



OVERCOMING BARRIERS AND LEVERAGING OPPORTUNITIES IN SCHOOL-BASED CBT

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Learning Objectives:



SUMMARIZE THE RESEARCH EVIDENCE
SUPPORTING BRIEF CBT INTERVENTIONS IN
SCHOOL SETTINGS



EXPLAIN THE STRATEGIC ADVANTAGES OF
IMPLEMENTING CBT WITHIN EDUCATIONAL
ENVIRONMENTS TO EXPAND ACCESS AND
IMPACT



IDENTIFY AND APPLY PRACTICAL STRATEGIES TO
ADDRESS COMMON IMPLEMENTATION
CHALLENGES IN SCHOOL-BASED CBT THROUGH
COLLABORATIVE PROBLEM-SOLVING



A Little About Me:

Faculty University of Washington School of Social Work

Rachel (she/her) is a licensed clinical social worker with 20+ years of clinical experience in schools, community mental health settings, and out-of-district placements for students with significant mental health needs. Rachel is involved in a variety of projects aimed at improving children's access to quality mental health services in the communities in which they live. Rachel provides consultation to schools, teaches children's mental health courses at the UW School of Social Work, and supports the professional development of the next generation of mental health practitioners.



About the UW SMART Center

A national leader in developing and supporting implementation of evidence-based practices (EBPs) in schools, including prevention, early intervention, and intensive supports.

- Research & Evaluation
- Training and Technical Assistance
- Workforce Development
- Policy Advocacy



The overarching mission of the School Mental Health Assessment, Research, and Training (SMART) Center is to promote high-quality, culturally-responsive programs, practices, and policies to meet the full range of social, emotional, and behavioral (SEB) needs of students in both general and special education contexts.



School-Based Mental Health Services

Issue of Equitable Access



Youth MH Crisis in Washington State

- Twenty percent of Washington adolescents 12-17 have a major depressive episode each year compared to 16% nationally (SAMHSA, 2021)
- Washington's Healthy Youth Survey data show one in 10 students in 8th, 10th and 12th grades attempted suicide in the past year, while four in ten students in the 10th and 12th grades felt so sad and hopeless that they stopped doing their usual activities (WA State Health Care Authority, 2022).
- Washington ranks 9th in chronic absenteeism (WSIP, 2025)

