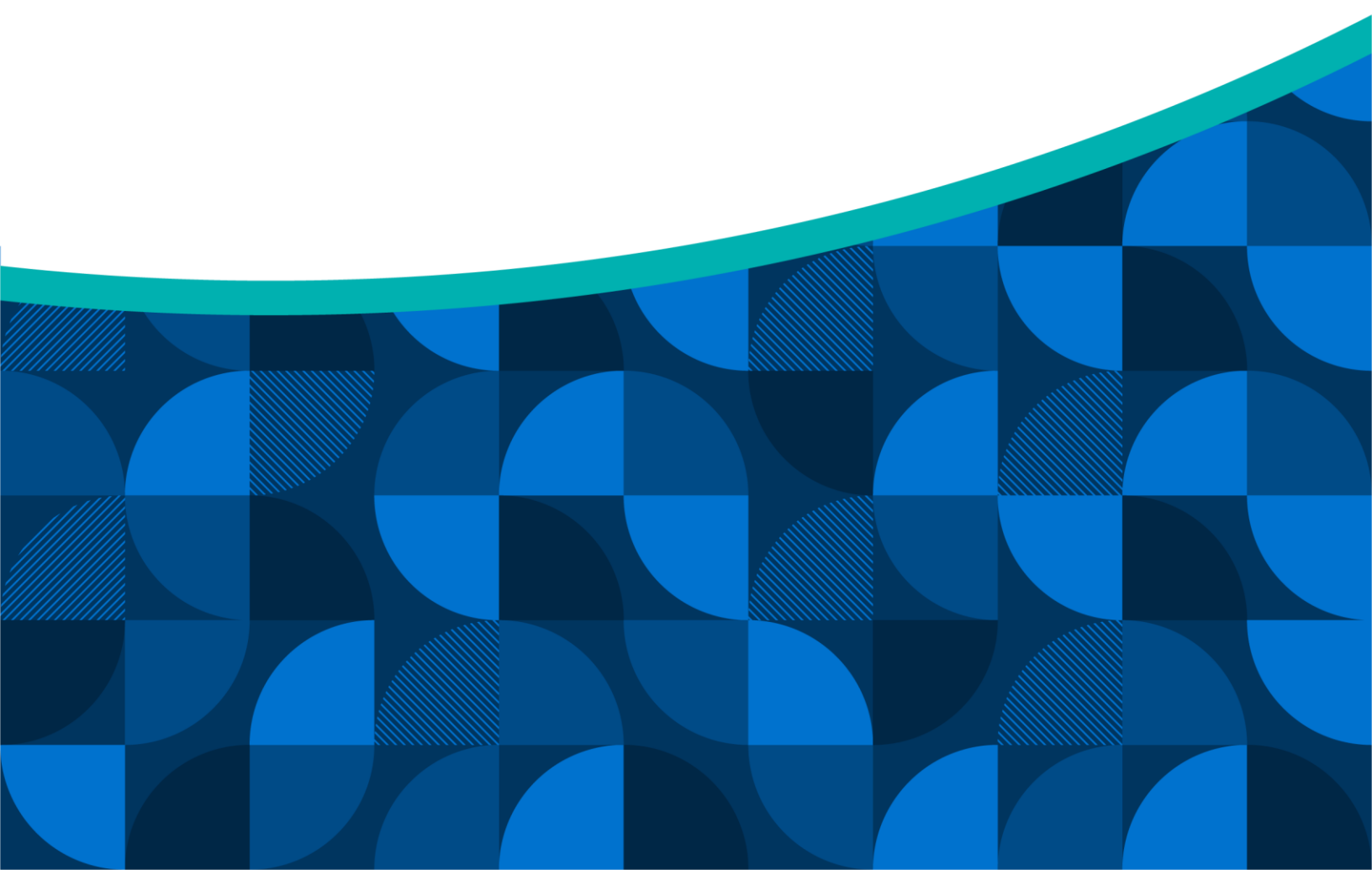




DISTRICT LEADERSHIP FORUM

Student Support Playbook: Guide to Group Cognitive Behavioral Therapy

Quick Reference Guide on Providing Mental
Health Support to K-12 Students at Scale





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Ensure Student Access to Interventions & Clinical Care

