where, with whom, potential motivation)
  - Academic measures (e.g., CBM, district assessments)
  - Validated rating scales/screeners (e.g., SDQ, SAEBRS)

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Universal Screening Basics

- All students assessed, regardless of need
- Reliable, valid tool
- Used to determine level & type of need (or risk)
- Can be conducted 3x per year (at least 6 weeks in)
- Parent consent (depends on state law/district guidelines)
- Report data back to educators
- Use data to match students to intervention

List of Universal Screeners

- Social Skills Improvement System (SSIS)

- Student Risk Screening Scale-Internalizing/Externalizing (SRSS-IE)

- Behavioral Assessment System for Children: Behavioral & Emotional Screening System (BASC-3: BESS)

- Systematic Screening for Behavior Disorders (SSBD)

- Social, Academic, & Emotional Behavior Screener (SAEBRS)

- Strengths & Difficulties Questionnaire (SDQ)

Strengths & Difficulties Questionnaire
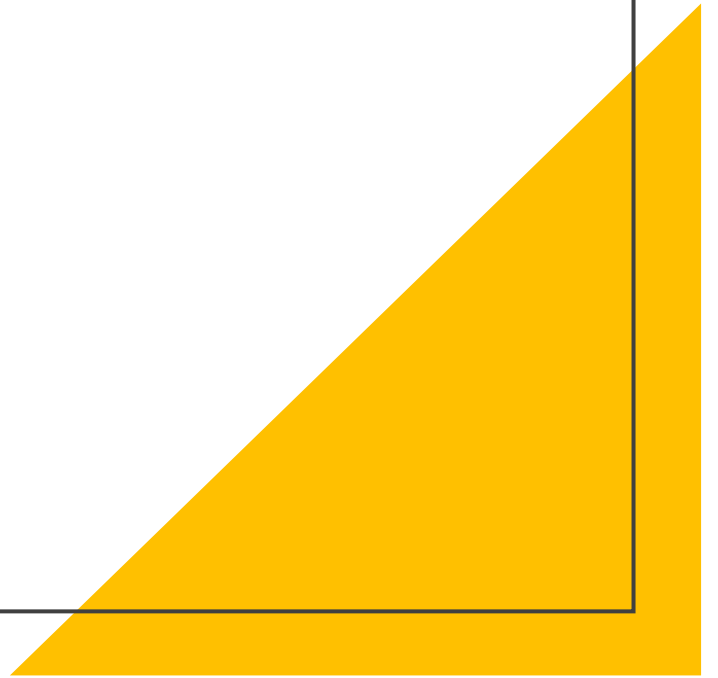
Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this student's behavior over the last six months or this school year.

Student's name ....   Male/Female

Date of birth...

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other youth, for example pencils, books, food	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other youth	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other youth or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other youth	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other youth	☐	☐	☐
Often offers to help others (parents, teachers, children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other youth	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

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Strengths and Difficulties Questionnaire

- **More information can be found at:**
  - www.SDQinfo.com
- **Scoring:**
  - www.sdqscore.org
- Ages 2-4, 4-10, 11-17
- 25 items
- Parent, Teacher, Self-Report

Enter a single-sided SDQ completed by a teacher or other educational professional about a 4-17 year old

Please select an answer for every item - if the respondent has not answered the question, you should select the 'Missing' option in the white column.

	Missing	Not True	Somewhat True	Certainly True
Considerate	○	○	○	○
Restless	○	○	○	○
Headache, stomach-ache	○	○	○	○
Shares	○	○	○	○
Irritable	○	○	○	○
Solitary	○	○	○	○
Obedient	○	○	○	○
Worries	○	○	○	○
Helpful	○	○	○	○
Fidgety	○	○	○	○
Has good friend	○	○	○	○
Fights, bullies	○	○	○	○
Unhappy	○	○	○	○
Popular	○	○	○	○
Poor concentration	○	○	○	○
Anxious in new situations	○	○	○	○

Strengths and Difficulties Questionnaire

youth*in*mind

aged 12, male

Teacher Questionnaire, completed

Score for overall stress	19	**(19 - 40 is very high)**
Score for emotional distress	3	(0 - 4 is close to average)
Score for behavioural difficulties	4	**(4 is high)**
Score for hyperactivity and attentional difficulties	10	**(9 - 10 is very high)**
Score for difficulties getting along with other children	2	(0 - 3 is close to average)
Score for kind and helpful behaviour	4	**(4 is low)**

Caution

If you think this report has missed the point, whether by exaggerating or underestimating the difficulties, you may be right. A brief questionnaire obviously isn't the same as an individual assessment by an expert. Perhaps both are needed.

