

Adapting Modular Cognitive Behavior Therapy to a Group Format for At-Risk High School Students with Anxiety Problems

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University of Hawai'i at Mānoa

23rd Annual Conference on Advancing School Mental Health

October 11, 2018





The Child Clinic at the Center for Cognitive Behavior Therapy (C-CCBT) has partnered with the State of Hawai'i Department of Education to provide school mental health services across the three tiers

This project reflects work completed during the 2017 – 2018 school year, the C-CCBT's 2nd and final year at a local high school with efforts at promotive and preventive services



The Center for Cognitive Behavior Therapy

Department of Psychology, University of Hawai'i at Mānoa

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Child Section of the CCBT

CCBT -Child Section (C-CCBT) primarily serves clients up to age 18 who are experiencing problems related to anxiety, depression, trauma, inattention/hyperactivity, oppositional behaviors, and risk for or early signs of psychosis. Nearly all services include parental participation and we often work with school personnel to help understand any issues and support interventions. Because our clinic is not designed to assess or treat youth with pervasive developmental delays, youth with these problems are referred elsewhere. Feel free to call us for a referral.



Clinic: Stress and Anxiety


We offer comprehensive assessment and treatment services to youth with anxiety concerns who may be exhibiting difficulties with various types of anxieties, traumatic stress, depression, school refusal, and/or selective mutism. Once an evaluation has been completed, cognitive behavioral therapy is provided, which does not involve the use of medication and is typically short-term. Children are first taught skills to help them manage their fearful thoughts and then graduate to guided practice to gain comfort around previously triggering situations. Over time, the child will develop and learn to properly utilize the skills developed with our treatment team to achieve a healthier, more balanced life both at home and at school.

» For more information, [see our brochure](#).


Clinic: Attention-Deficit/Hyperactivity Disorder (ADHD)


We offer comprehensive assessment and treatment services to youth who have or are suspected to have ADHD. Youth with ADHD have difficulty with self-control, emotional regulation and/or consistently maintaining focused attention. Youth with ADHD often experience developmental risks such as academic failure, poor peer and family relationships, behavioral problems, and substance use. We provide evidence-based psychosocial treatments for youth with ADHD alone and for those with additional challenges such as conduct, mood, or learning problems. We will collaborate with physicians of youth who are receiving medications, but we do not prescribe medications ourselves.

<http://www.psychology.hawaii.edu/ccbt/index.html>




Help Your Keiki






COMMON PROBLEMS



WHAT WORKS



FIND HELP

ADDRESSING Mental Health CONCERNS IN PRIMARY CARE A CLINICIAN'S TOOLKIT

EVIDENCE-BASED CHILD AND ADOLESCENT BEHAVIORAL HEALTH (PWEBS) Database, available at www.practicewise.com. If this is not the most current version, please check the database.

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy (CBT), CBT and Medication, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, CBT for Child and Family Psychoeducation, Hypnosis, Relaxation Inoculation
Attention and Hyperactivity Behaviors	Behavior Therapy and Medication, Self-Verbalization	Biofeedback, Contingency Management, Parent Management Training, Problem Solving, or with Teacher Psychoeducation, Exercise (with or without Relaxation), Working Memory

02:35

HD :: vimeo

Follow along to our presentation

www.helpyourkeiki.com

Objectives

1. Discuss the current state of evidence-based interventions in the school setting
2. Highlight a collaborative process between a university-based research clinic and a local public high school
3. Describe a procedure for adapting modular cognitive behavior strategies to group anxiety treatment
4. Showcase preliminary results
5. Summarize lessons learned, including facilitators, barriers, and sustainability in this dissemination and implementation project

Current State of Youth SMH

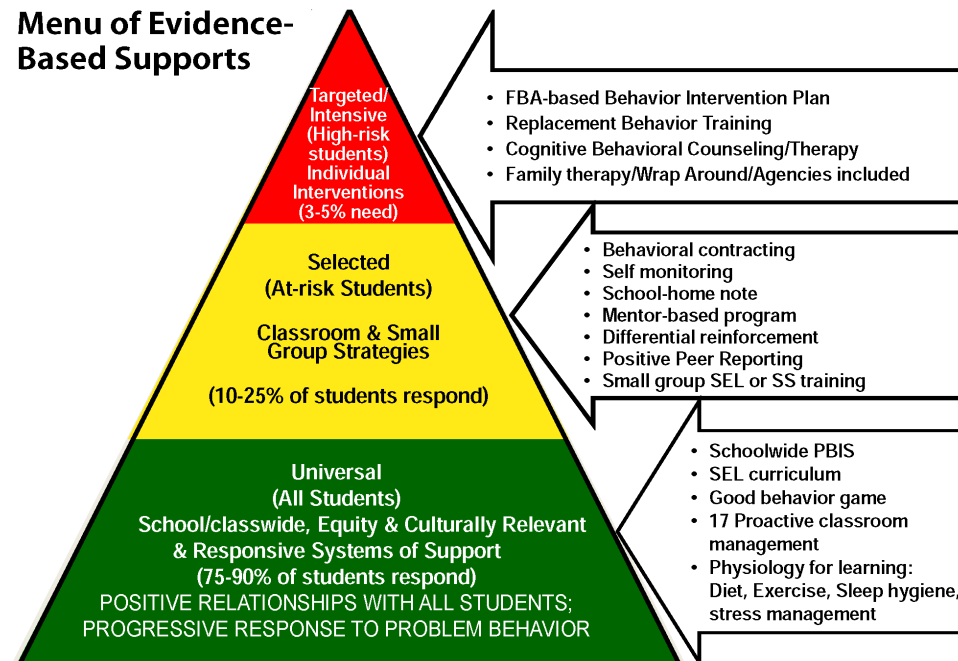
- Majority of youth services provided in the educational sector
- Low rates of evidence-based services
- Provider characteristics
 - Teacher implementers compared to mental health providers & counselors
 - Competing responsibilities & demands = #1 rated issue for not implementing
- Stigma
- Insufficient resources
- Lack of family engagement, student absenteeism, low retention rates
- Complete inflexibility of manuals for briefer sessions

Anxiety

- Most common mental health disorder for children and adolescents
- Various manifestations of anxious symptoms, particularly related to school, but challenges remain in recognizing and attributing such problems to anxiety
- Challenges to recognize and address, particularly in the school setting
- Negative sequelae of untreated anxiety
- Exposure treatment as the essential treatment component

Preventive Care

- ❖ Services geared towards at-risk students
- ❖ Promising implications when delivered in a group format
 - ❖ Feasible, cost-effective, and comparable outcomes



Collaboration aimed to...