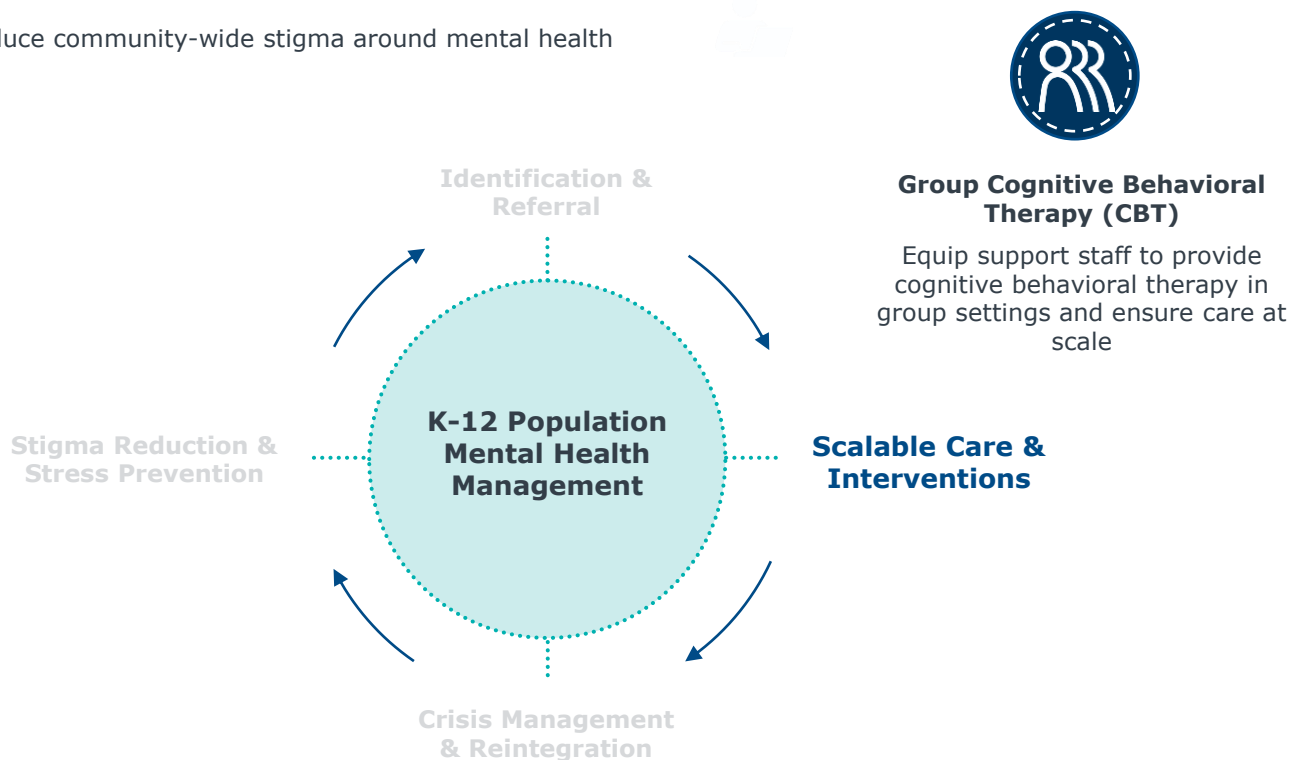
Many students referred to counselors are in need of intensive, 1:1 therapeutic care, but this consistently leads to unmanageable case loads for school support staff. Studies have proven that group-based therapeutic interventions—such as Group Cognitive Behavioral Therapy (CBT)—are highly effective practices that can enable schools to meet the needs of a greater number of students.

However, Group CBT is rarely utilized in schools and is viewed as less effective than 1:1 therapy, despite clear evidence that it is effective in reducing symptoms of anxiety and depression in many students. Leading districts are working with counselors and school psychologists to address these assumptions and provide them training to implement structured group therapy programs in their schools.

By embracing group therapeutics schools can provide a far greater number of students with access to the supports they need, while reducing strain on counselors and future costs for the district. The following resources will guide your district's adoption of these important programs.