SDQ Domains

Emotional Symptoms
- Somatic complaints; seems worried/anxious; nervous in new situations; loses confidence easily; difficulty initiating or maintaining personal relationships.

Conduct Problems
- Has temper tantrums or hot temper; fights with other children or bullies them; lies or cheats; steals from home, school or elsewhere.

Hyperactivity/Inattention
- Restless, overactive, cannot stay still for long; constantly fidgeting or squirming; easily distracted, concentration wanders.

Peer Problems
- Rather solitary, tends to play alone; picked on or bullied by other children; gets on better with adults than with other children

Prosocial Behavior
- Considerate of other's feelings; shares readily with other children; helpful is some is hurt, ill, or upset; kind to younger children; often volunteers to help others.

Match Risk Area to Tier 2 Intervention

Emotional Symptoms

- Cognitive-behavioral therapy, Internalizing modifications to CICO, Coping skills/training

Conduct Problems

- Check-in/Check-out Variations (e.g., CCE)

Hyperactivity/Inattention

- Self-Regulation Strategies (e.g., goal setting, self-monitoring)

Peer Problems

- Small group instruction: problem-solving, social skills

Prosocial Behavior

- Small group instruction: problem-solving, social skills

McDaniel, Bruhn, & Mitchell, 2015

Social, Academic, & Behavior Risk Scale (SAEBRS)
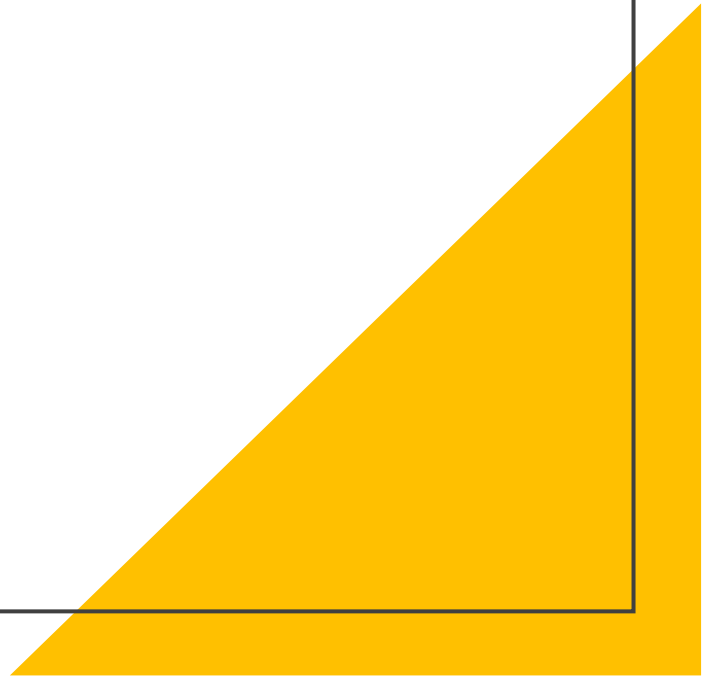
SAEBRS (linked in with FastBridge)

Social Academic and Emotional Behavior Risk Screener (SAEBRS)

Behavior	Never	Sometimes	Often	Almost Always
Social Behavior				
1. Arguing	○	○	○	○
2. Cooperation with peers	○	○	○	○
3. Temper outbursts	○	○	○	○
4. Disruptive behavior	○	○	○	○
5. Polite and socially appropriate responses toward others	○	○	○	○
6. Impulsiveness	○	○	○	○
Academic Behavior				
7. Interest in academic topics	○	○	○	○

- K-12
- 19 items
- Computer-based
- Low, some, high risk scoring benchmarks
- 1-3 min per student (teacher ratings)
  - Student version: mySAEBRS