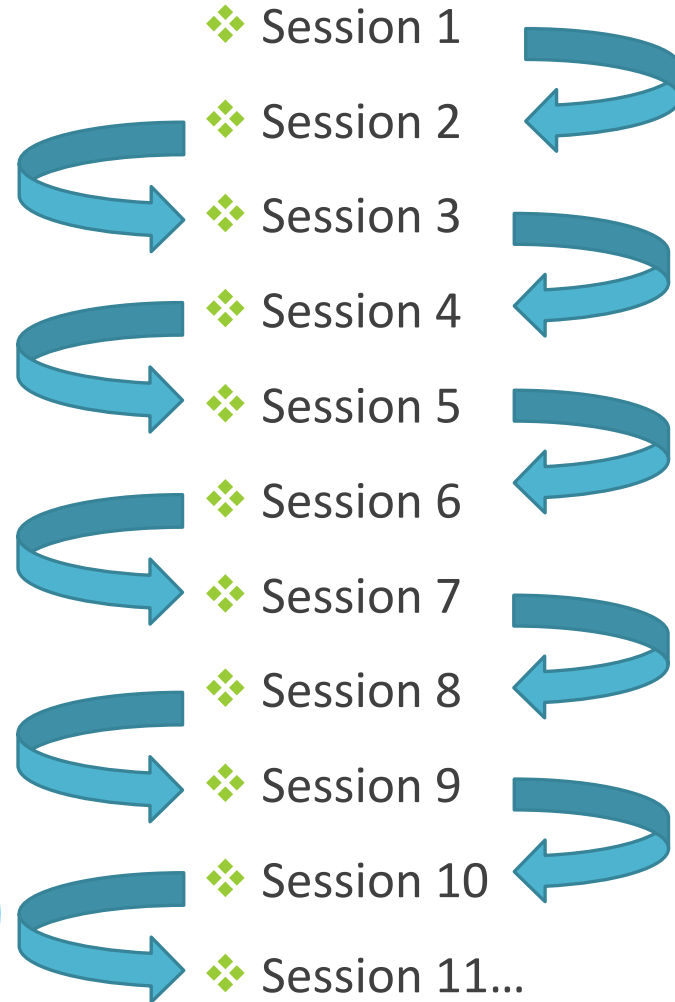
- ✓ Respond to school stakeholder's desire for supporting students with anxiety-related concerns
- ✓ Reinforce the practice and value of data-driven decision-making with school staff
- ✓ Promote the adoption and implementation of evidence-based practices
- ✓ Facilitate and support sustainability efforts by training school-based behavioral health specialists
- ✓ Pilot an innovative modular approach towards treating anxiety in a group format
- ✓ Improve the well-being of students with anxiety-related problems

Manualized Treatment – Coping Cat

Early treatment drop-out?

Relaxation skills?
Self-Rewards?

Provider training for each manualized treatment? Provider attitudes (e.g., rigid) towards treatment manuals?



16 sessions?! School breaks?
Recruitment, pre-screen & consents?

Exposure practice at Session 11?

Modularity

1. Addresses challenges associated with standard treatment protocol manuals
2. Identifies common practice elements across evidence-based protocols
3. Algorithm develops a flowchart assembly of the common core practice elements
4. Flexibility allows for addressing and managing treatment interference(s) with explicit purpose and goal of getting back to the core practice flowchart
5. Treatment duration, pace, and setting suited to fit youth
6. Implementing only techniques that meet client's needs
7. Intervention ends when goals are achieved and determined by treatment team

Modularized Approach for Treating Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH – ADTC)

- “Collection of 33 independent therapeutic procedures that can be flexibly arranged to guide a course of individualized, evidence-based therapy for children, addressing not only their main problems, but also any accompanying issues or challenges”
 - Psychoeducation (Learning about Anxiety, Depression, Disruptive Behavior)
 - Trauma Narrative
 - Exposure/Practice
 - Cognitive

MATCH – ADTC

- Empirical support
- Provider attitudes
 - More positive attitudes than manualized treatment protocols
 - School-providers reported the benefits, including compatibility & flexibility

MY SERVICES

At present, you are subscribed to the following services:

- [Clinical Dashboards](#)
- [MATCH](#)
- [Practitioner Guides](#)
- [PWEBS](#)



ACTIVATE PWEBS+ BETA

PWEBS+ Beta is now available to all PWEBS subscribers at no additional cost. Simply click to [activate the PWEBS+ Beta](#). This webpage should refresh and "PWEBS+ (Beta)" should appear at left under My Services. If it does not appear, try manually refreshing the page, or sign out and sign back in.

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MY COURSES

PracticeWise offers courses covering resources (tools that assist with evidence-informed clinical decision making), direct services applications (e.g., common practices), and supervision and training topics.

At present, you are subscribed to the following courses:

- [Resource Courses](#)

Welcome to MATCH-ADTC

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

Bruce F. Chorpita, Ph.D.
University of California, Los Angeles

John R. Weisz, Ph.D., ABPP
Harvard University and Judge Baker Children's Center

The MATCH-ADTC is a psychosocial treatment package designed for use with families of youth between 8 and 13 years of age experiencing problems with anxiety, depression, traumatic stress, or disruptive behavior. The package consists of a guiding protocol for each primary problem and 33 practice modules. Each practice module includes a procedural guide for therapists along with worksheets, handouts, and assessment records for youth and their families.

Get Started

- Search for practices and materials in the [Table of Contents](#) [[Inhaltsverzeichnis](#)]
- Use the [Interactive Mode](#) to guide you through the protocol for a primary problem

- ✓ Select One
- Anxiety
- Conduct
- Depression
- Traumatic Stress

[Download](#) (224 MB) a full version of this site to use without an Internet connection.

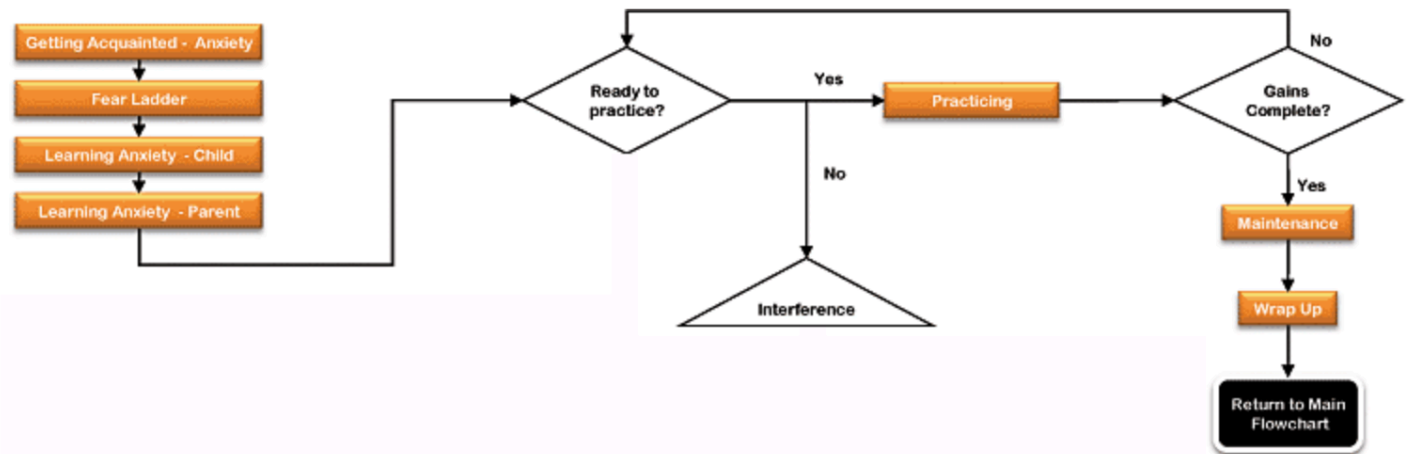
[Download](#) (9 MB) a pdf of the full print version of the MATCH-ADTC [[Download German Edition](#)].

