

Evidence-based Treatment Services in Schools: What's Possible?

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HEALTH

Questions

- **What are the evidence-based treatments for children?**
- **How can they be implemented in schools?**
- **What special issues emerge when working in schools?**

What are EBT's for children?

- **Studies and literature lags behind adult treatment literature, so answers are not always clear.**
 - **Just because its standard practice, does not mean its been shown to be effective**
 - **Published studies, reviews, expert consensus guidelines should be reviewed**
- **Studies and literature on immigrant and refugee children is especially lacking**
 - **Something that works in average American student might not work in your group**
 - **Published studies, reviews, expert consensus won't get you much farther**

EBT Depends on the Type of Problem

- **Many different manuals / models exist, but they often contain similar core elements**
- **Cognitive-behavioral approaches are effective for treatment of child/adolescent**
 - **Depression**
 - **Anxiety / PTSD**
 - **Behavioral problems (often involves parent)**
- **Medication is effective for child/adolescent**
 - **Depression**
 - **Anxiety / PTSD**
- **Several approaches have been shown to be effective for adolescent substance use (residential treatment programs)**

How do you identify who needs an EBT?

- **Screen students**
 - **Consent for screening**
 - **What measures to use?**
 - **Are they valid in your immigrant/refugee group?**

- **Wait until they come to your attention (parent, teacher referral)**
 - **Miss the quiet ones, anxious and depressed**
 - **Over-identify behavior problems**
 - **Can staff identify kids in need from within your immigrant/refugee group?**

How can EBT's be implemented in schools?

Option 1: Design a referral mechanism and linkage with a mental health center

This is the typical design for treatment in schools

Problems include:

- Multiple barriers to getting care in a specialty setting**
- Is the mental health center delivering EBT?**
 - Do not assume this is the case!**
- Does the mental health center have cultural and linguistic competence to serve your group?**

How can EBT's be implemented in schools?

Option 2: Bring mental health clinicians into the schools

This is the a growing model, overcomes some barriers to getting to a specialty clinic

- Transportation**
- Stigma**
- Parent motivation**
- Payment/insurance issues**

Problems include:

- Space**
- Confidentiality**
- Billing**

How can EBT's be implemented in schools?

Option 3: A program just for schools

For most problems, programs tend to be on the prevention/early intervention end of the continuum

For trauma exposure, for instance, a thorough review of the literature reveals at least 30 programs designed for schools

- Range from from prevention to treatment**
- For long-term recovery from trauma**
- Majority use cognitive-behavioral skills**
- Only 5 have been evaluated in any kind of controlled trial**
 - CBITS, Multi-Modality Trauma Treatment, UCLA Trauma/Grief Program, Overcoming the Threat of Terrorism, and Classroom Based Intervention**

What are their characteristics?

- **Brief, time-limited group activities for students**
- **Average 8-20 group sessions**
- **Some have components for parents or teachers**
- **Focus on symptom reduction and skill-building**
 - **Anxiety management**
 - **Resolution of trauma (narrative)**
 - **Peer support**
 - **Cognitive skills**
- **Run by mental health professional in most cases**
 - **1 program run by teacher**
 - **Adaptation of CBITS for teachers is underway**

What special issues emerge when working in schools?

- **School Culture**
 - Each school has its own, and there can be sub-cultures within each school
- **Academic pressures**
 - Pressures on schools for achievement, testing makes attention to mental health difficult
- **Confidentiality**
 - School personnel and clinicians have different ideas about confidentiality

What special issues emerge when working in schools?

- **Stigma**
 - Services need to be named, designed, run in order to minimize stigma
- **Space, time, logistical constraints**
 - No degree of planning can prevent the need for flexibility and trouble shooting on a daily basis
- **School calendar**
 - Can dictate timing and availability of services