Social, Academic, and Emotional Behavior Risk Screener

TOTAL BEHAVIOR

Social Behavior
- Externalizing Problems
- Social Skills

Academic Behavior
- Attentional Problems
- Academic Enablers

Emotional Behavior
- Internalizing Problems
- Emotional Competence
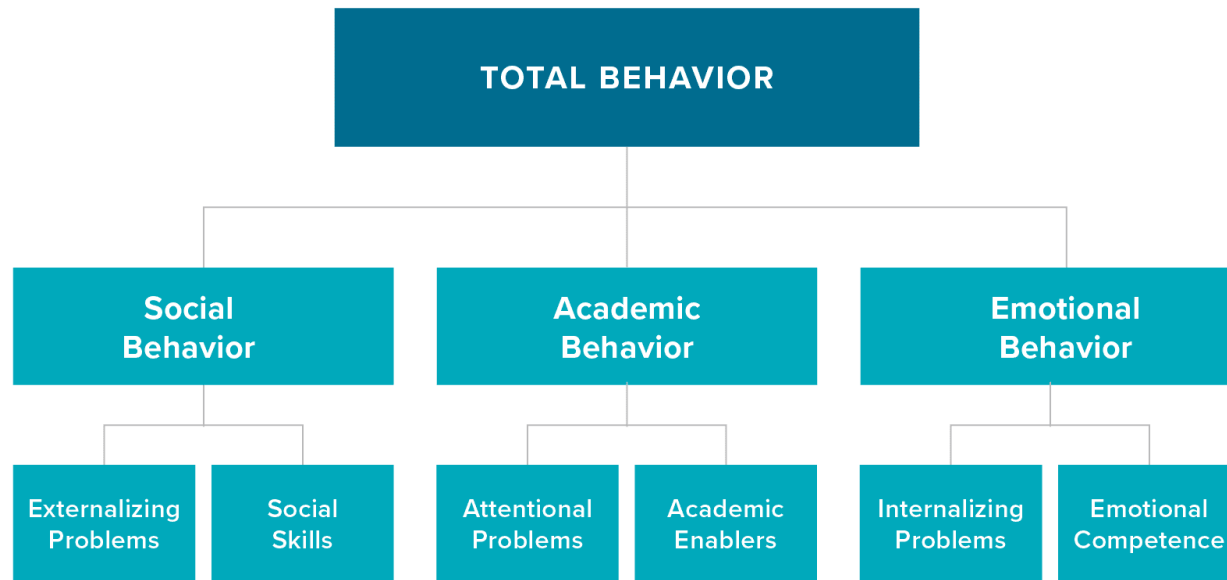
19-ITEM SCALE FOR OVERALL BEHAVIOR
- Social Behavior (6 items)
- Academic Behavior (6 items)
- Emotional Behavior (7 items)

Kilgus & von der Embse, 2014

Social Behavior
Social skills, problem-solving, CICO

Academic Behavior
Self-regulation skills

Emotional Behavior
Coping strategies, self-awareness, CBT

Turn and Talk

What do you see as the strengths and drawbacks of using screeners?

Tier 2 Intervention-Screening Matching

CICO
- SAEBRS: social behavior
- SDQ: conduct problems
  - Multiple settings

Social Skills
- SAEBRS: social behavior
- SDQ: peer problems, low prosocial behavior

Self-Monitoring
- SAEBRS: academic behavior
- SDQ: hyperactivity/ inattention

Cognitive-Behavioral Interventions
- SAEBRS: emotional behavior
- SDQ: emotional symptoms

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Students Most Likely to Benefit

- Continue to display problems after Tier 1 supports in place, but don't require immediate individualized support

- Demonstrate difficulty managing emotions
  - Students who have experienced a recent trauma
  - Students with emotional symptoms on the SDQ emotional behavior problems on SAEBRS

Reflection

- What are some behaviors you associate with internalizing disorders?

- What does anxiety, fear, depression, guilt and isolation look like in the classroom?

Anxiety

Clinical anxiety is different than normative fear that diminishes with development

Prevalence ranging from 9-15% among school-aged youth

Students appear on edge, restless, physical complaints (nausea, headaches, feeling out of breath), and academic concerns (difficulty with concentration, poor attendance and school performance)

Persistent if not treated, with considerable disruptions in personal, academic, and social functioning

Depression

Persistent feelings of sadness or loss of interest

20% of adolescents aged 12–17 years had received a major depression episode diagnosis

Students may appear outwardly as withdrawn, lethargic, cranky, or irritable, but internally may be feeling worthless, blaming themselves for their symptoms

Functional impairments in completing work due to concentration and memory problems

Physical symptoms (e.g. bodily aches and pains)

Relationship difficulties with peers and family

Increased risk of suicidal ideation and behavior

Trauma

Exposure to a traumatic event that invokes intense fear or helplessness

Most children will be exposed to an extreme stressor by the age of 16 but not all will develop a trauma response