[Download](#) (4 MB) a pdf of the Spanish language caregiver materials.

Citation: Chorpita, B. F., & Weisz, J. R. (2009). Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems (MATCH-ADTC). Satellite Beach, FL: PracticeWise. Delivered via the PracticeWise Guided Practice System [Daleiden, E. & Reeser, C. (2009). Guided Practice System (GPS). Satellite Beach, FL: PracticeWise.]

Anxiety

Anxiety Flow Chart



Use This:

To reduce anxious responding to feared situations or items through gradual exposure.



Goals

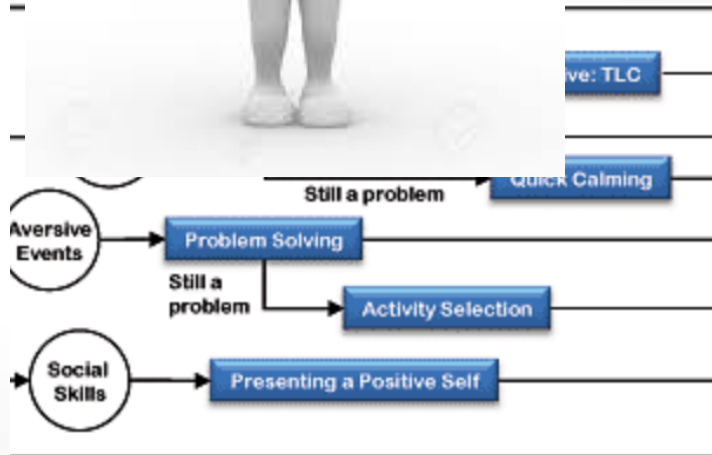
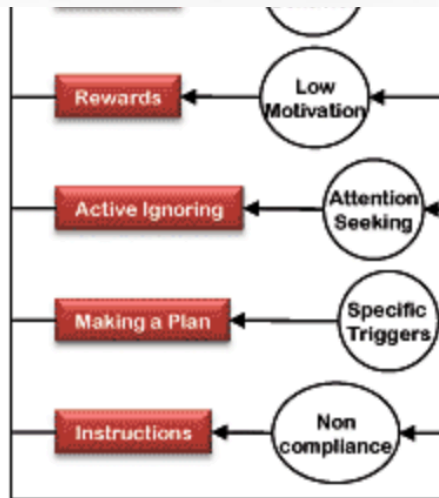
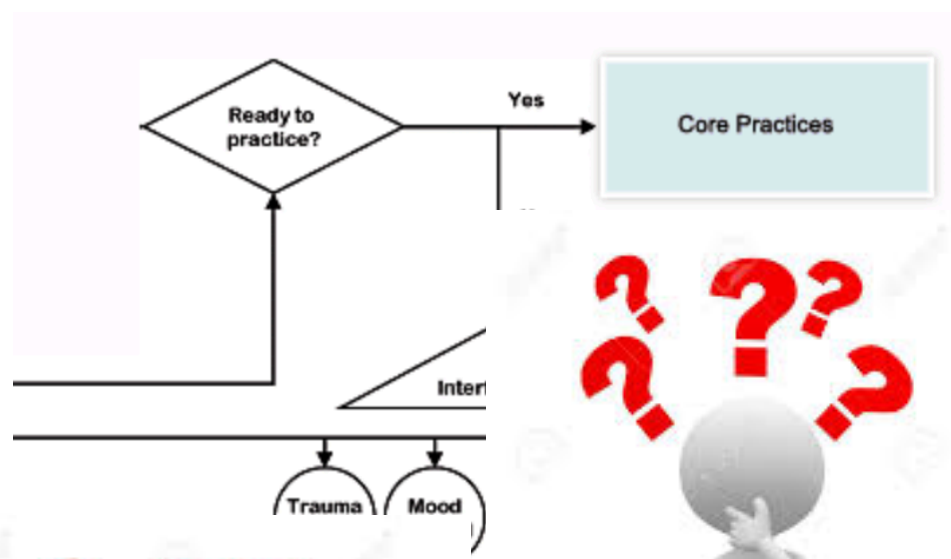
- The child will practice exposure to feared items or situations
- Over the course of several attempts, the child will show decreased ratings for these items or situations
- The child will understand the relationship between the practice performed and the decreased anxiety

Materials

- ***Fear Thermometer*** and ***Fear Ladder*** (2 unrated copies, for anxiety/trauma), ***Feelings Thermometer*** (for depression), or ***Behavior Rating Scale*** (for disruptive behavior)
- ***Practice Record*** (Start-and-Stop or Before-and-After)
- ***Practice*** parent handout

⌚ If time is tight: *Have the child practice an anxiety-provoking situation, successfully handle the anxiety produced by that situation, and experience a reduction in fear.*

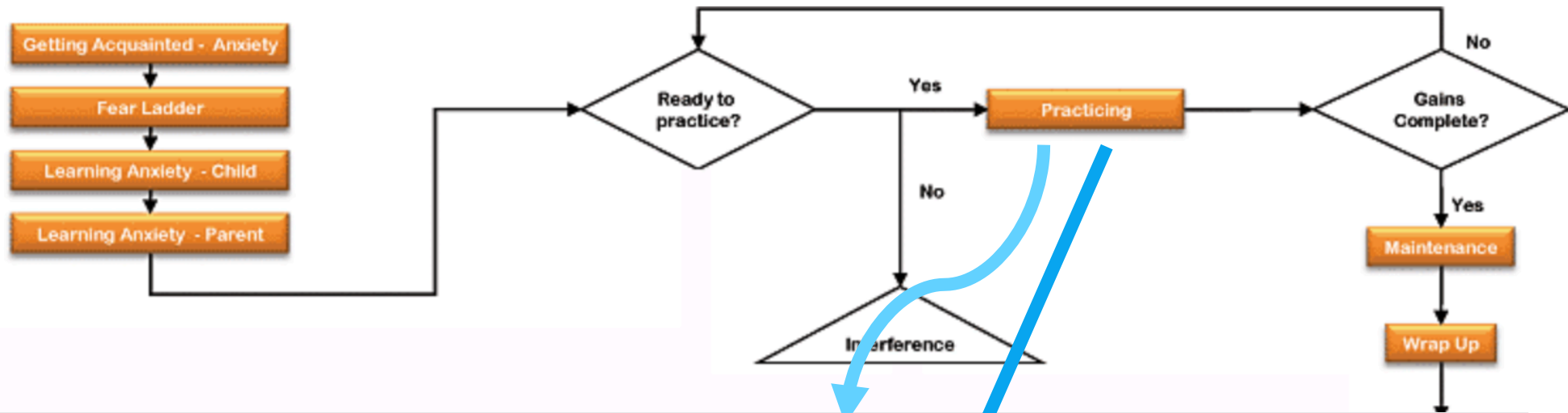
Main Steps	<i>Remember to start by setting an agenda together and reviewing any practice assignments.</i>
<input type="checkbox"/> Obtain Weekly Ratings	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <i>Fear Thermometer</i> to obtain <i>Fear Ladder</i> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <i>Feelings Thermometer</i> to take a rating. If the main focus is disruptive behavior, take a parent rating with the <i>Behavior Rating Scale</i> .
<input type="checkbox"/> Introduce Practicing	If this is the first time starting exposure practice, review with the child that this phase of treatment will involve practicing in order to build new skills for coping with anxiety. If you have covered the Learning about Anxiety Module with the child, you can tie in concepts already covered.
<input type="checkbox"/> Select an Item	Assist the child in choosing a situation from his or her <i>Fear Ladder</i> , easy ones at first, harder ones later. If the child has no <i>Fear Ladder</i> (i.e., anxiety is not the main target), pick the feared situation you currently wish to address.