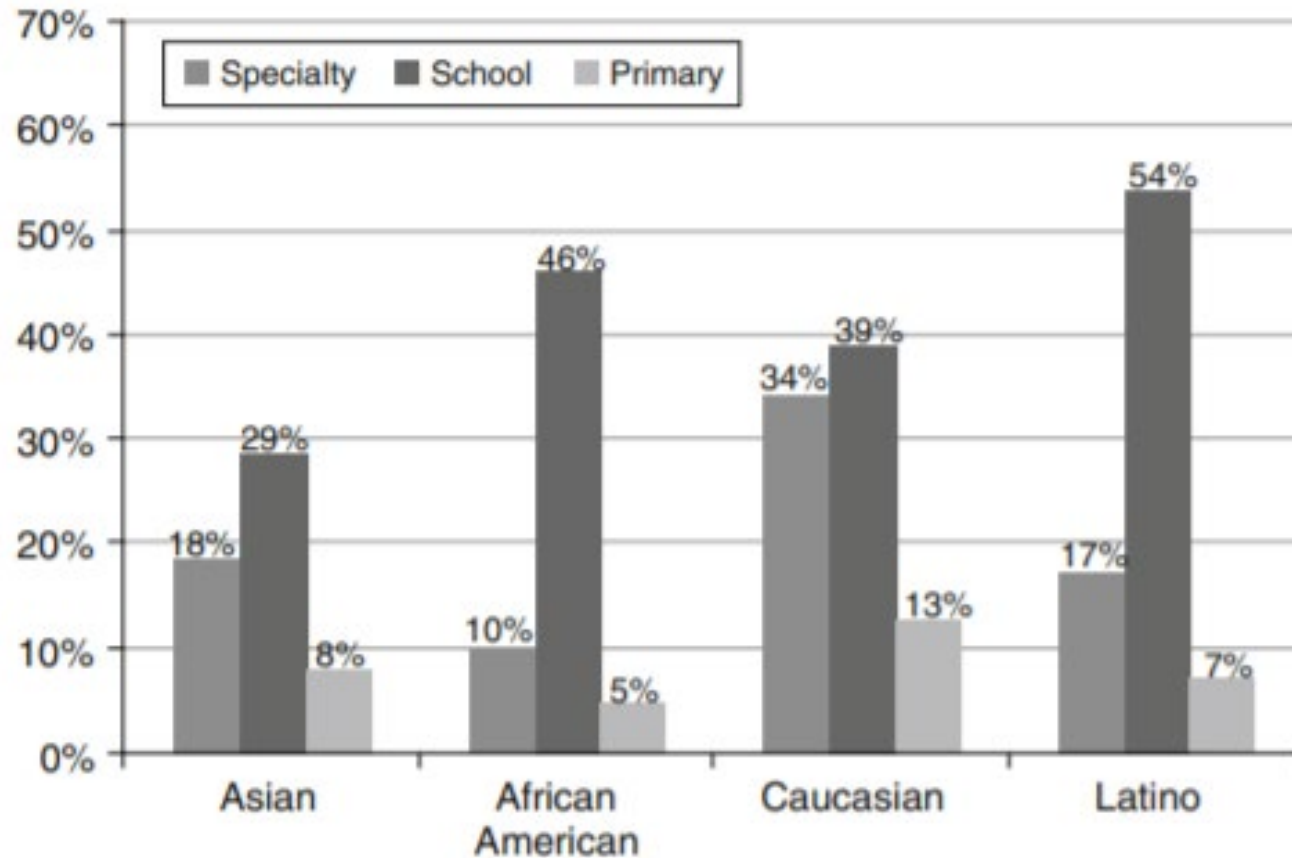


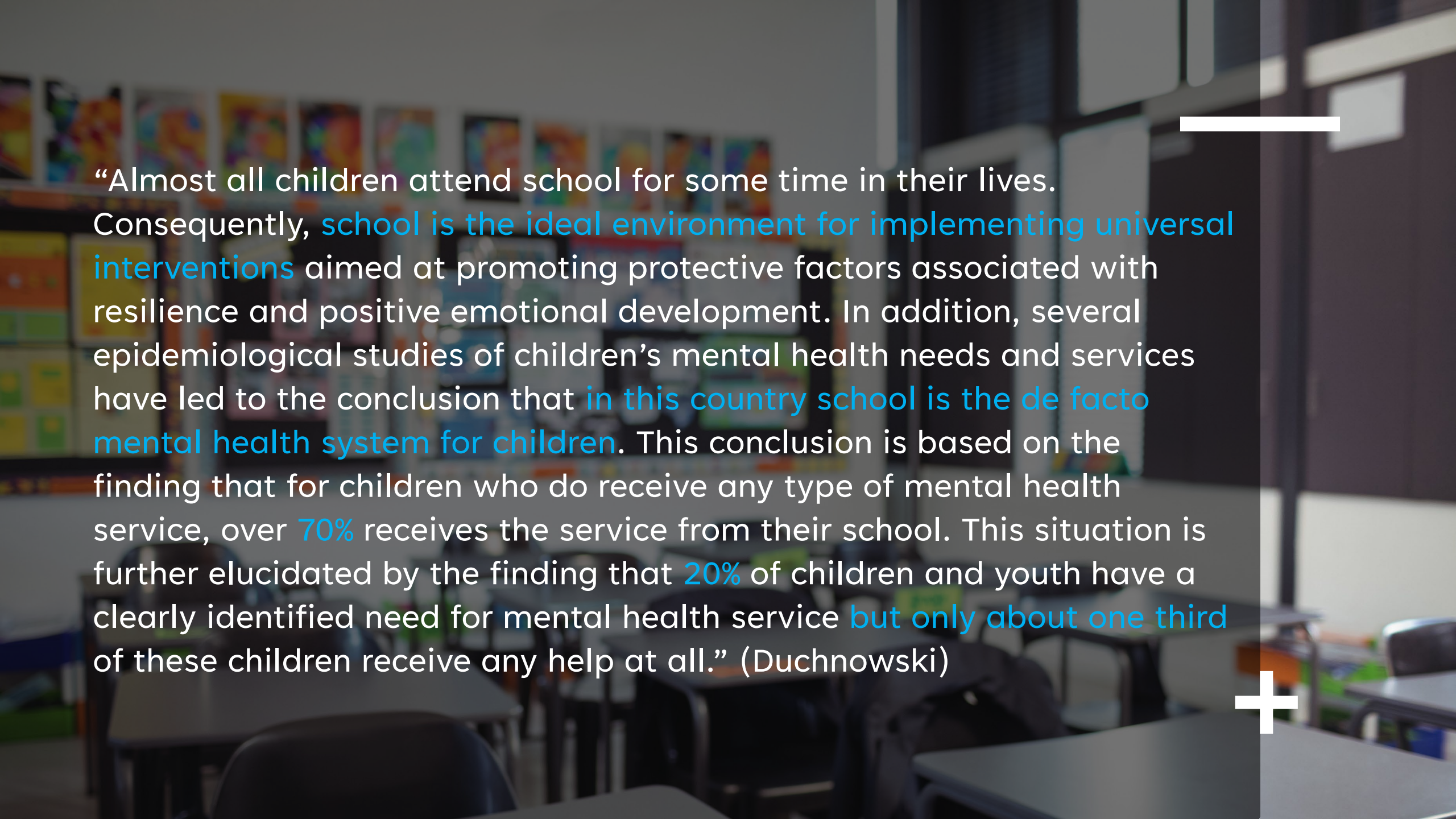
Where and When are Youth Most Likely to Access Mental Health Services?