Distress response is characterized by a negative emotional state of fear and anxiety + depressive symptoms (guilt, sadness, shame, and negative beliefs about themselves and the world)

difficulty with memory, problem-solving ability, and confusion

appear indifferent or apathetic and may lose interest in school or peer activities

Childhood abuse and trauma are risk factors for suicide

Commonalities

Emotional concerns cause significant distress in students and impact concentration and functioning in and outside of school:

School difficulties such as poor grades, suspension, and drop out	Family conflicts, interpersonal problems, and engaging in risky behaviors, including self-harm.	Negative self-evaluation patterns and thinking poorly of themselves or their abilities.	Withdrawal from academic and social situations, leading to both academic and social problems	Avoidance of any new and unpredictable situations might lead them to abstain from pursuing normative developmental and social opportunities

Highly treatable and respond well to direct services provided in schools

Before Intervention...Identification and Planning

Referral to a school mental health professional by teacher, parent, or through Universal Screening

Proper evaluation of the type and severity of symptoms with sound instruments

Differential diagnosis and comorbidity

Prescreening process for group interventions

Obtain consent from parents and assent from students

Collaboration between educators, parents, school mental health professionals, and administration

Regardless of provision of individual counseling services, supports and interventions in the classroom are ideal for addressing academic and social-emotional functioning

An Extra Step: Further Assessment

Anxiety (e.g., GAD-7)

- Disproportionate fear
- Anticipation of future threat
- Appear on edge & restless
- Physical complaints
- Academic concerns

Depression (e.g., HAM-D)

- Persistent sadness
- Loss of interest
- Withdrawn
- Lethargic, cranky, or irritable
- Physical complaints
- Academic concerns

Trauma (e.g., CPSS)

- Exposed to traumatic event (either themselves or someone close)
- Anxiety & depressive symptoms

Cognitive-Behavioral Interventions
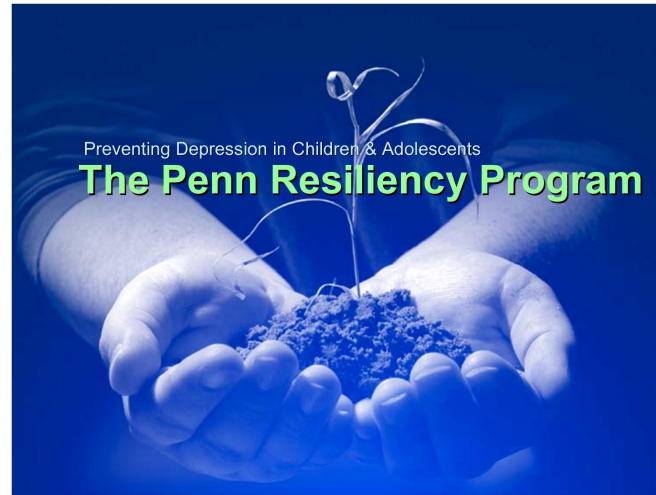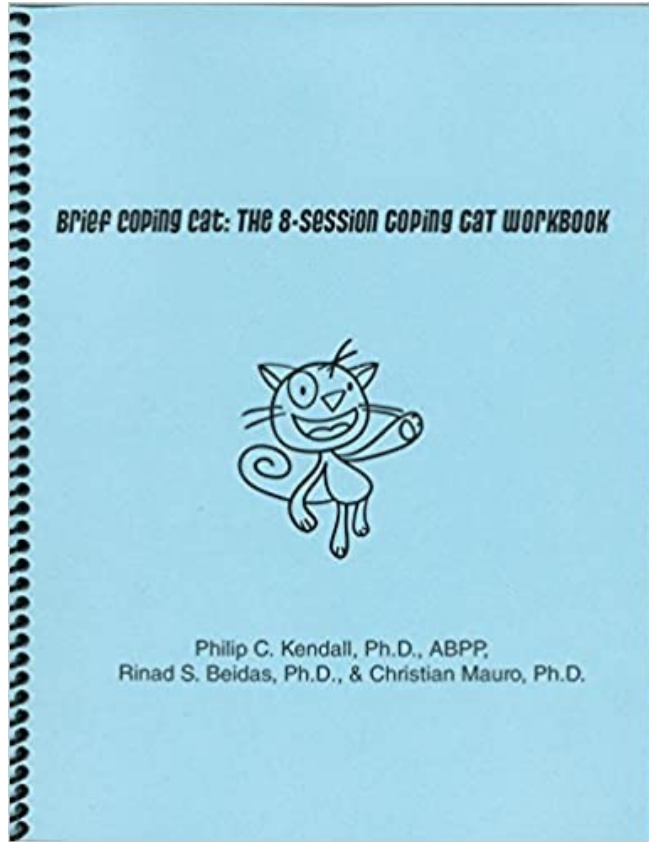
Manualized Curricula