Social-Emotional Evidence-based Developmental Strengths (SEEDS)

- Developed by Chad Ebesutani, Ph.D. –Chorpita’s graduate student and pilot MATCH tester
- 62 items that correspond with practice elements as opposed to functional impairment and symptomology
 - Thought skills (e.g., problem-solving, goal-setting, challenging negative thoughts)
 - Behavioral skills (e.g., activity scheduling, relaxation, facing fears)
 - Interpersonal skills (e.g., assertiveness skills, communication skills, assertiveness skills)
- “almost never, sometimes, often, very often”
- Higher scores = increased skill development
- Skills characterized as deficit, average, or strength
- Initial psychometrics from a Korean sample

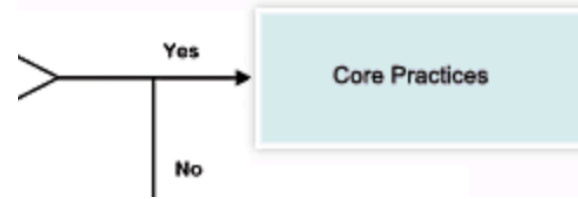
Anxiety Flow Chart



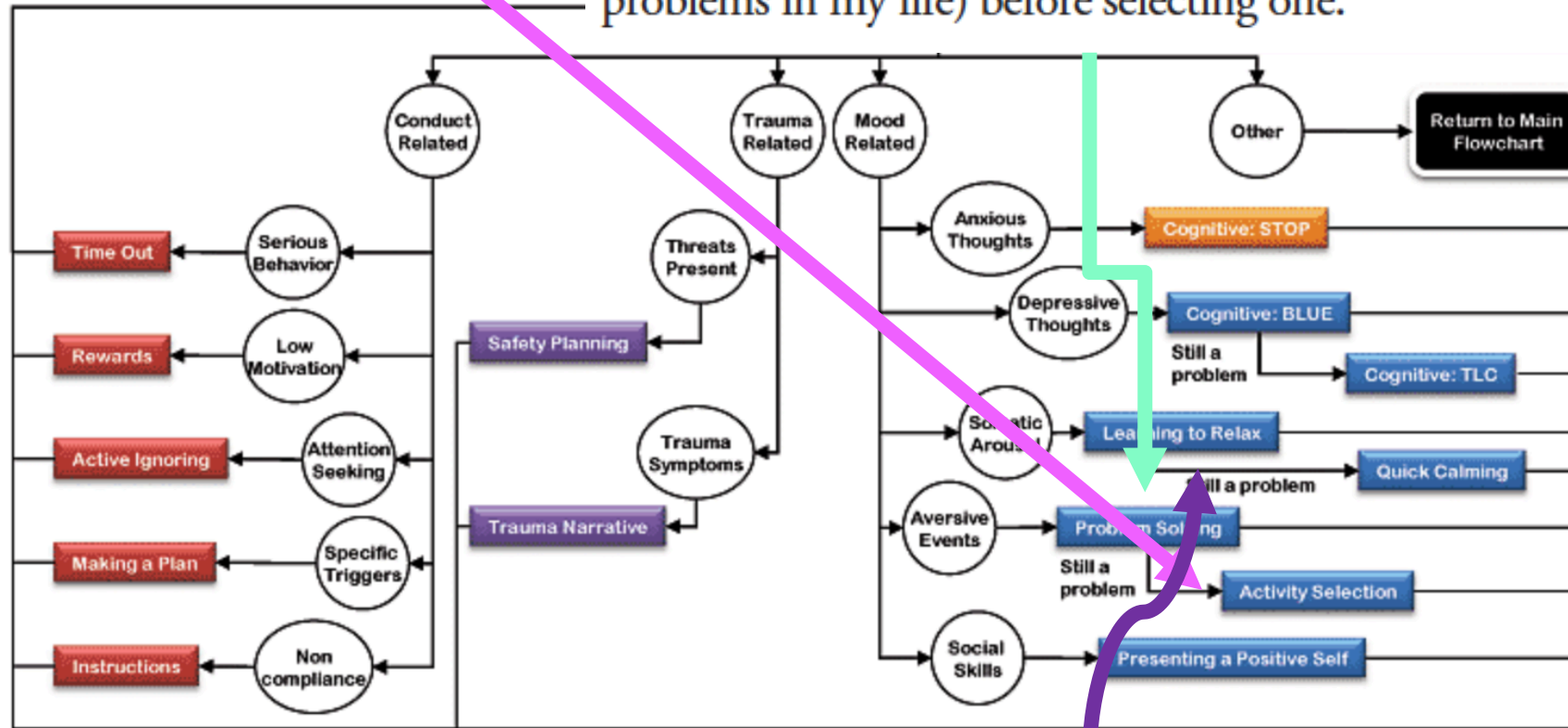
When I feel nervous or scared in a situation, I keep facing my fear and I stay in the situation until my fear goes away.

I face my fears and approach the things that scare me.

I do pleasant and fun activities in my life.



I spend time thinking about the pros and cons of the possible solutions (to the problems in my life) before selecting one.