- There is an 11 year gap between onset of symptoms and treatment of mental health disorders (Wang et. al., 2004)
- Youth are more likely to access mental health services from SCHOOL than any other setting (Duong et al., 2020)
- Research shows that school mental health services can close gaps in access for underserved and marginalized populations (Lyon et al., 2013)



Parent Reported Youth Access to Mental Health Services by Setting and Race





“Almost all children attend school for some time in their lives. Consequently, **school is the ideal environment for implementing universal interventions** aimed at promoting protective factors associated with resilience and positive emotional development. In addition, several epidemiological studies of children’s mental health needs and services have led to the conclusion that **in this country school is the de facto mental health system for children**. This conclusion is based on the finding that for children who do receive any type of mental health service, over **70%** receives the service from their school. This situation is further elucidated by the finding that **20%** of children and youth have a clearly identified need for mental health service **but only about one third** of these children receive any help at all.” (Duchnowski)



CBT in Schools

What Does the Research Say?

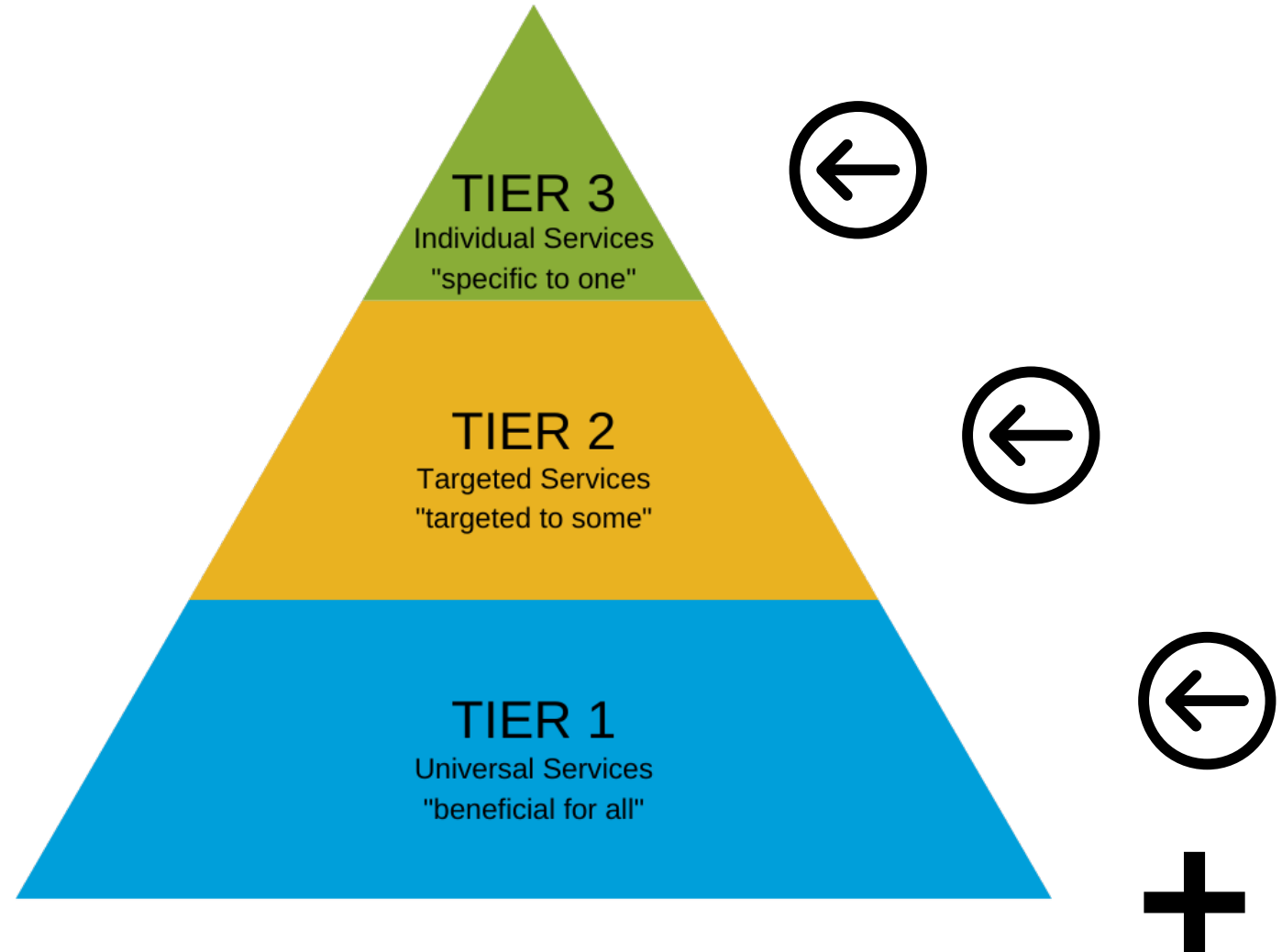


Multi-Tiered Systems of Support (MTSS)

“Multi-Tiered System of Supports (MTSS) is a framework for enhancing the implementation of evidence-based practices to achieve important outcomes for every student.

The MTSS framework builds on a public health approach that focuses on organizing the efforts of adults within systems to be more effective.

MTSS helps to ensure students benefit from nurturing environments and equitable access to instruction and supports that are differentiated to meet their unique needs.”
(OSPI)



How Effective is CBT in Schools?

It's not enough to have only *access* to mental health services. We also want to ensure Washington students have access to *effective* mental health services.

Moderate effects for anxiety and smaller but significant effects for depression in school-delivered CBT programs (Mychailyszyn et al., 2012)

Delivery of school-based CBT for social anxiety allows increased in vivo exposures and group treatment (Ryan 2012)

CBT for trauma (CBITS, TFCBT) delivered at school has been shown to be effective in numerous studies with diverse youth (NCTSN)

A review of 43 studies found that school-based services are effective at decreasing mental health problems. Group (Tier 2) and individualized (Tier 3) services have been particularly successful (Sanchez et al., 2017).



Overcoming Barriers

Common Hurdles to Effective School-Based CBT



Common Hurdles to Successful Implementation of School-Based CBT

- Access to caregivers for core components of CBT
- How much/what information to share with school personnel
- Brief sessions/missing class
- Fear of dysregulating student and then sending them back to class.



A woman with long dark hair, wearing a bright yellow coat over a dark top, is seated and looking towards an elderly woman. The elderly woman, with short white hair and wearing a white shirt, is seen from the back/side, looking towards the younger woman. They appear to be in a home setting, possibly a living room, with a white shelf and a window in the background. A semi-transparent dark grey box is overlaid on the bottom half of the image, containing text and a white plus sign.

Lack of Access to Caregivers for Core Components of CBT

Why is this a common problem? And why is it one we need to address?





FERPA/HIPPA: How Much/ What Information to Share with School Personnel

Why is this a common problem?
And why is it one we need to address?