Cognitive Behavioral Therapy – Tier 2

- The most frequently endorsed Tier 2 intervention for emotional problems are:
  - Informed by CBT
  - Delivered in small groups
  - Short-term, goal oriented and focuses on changing a student's thinking patterns
  - Helps students gain a better understanding of a range of behaviors, use problem solving to cope with difficult situations, and gain confidence in their abilities to handle challenges
  - Can be delivered in school settings by a range of school professionals, including school counselors, psychologist, social workers, or teachers.

Cognitive Behavioral Intervention Strategies

Core Components
Mental health professional
Goal-setting
Cognitive restructuring (changing thinking patterns)
Teaching
Modeling/Role Playing
Reinforcing
Mindfulness (e.g., calming strategies)
Homework

Brief Coping Cat: TIER 2 Intervention for Anxiety

Focuses on recognizing signs and feelings of anxiety, as well as drawing on specific strategies to better cope during high-anxiety situations

Designed for small groups (4-5 children) ages 7-13

Consists of 8 manualized lessons delivered weekly by school mental health personnel in 50-minute sessions

Available in both English and Spanish

Validated across several studies and meta-analyses over the past two decades (Lenz, 2015; Reynolds et al., 2012)

Coping Cat - Content

1) building rapport, treatment orientation, and conducting the first group session

2) identifying anxious feelings, self-talk, and challenging negative cognitions

3) problem-solving, self-evaluation, and self-reward strategies;

4) reviewing skills learned and practicing low-anxiety situations;

5) practicing in moderately anxiety-provoking situations; and

6-8) practicing high-anxiety provoking situations and celebrating successes.

Coping Cat – Assessing Outcomes

Subject Units of Distress Scale (SUDS; Wolpe, 1969) scores rating the amount of anxiety students experience each week

Anxiety Hierarchy exposure and mastered situations

Completion of Level 2 Child and Parent Anxiety Scales pre and post (available online as accompaniments to the DSM-5).

Fidelity Checklist

Treatment satisfaction questionnaire (e.g. How would you rate the quality of care you have received?")

Parental and teacher feedback

Penn Resiliency Program - Depression

Focuses on preventing and reducing symptoms of depression

Designed for small groups (4-5 children) of children ages 10-14

Consists of 12 manualized lessons delivered weekly by school mental health personnel in 90-minute sessions

Teaches cognitive-behavioral and social problem-solving skills that helps students understand, relate, and interpret everyday events in an adaptive manner

Extensively researched across culturally diverse student populations as both a universal and targeted school-based intervention (Brunwasser et al., 2009; Chaplin et al., 2006, Gillham et al., 2006, Farahmand et al, 2011).

PRP - Content

1) Intra-Personal Cognitive

- Connection between thoughts, feelings, and behaviors associated with depression

- How to think flexibly and accurately

- Cognitive styles, and how depression might contribute to a pessimistic explanatory style.

2) Social Problem Solving

- assertiveness, negotiation, relaxation, procrastination, social skills, decision-making, and creative problem solving

PRP – Assessing Outcomes

Hopelessness Scale for Children (HSC)

Children's Attributional Style Questionnaire (Seligman et al., 1984

Completion of Level 2 Child and Parent Depression Scales pre and post (available online as accompaniments to the DSM-5).

Fidelity Checklist

Treatment satisfaction questionnaire (e.g. How would you rate the quality of care you have received?")

Parental and teacher feedback

Support for Students Exposed to Trauma

Focuses on reducing student symptoms of traumatic stress, as well as the associated anxiety, depression, and functional impairment that accompanies trauma.

Designed for groups (8-10 students) from late elementary to early highs school

Consists of 10 manualized lessons delivered weekly by school personnel (with a back up clinician) in 60-minute sessions

Adaptation of the Cognitive-Behavioral Intervention for Trauma in Schools program (CBITS; Stein et al., 2003; Kataoka et al., 2003; Jaycox et al., 2010) and designed specifically for teachers and school counselors

Several studies evaluating its effectiveness with diverse students support its effectiveness in reducing PTSD symptoms, as well as improving school performance (Allison, 2017; Hoover, 2013; Kataoka, 2011).)