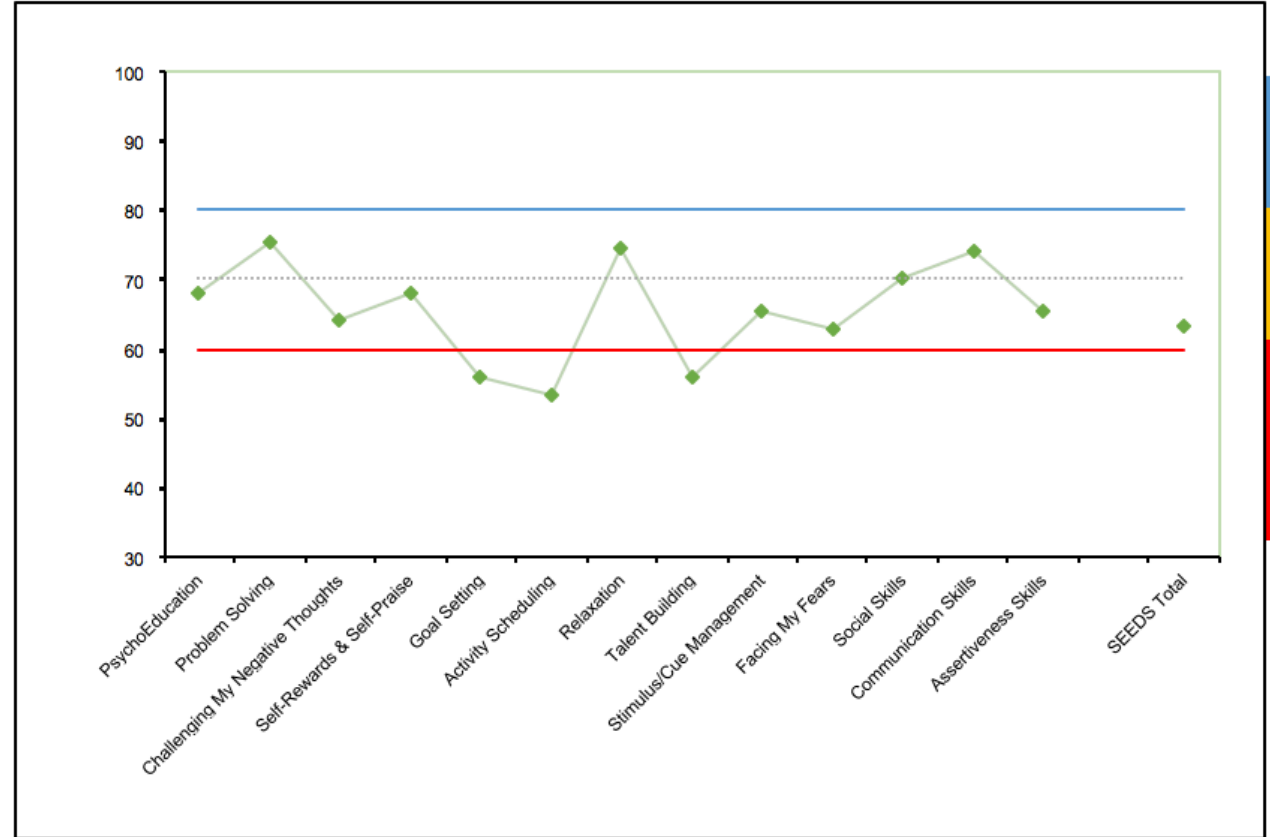


I take time during each day to calm and relax my physical body (i.e., reduce bodily tension).

Gender = boy (boy or girl)
 Grade = 9 (3 - 12 only)

SEEDS Subscales	Raw Scores	Standard Scores
PsychoEducation	8	68
Problem Solving	10	75
Challenging My Negative Thoughts	8	64
Self-Rewards & Self-Praise	5	68
Goal Setting	3	56
Activity Scheduling	4	53
Relaxation	6	75
Talent Building	4	56
Stimulus/Cue Management	5	66
Facing My Fears	4	63
Social Skills	10	70
Communication Skills	11	74
Assertiveness Skills	5	66
SEEDS Total	83	63

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Needs for evidence-based services

Anxiety – prevalence, treatment

Value of prevention services, particularly in group format

Modularity treatment – MATCH history at UH CCBT

Recently developed quantifiable assessment of practice elements – SEEDS – for data-driven decision-making



MCBT-g



Recruitment Efforts

- ❖ School counselors input
- ❖ Student presentations by UH-CCBT
- ❖ 2-part screening process:
 - ❖ Revised Child Anxiety and Depression Scale (RCADS)
 - ❖ Top Problems
 - ❖ Fear of Negative Evaluation
 - ❖ Fear of Positive Evaluation
 - ❖ SEEDS
 - ❖ Perfectionism
 - ❖ Behavior Intervention Monitoring Assessment System (BIMAS)

Participants

Inclusionary Criteria:

- Elevated anxiety or anxiety-related impairment on one or more measures
- Willingness & commitment to participate in weekly group sessions and complete weekly data tracking

Exclusionary Criteria:

- Severe mental illness, suicidal/homicidal ideation, Autism Spectrum Disorder (ASD)/Pervasive Developmental Disorder, substance use disorder

6 students

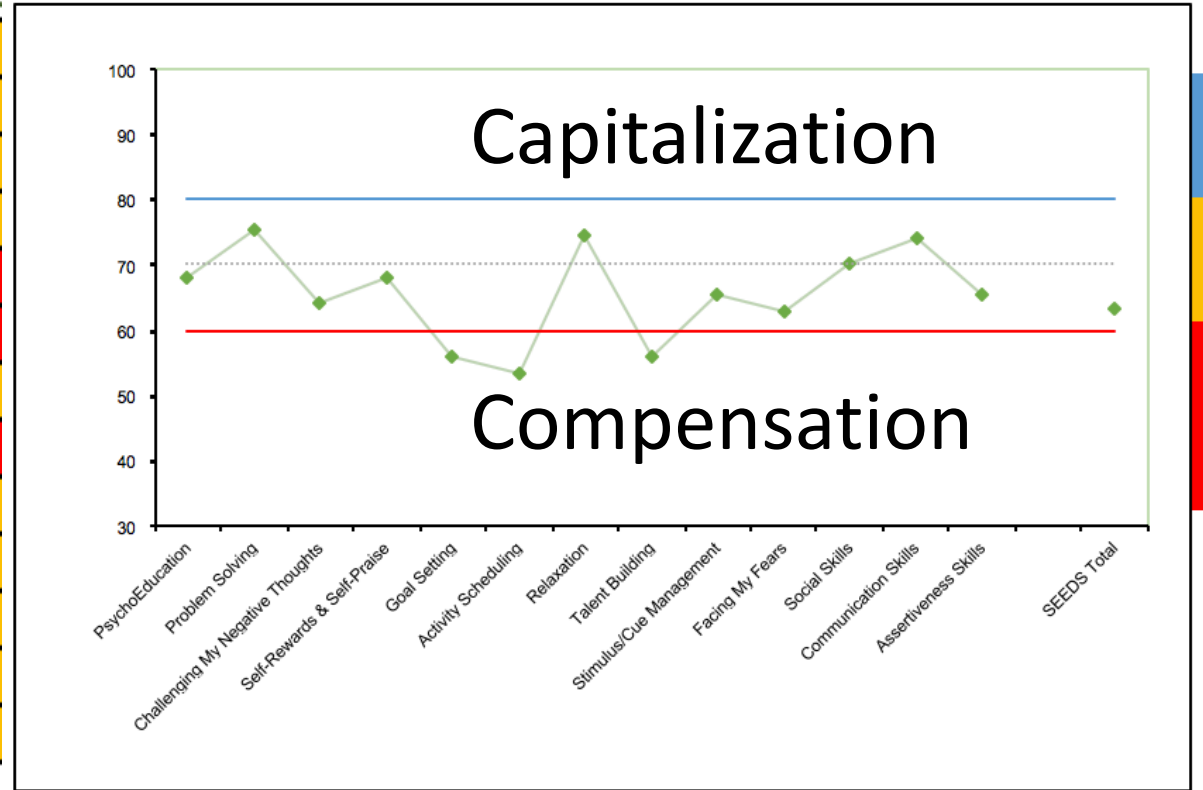
- 5 females, 1 male
- Diverse ethnicities
- 9th & 11th graders

Treatment Design

- MATCH anxiety flow chart
- SEEDS pre-intervention results
- Tailored practitioner modules for a group context