Timing of Session: Sessions Are Too Brief/ Staff Are Concerned Student is Missing Too Much Class

Why is this a common problem?

And why is it one we need to address?

A woman with curly hair, wearing a pink button-down shirt and light-colored pants, sits in a red office chair. She is looking towards a student who is sitting on the floor with their back to the camera. The student is wearing a green long-sleeved shirt and has their hand to their face. They are in an office or classroom setting with a desk, computer monitor, and bulletin board in the background. A semi-transparent dark grey box is overlaid on the image, containing white text. A white plus sign is on the right side of the box.

Therapy During a School Day: Fear of Dysregulating Student and Sending Them Back to Class

Why is this a common problem?

And why is it one we need to address?

Small Group Brainstorms



You will be randomly assigned to a breakout room and given 15 minutes to do your best problem-solving around your assigned hurdle.



Prepare to share back with the larger group when you return.



Document your ideas on the shared google doc.



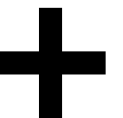
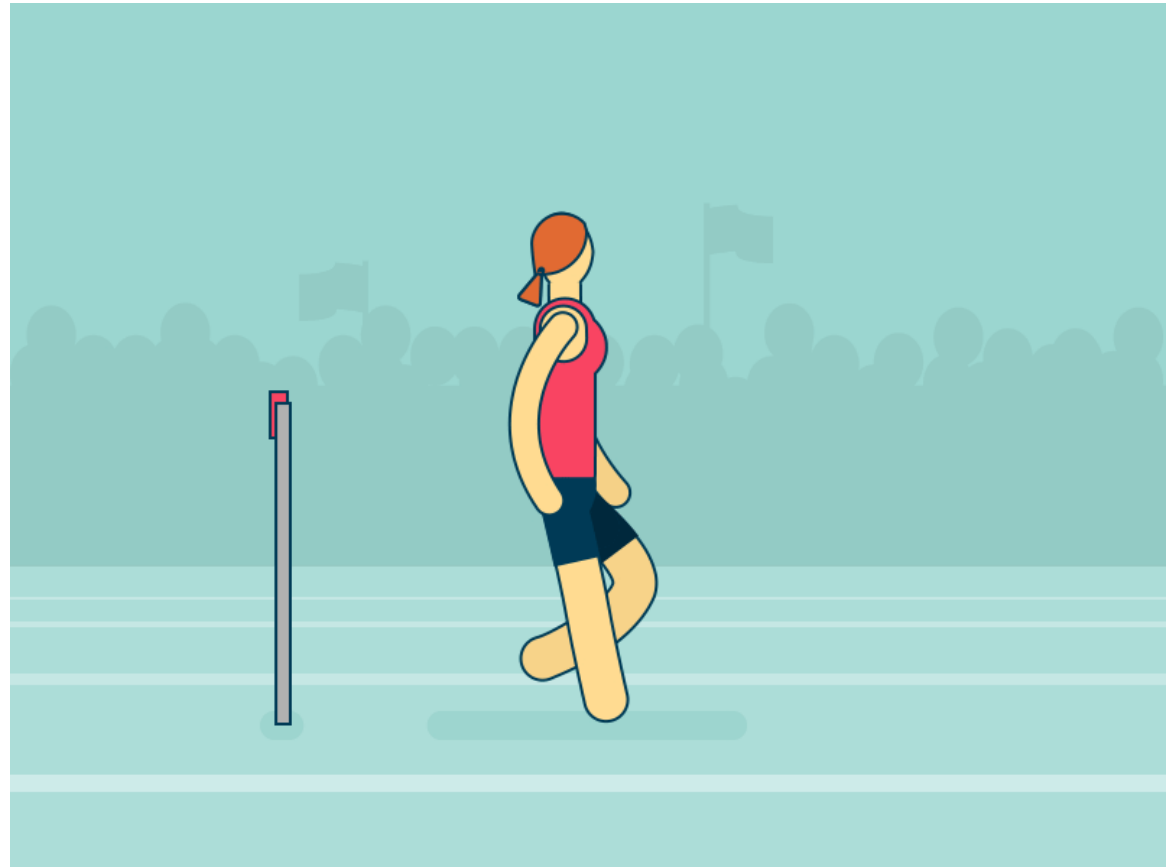
Lack of Access to Caregivers for Core Components of CBT