This resource is adapted from [EAB's research on Meeting the Unprecedented Demand for Mental Health Care in Schools](#), which provides actionable frameworks to help district leaders:

1. Proactively identify students in need of support
2. Scale access to evidence-based interventions and clinical care
3. Support students in crisis from referral to resolution
4. Reduce community-wide stigma around mental health



Group Cognitive Behavioral Therapy

Provide Therapy at Scale with Group CBT



What Is Group Cognitive Behavioral Therapy (CBT)?

Cognitive Behavioral Therapy has been described as the “gold standard” for reducing moderate to severe symptoms of anxiety and depression. While often administered as an individual treatment, CBT has also been proven to be highly effective in group settings.

Why Adopt Group Cognitive Behavioral Therapy?

Most districts underutilize Tier II (group-based) interventions for mental health. Where they do exist, they are often limited to elementary school settings and rarely leverage evidence-based therapeutics. This is largely because school support staff perceive group therapies as inferior to individual counseling. But research has shown that Group CBT is “highly effective for the treatment of anxiety in youth [... and] requires fewer resources than individual CBT because a single therapist can treat several children at once, thus making it less expensive for use in under-resourced settings...” (Eiraldi et al., 2015)

How to Implement Group Cognitive Behavioral Therapy

1. Provide support staff with training on group therapy and CBT *[See page 5]*
2. Administer GAD-7 and PHQ-9 screeners to all students (middle and high school)
3. Identify students scoring in the moderate to severe range on each instrument
4. Interview those students to understand whether they are good candidates for group therapy
 - Criteria include: Willingness to share experiences; likelihood to keep information shared in the group confidential; ability to support others facing similar issues; and likelihood to attend each meeting punctually
5. Obtain informed consent from parents/guardians
6. Admit students to structured, 6-8 week program (no drop-in/out)
7. Screen students again for baseline data and every two weeks during program for ongoing progress monitoring
8. Hold weekly, one-hour CBT sessions throughout the program
 - Collect feedback from self-reported evaluations/check-ins
 - Use weekly feedback form to gauge efficacy of session structure and determine areas of focus for future sessions

Scale Group Therapeutics to Increase Care Capacity

Assess Support Staff Perceptions of Group Therapy & Professional Development Needs

Evidence-Based Practice Needs Assessment

- 1 *What evidence-based therapeutic groups are you currently implementing?*
- 2 *How do you rate your readiness to provide services needed to address the range of problems faced by our students?*
- 3 *What do you see as the critical areas of professional development that you need in order to deliver these services?*

Considerations for Assessment and Staff Feedback



The evidence-based therapeutic groups in place and how they align to the most commonly presented needs of students



Perceptions of the efficacy of group therapy among mental health staff



How prepared mental health staff feel to implement groups with fidelity



The main barriers staff encounter in attempting to deliver therapeutic groups to students (e.g., time, logistics)

Train Support Staff in Group Therapy and Cognitive Behavioral Therapy

Professional Development



University Partnerships



In-service Days

Leverage partnerships to provide training to all mental health staff in:

- *Cognitive Behavioral Therapy (CBT)*
- *Suicide Risk Assessment*
- *Treatment Planning*
- *Using Psychosocial and Educational Data to Monitor Interventions*



Increased Capacity



Structural Efficiencies

Reassign counselors across schools to decrease student transitions between mental health staff [See page 6 for template to calculate demand for services and reallocation]

Reduce administrative duties unrelated to the role (e.g., testing coordination)



Community Partnerships

Create formal agreements with community-based mental health agencies

- Increased mental health staff available to students by 15% at case study district
- Target scheduling and referrals around days, times community providers had excess capacity

Calculator Template for Service Allocation

How to Calculate Projected Demand for Mental Health Services

Category	School A	School B	School C
District			
School			
Enrollment			
FRL			
FRL Raw			
FRL Prop			
HYSCAU			
HYSCAU Raw			
HYSCAU Pro			
HYSCMU			
HYSCMU Raw			
HYSCMU Prop			
HYSD			
HYSD Raw			
HYSD Prop			
HYSCS			
HYSCS Raw			
HYCS Prop			
HYSW			
HYSW Raw			
HYSW Prop			
HYSI			
HYSI Raw			
HYSI Prop			
CA			
CA Raw			
CA Prop			
Avg Prop Score			