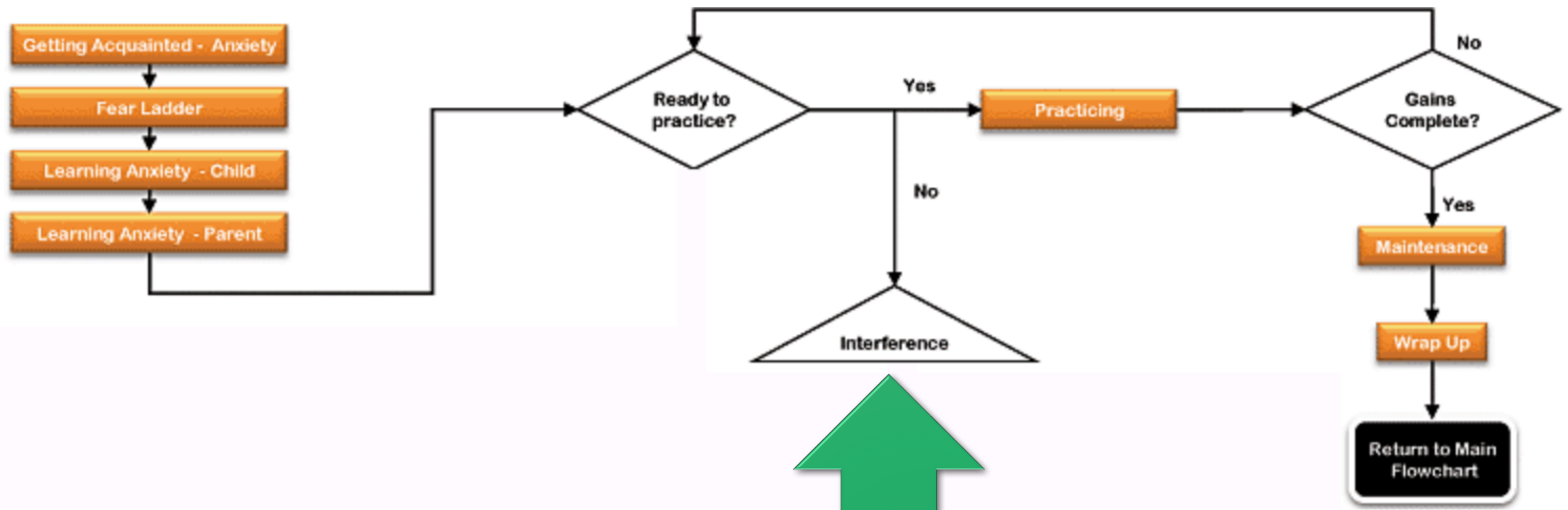
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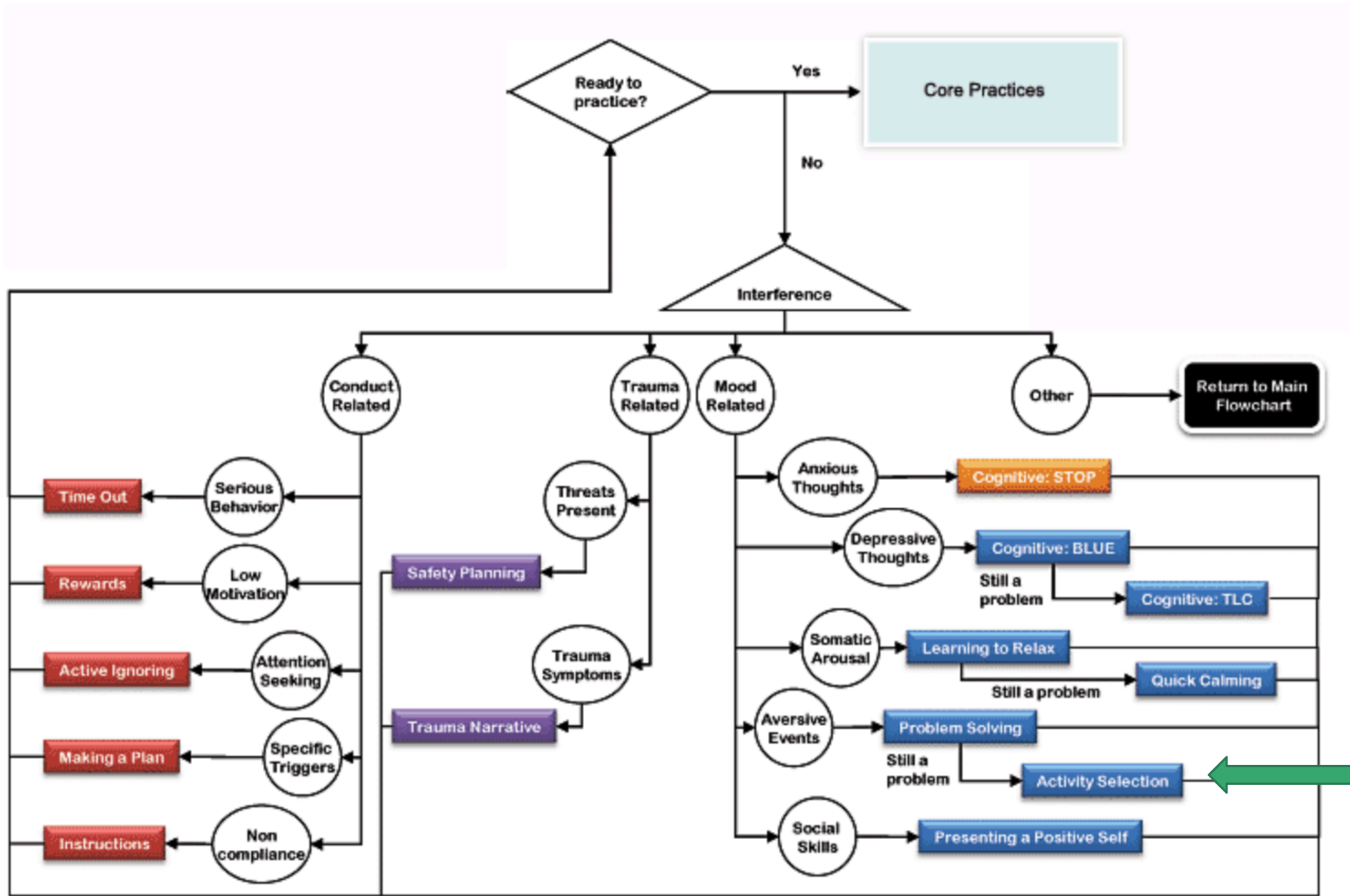
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Intervention Format