– Group share out



FERPA/HIPPA:
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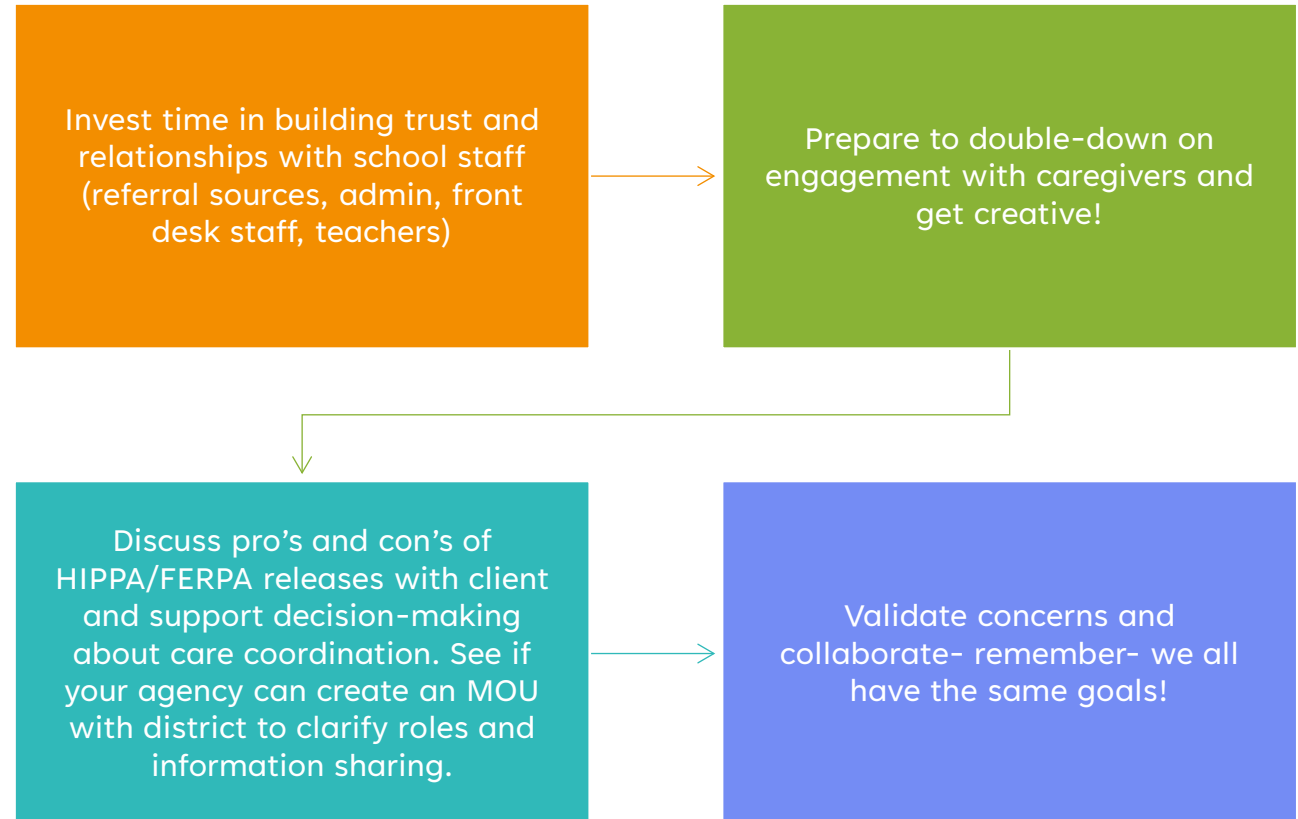
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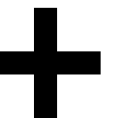


When Faced with Barriers and Hurdles to Providing CBT in Schools:



If I had time/unlimited funding/a magic wand:

- We'd all be providing services within an 'Interconnected Systems Framework'
- This is a fancy way of saying community behavioral health clinicians become ***embedded*** members of school teams and can provide services across tiers.
- This takes money and an MOU- but it is possible!





Questions?