SSET- Content
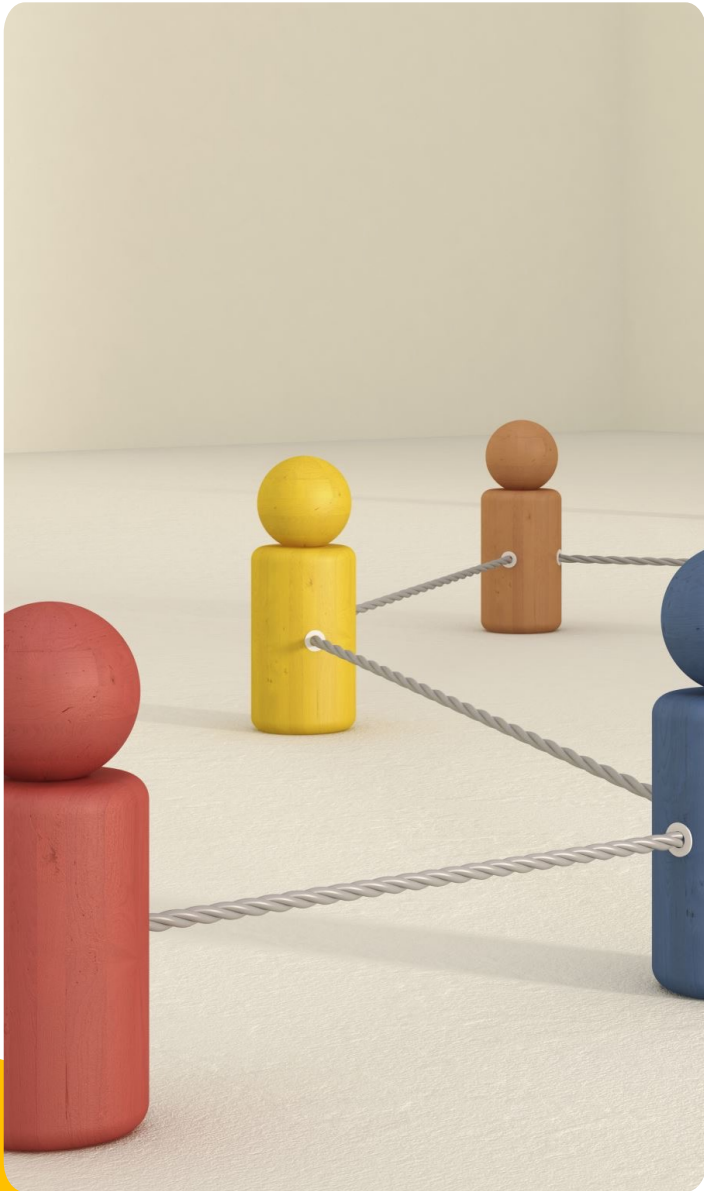
1) Psychoeducation of trauma and traumatic responses

2) Systematic Relaxation

3) Connecting thoughts and feelings and Mindfulness

4) Helpful thinking to combat maladaptive thinking

5) Fear Hierarchy and thought stopping, distraction, and positive imagery

6) Trauma Narrative – Newspaper Story

7) Trauma Narrative – Personal Story

8) Social Problem Solving and Generating Alternative Solutions

9) Social Problem Solving and Real- Life Scenarios

10) Reflection and Closure

SSET – Assessing Outcomes

Child PTSD Symptom Scale (CPSS; Foa et al., 2001)

Completion of Severity of Posttraumatic Stress Symptoms—Child Age 11–17 as pre and post (available online as accompaniments to the DSM-5).

Fidelity Checklist

Group satisfaction questionnaire (e.g. How would you rate the quality of content you have received?")

Parental and teacher feedback

Follow up in Six Months, Review SDQ change

Key Considerations

Multicultural

- Emotional expression is culturally-based
- Allowing room for students to discuss their own coping and cognitive style, their view of themselves and the world, as well as their goals
- Ensuring all students and seen and valued

Developmental

- Maturity, confidentiality, vulnerability, self and social perceptions

Insight and motivation

Assess for disruptive stress-based reactions

- shutting down, aggression, name-calling, self-harm

Flexibility in delivery

- Adjust complex cognitive techniques like "cognitive challenging" and "generating alternative solutions", with examples adapted to situations and events the students themselves recognize

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Wrap-Up

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