Anxiety Flow Chart



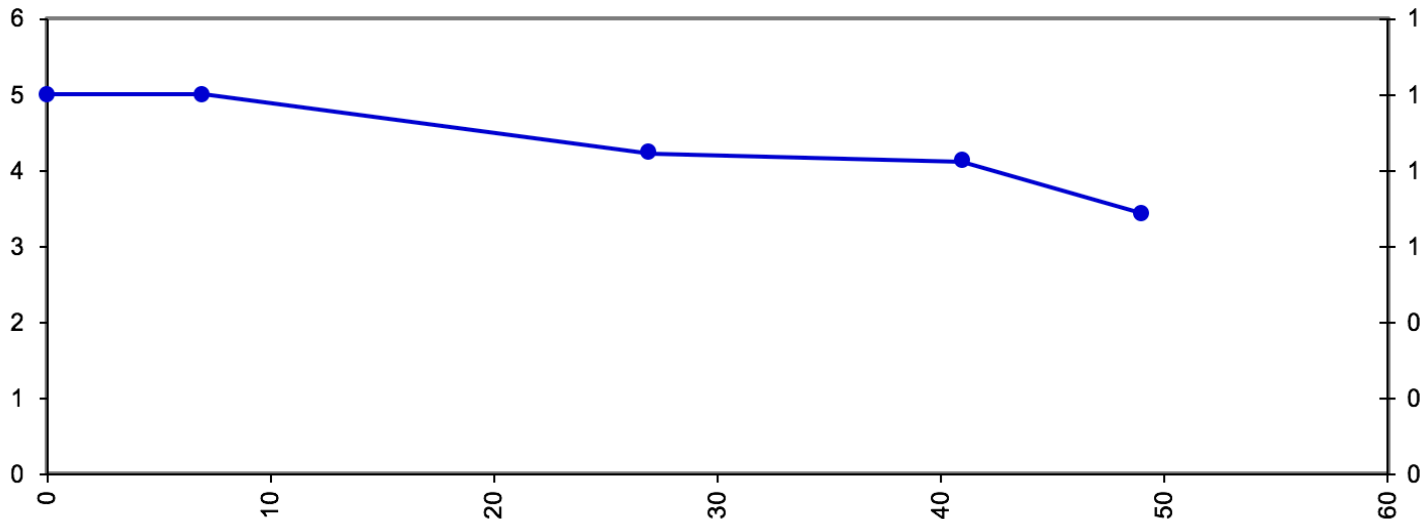


Intervention Format

- ❖ 1 hour weekly sessions
- ❖ Session 1: Introduction & Rapport Building
- ❖ Session 2: Fear Ladder
- ❖ Session 3 & 4: Learning about Anxiety
- ❖ Session 5 & 6: Activity Scheduling **SEEDS data-driven decision-making**
- ❖ Session 7 – 9: Practice/Exposure
- ❖ Session 10: Wrap-up

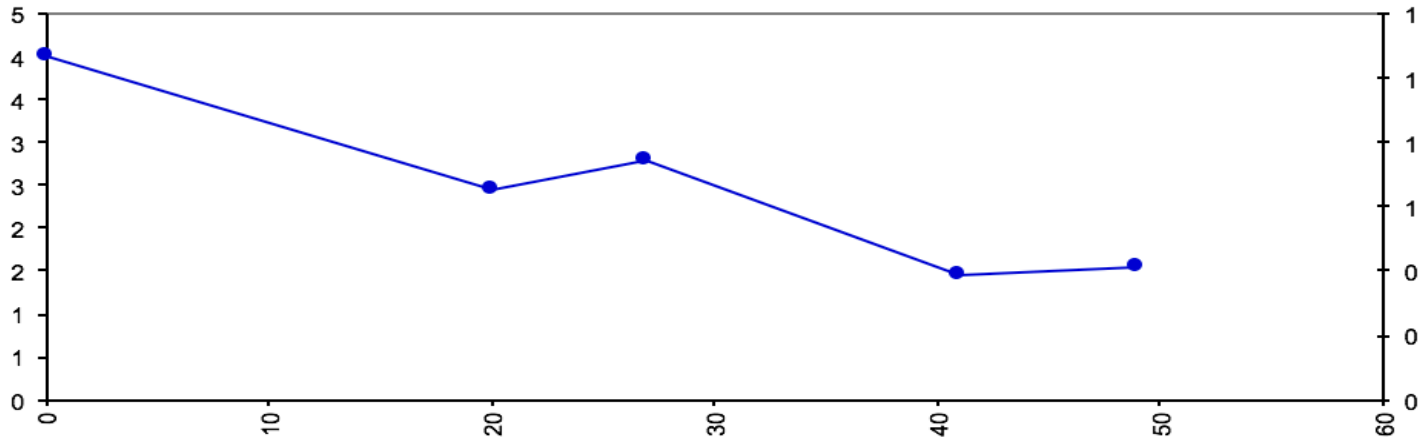
Results – Fear Ladder

Progress Measures:
Left Scale
Average Fear Item Ratings



Right Scale

Progress Measures:
Left Scale
Average Fear Item Ratings



Right Scale

RCADS

Scale	Pre-MCBT-g T-Score Mean	Post-MBCT-g T-Score Mean	Difference
Separation Anxiety	54.2	54.2	0
Generalized Anxiety	46	42.4	-3.6
Panic	50.3	49.2	-1.1
Social Phobia	49.7	44.4	-5.3
Obsessions/Compulsions	43.7	42.6	-1.1
Depression	49.2	45.8	-3.4
Total Anxiety	48.3	44.6	-3.7
Total Anxiety & Depression	48.5	44.8	-3

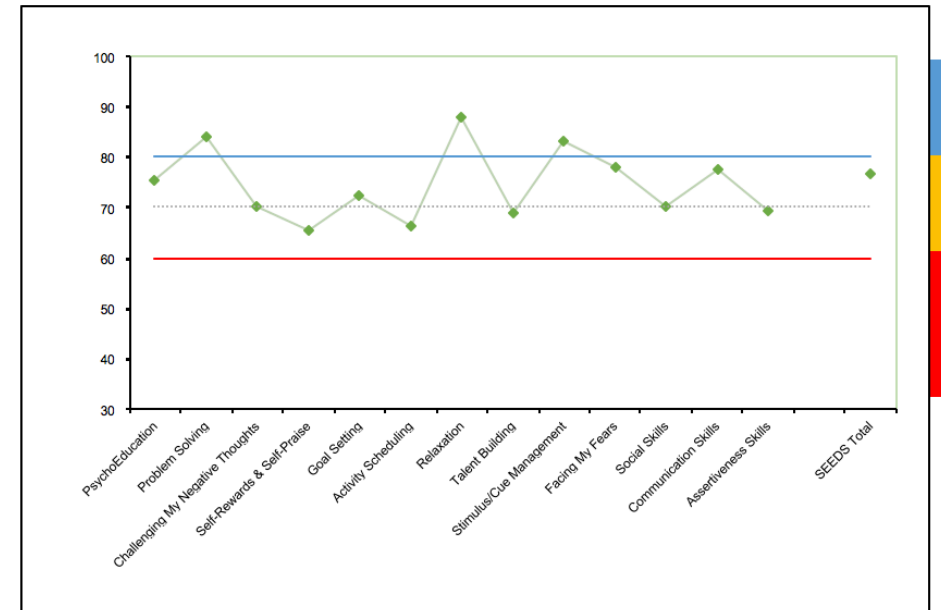
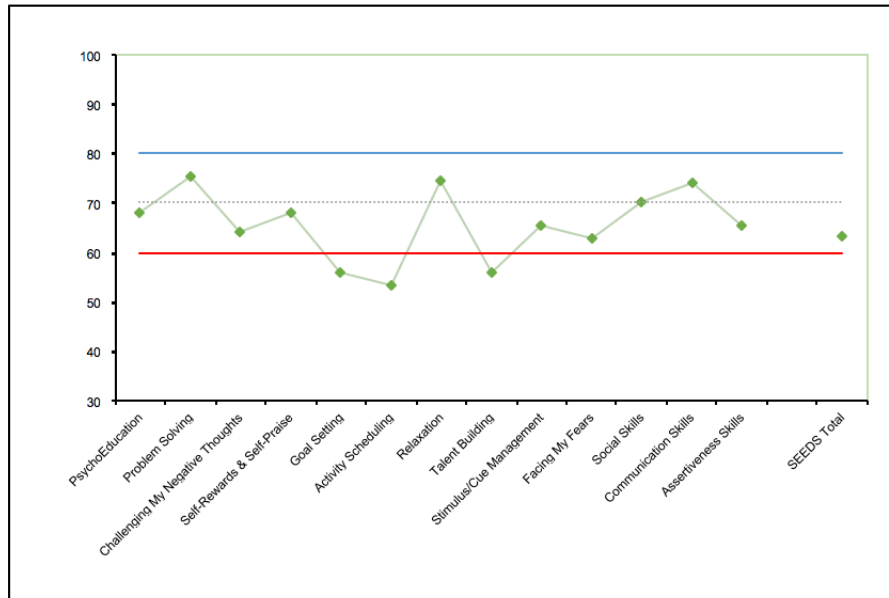
SEEDS – Individual Profile