KEY
District name
School name
School enrollment number
Free and Reduced Lunch. Manual input using free and reduced lunch percentage.
Calculated by multiplying the enrollment count by the free and reduced lunch percentage.
Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
The percentage of students reporting any alcohol use in past 30 days on survey question
Calculated by multiplying the enrollment count by the percentage of students reporting currently using alcohol
Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
The percentage of students reporting any marijuana use in past 30 days on survey question
Calculated by multiplying the enrollment count by the percentage of students reporting currently using marijuana
Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
The percentage of students reporting being depressed on survey
Calculated by multiplying the enrollment count by the percentage of students reporting being depressed
Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
The percentage of students reporting having considered suicide on survey question
Calculated by multiplying the enrollment count by the percentage of students reporting having considered suicide
Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
The percentage of students reporting being almost constantly or constantly being unable to stop worrying
Calculated by multiplying the enrollment count by the percentage of students reporting unable to stop worrying
Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
The percentage of students reporting being insulted at school or bullied often or very often
Calculated by multiplying the enrollment count by the percentage of students reporting being insulted
Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
Chronic Absenteeism. Manual input of the percentage of students at the school that were absent 10% or more (latest school year data)
Calculated by multiplying the enrollment count by the percentage of chronically absent students
Calculated by dividing the raw number by the average raw number for all schools in the category. Results >1 have more students than average.
Final Index Score. Calculated by averaging all of a school's proportional scores

Source: Lake Washington School District, WA; EAB interviews and analysis.



Next Steps

Schools are continuing to see a surge in the number of students and staff requiring additional support for their mental health. With a chronic shortage of community providers across the country, responding to this crisis will fall largely to schools and districts. EAB's research provides a roadmap for district leaders to improve outcomes for students while minimizing strain on district resources and budgets.

This guide was adapted from the [Meeting the Unprecedented Demand for Mental Health Care in Schools](#) research from EAB's District Leadership Forum. For more resources, and to learn more about the District Leadership Forum, visit us at www.eab.com/k12.



Additional Resources

Digital Roadmap



Access the digital roadmap [here](#).

Meet the Unprecedented Demand for Mental Health Care in Schools

This document provides district teams with a structured approach for improving mental health supports in schools. The strategies included combine to form the foundations of a "population health management" model that will improve outcomes for students and reduce strain on district staff and resources.

Each section focuses on a core pillar of population mental health management and includes the following:

- Guidance for implementing essential practices
- Supplementary materials to ease adoption of these practices in your schools

Featured Topics

- Identification & Referral
- Scalable Care & Interventions
- Crisis Management & Reintegration
- Stigma Reduction & Prevention

Our Mission is Your Mission

EAB Helps Partners Make Progress on What Matters Most

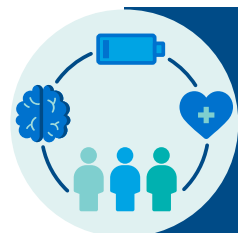
Priorities for EAB Research and Support



**Accelerate
Academic
Progress**



**Achieve
Equitable Post-
Secondary
Success**



**Protect
Student
Mental Health**



**Create
Conditions
for Employees
to Thrive**



**Build
Community
Trust and
Confidence**

Ask Us About...

District-Wide Early Literacy Strategy

Learn how leading districts have achieved dramatic, district-wide improvements in 3rd grade reading scores and how to replicate their success

College Advising Resources

Our customizable, ready to send resources will save your counselors hours of work and help disadvantaged students successfully transition to higher education

Mental Health MTSS Optimization

Our experts can assess your current system of supports and provide detailed guidance on ways to improve outcomes and improve efficiency

EAB's 2022 Teacher Morale Collaborative

Join a cohort of progressive peers for guided implementation of EAB's Teacher Morale Diagnostic and Continuous Feedback Loop.

Winning the Public Vote

Ensure your referendum, bond, or levy is ready to succeed by taking the guesswork out of preparation with EAB's industry-leading playbook

How Our District Partners Tell Us We Are Different

*"I will take much of this back
for immediate application.
Most useful material that I
have heard perhaps ever."*

Superintendent, VA

*"Best PD/CE I've
had in 11 years as a
Superintendent."*

Superintendent, TX

*"Really a treasure
trove of easily
implementable ideas
– thanks!"*

Superintendent, CA



202-747-1000 | eab.com

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ABOUT EAB

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