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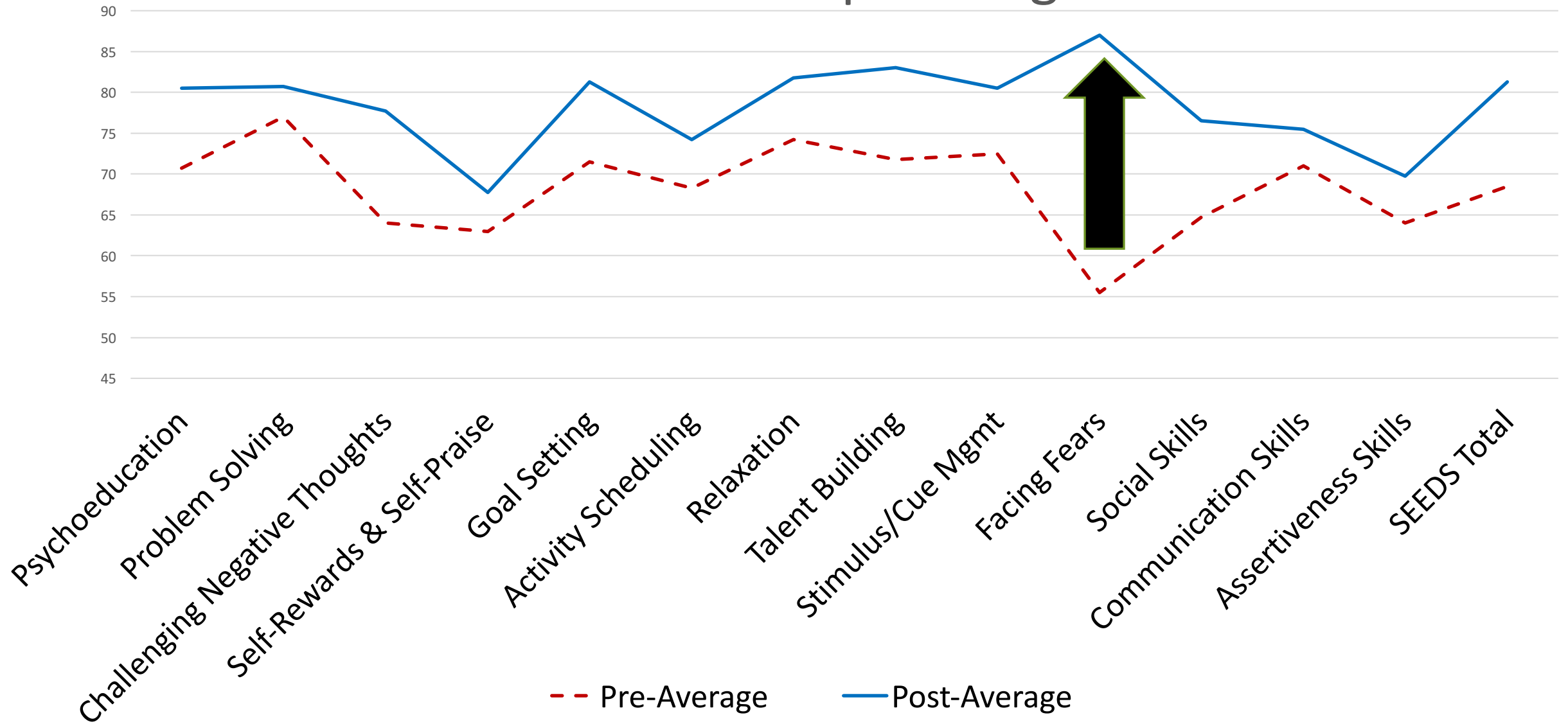
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SEEDS Subscales	Raw Scores	Standard Scores
Gender =	boy	(boy or girl)
Grade =	9	(3 - 12 only)
PsychoEducation	10	75
Problem Solving	13	84
Challenging My Negative Thoughts	10	70
Self-Rewards & Self-Praise	4	65
Goal Setting	9	72
Activity Scheduling	8	66
Relaxation	10	88
Talent Building	8	69
Stimulus/Cue Management	9	83
Facing My Fears	10	78
Social Skills	10	70
Communication Skills	12	77
Assertiveness Skills	6	69
SEEDS Total	119	76



SEEDS Group Average



Lessons Learned

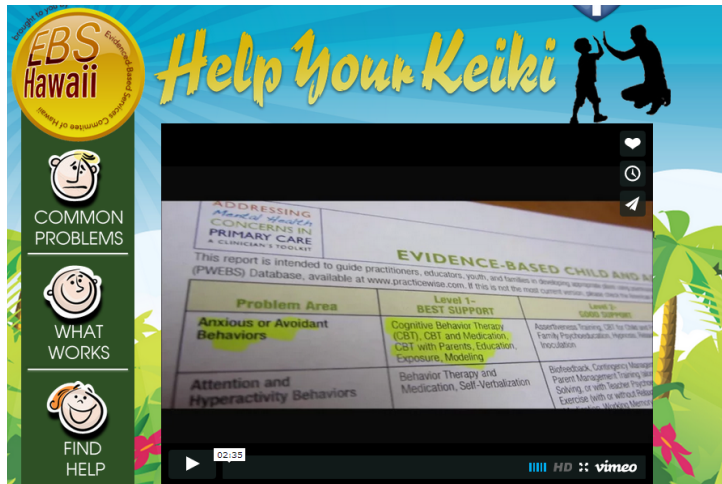
- Dissemination & Implementation Efforts
 - Training
 - Presence & Participation
 - Future groups
- Multimodal recruitment was helpful... but barriers existed
 - Small subject pool
 - Consent process

Lessons Learned

- Data-driven decision-making!
 - Participant selection process! SEEDS! Outcomes!
- Modularity appears feasible and beneficial when delivered in a group setting
- Adaptations of session content to maximize efficacy for group
 - Use the group to your advantage!
 - Content was not delivered in specific order → flexibility and customization to the group (e.g., role plays)
- SMH service level integration to effectively utilize resources (e.g., staff, time) and possibly maximize the consumers' experience

Mahalo!

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