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Advances and Challenges in School-Based Intervention for Anxious and Depressed Youth: Identifying and Addressing Issues of Sustainability

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Anxiety and depression are among the most common types of psychopathology in children and adolescents, with lifetime prevalence rates approaching 32% and 12% before age 18, respectively (Costello, Egger, & Angold, 2005; Merikangas et al., 2010). Youth with internalizing disorders experience significant impairment in friendships, family relationships, and academic functioning, including difficulty concentrating on schoolwork and lower academic achievement (Colman, Wadsworth, Croudace, & Jones, 2007; Grover, Ginsburg, & Ialongo, 2007; Langley, Bergman, McCracken, & Piacentini, 2004). Without intervention, these disorders frequently persist into adulthood (Costello et al., 2005), placing youth at substantial risk for long-term disability (Bittner et al., 2007; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003).

Given such detrimental impact, several efficacious interventions, including cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT), have been developed to treat anxiety and depression. Unfortunately, the majority of affected youth never access treatment (Merikangas et al., 2011; Essau, 2005). Of the minority who do, most receive services at school (Merikangas et al., 2011; Rones & Hoagwood, 2000), yet few school-based mental health services are evidence-based (Evans, Koch, Brady, Meszaros, & Sadler, in press; Kelly et al., 2010).

Based on the large disparity between youth in need of mental health services and those who receive them, and evidence documenting schools as the most common service sector, integrating evidence-based interventions into schools is a key strategy for addressing this public health issue. Since anxiety and depression often go undetected, partnering with schools creates opportunities for enhanced recognition. In addition, common triggers of anxiety and depression (e.g., interpersonal conflicts, academic demands) and much of the associated interference (e.g., difficulty concentrating, avoidance) often occur at school, thus making it an ideal setting for real-world screenings and interventions with high potential for generalization.

Inspired by the advantages of school-based services for anxiety and depression, the articles in this special edition are at the forefront of a burgeoning area of research focusing on transporting evidence-based interventions for internalizing disorders to the school setting (Fox, Herzig-Anderson, Colognori, Stewart, & Masia Warner, in press). These articles investigate important issues related to the effectiveness, dissemination, and sustainability of treatments delivered at school. First, Colognori and colleagues investigate the rates of service use in a sample of socially anxious high school students while examining the

influence of self-disclosing social distress on treatment access. Next, three papers (Beidas et al., 2012; Forman, Fagley, Chu, & Walkup, 2012; Becker, Becker, & Ginsburg, 2012) examine the role of attitudes, preferences, training, and organizational support in the willingness of school-based mental health providers to implement evidence-based interventions. The final two papers describe the evaluation of school-based preventive intervention programs for youth with internalizing symptoms. Young, Kranzler, Gallop, & Mufson (2012) evaluate the impact of group Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST) on social and school outcomes for adolescents reporting elevated symptoms of depression. *Put other author* and Rapee (2012) examine the feasibility and potential value of using different delivery methods (i.e., school counselors versus parents) to deliver CBT for highly anxious children. Overall, these articles highlight several key themes and challenges in disseminating and sustaining school-based interventions that warrant further consideration.

Identification of Anxiety and Depression in Schools

It is well-accepted that anxiety and depression are associated with low rates of service utilization (Colognori et al., 2012; Essau, 2005). Unlike externalizing conditions, which are characterized by disruptive behaviors that interfere with classroom functioning (Owens & Fabiano, 2011), mood and anxiety disorders are less readily detected and may require self-disclosure (Merikangas et al., 2011). As a result, most school-based intervention research has employed large-scale school screenings to identify anxious and depressed youth (Masia Warner et al., 2005; Masia Warner, Fisher, Shrout, Rathor, & Klein, 2007; Rapee et al., 2012; Young et al., 2012). The encouraging news is that self-report school screenings have been effective in detecting anxious and depressed children who otherwise would likely not have been identified. On the other hand, because school screenings of this nature are probably not feasible without researcher support, referral remains a major obstacle to the sustainability of our school-based interventions for anxiety and depression.

Clearly, a major challenge for our field will be to find effective and efficient methods to reach students with anxiety and depression. Findings from Colognori et al. suggest that the involvement of school personnel in identification may be a promising alternative. This study found that, relative to socially anxious students who had told their parents about their distress, the few who had informed school personnel were more likely to access treatment. It may be beneficial to train school counselors to conduct brief mental health check-ups during regularly scheduled guidance meetings. Another possibility may be to implement computer-based school screenings, with positive scores sent directly to students' school counselors for follow-up.

This difficulty with identification presents an even larger challenge to dissemination of school-based interventions for anxiety and depression. Because the majority of anxious and depressed students do not seek help, school personnel may view programs for anxiety and depression as "creating more work" or targeting a problem that was "not previously there." Given the increased demands on schools coupled with decreased budgets, potential resistance from school personnel is understandable and must be addressed when developing partnerships.

Engagement of School Counselors and School Administration

It has become clear that the sustainability of school-based interventions will depend on the availability and willingness of school counselors to provide these services. As highlighted in two studies in this edition, favorable attitudes of school clinicians toward evidence-based treatments (EBTs) were positively associated with their willingness to deliver them as well as their adherence to the treatment protocol (Beidas et al., 2012; Forman et al., 2012).

Perhaps greater emphasis on the value of evidence-based treatments is necessary when developing partnerships with schools, or during the graduate training of school psychologists and counselors.

Even when commitment is present, school counselors identify time limitations as the greatest challenge to providing mental health services (Beidas et al., 2012; Rapee et al., 2012). For example, Rapee and colleagues noted that counselors found it “quite unfeasible” to deliver *Cool Kids* given their heavy workloads and teachers’ frequent requests to schedule program sessions around classes and school events. One possibility for reducing burden may be a team approach that allows school counselors to share the responsibility of intervention delivery. Becker and colleagues also point to the potential value of a modular approach to treatment. Such program delivery may allow school personnel to reduce sessions by focusing on the essential components of CBT (e.g., exposures).

Probably the most critical factor in promoting the feasibility of treatment delivery by school counselors is the buy-in of school administrators. As noted by Forman and colleagues, school psychologists who perceived lower organizational and administrative support were less willing to implement interventions for depressed students. It is likely that long-term survival of evidence-based school mental health services will require a financial commitment (e.g., release time, hiring other personnel to prepare class schedules) from school administrators. Obtaining this commitment may depend on demonstrating that our interventions impact school-related outcomes prioritized by school administrators. Young and colleagues, for instance, showed that IPT-AST was associated with improvements in school functioning, school retention, and emotional engagement in school. Such findings can be utilized when making the case to school administrators that treatment will impact the educational success of students.

Training and Supervision of School Counselors

With appropriate organizational support in place, sustainability of school interventions is possible. The next issues to address, as highlighted by Becker et al. and Beidas et al., are how to train and supervise school personnel to deliver evidence-based treatments with high quality. It is our perspective that school counselors (e.g., guidance or student assistance), who are available in schools nationally and often in large numbers, should play a central role in program implementation (Ryan & Masia Warner, 2012). However, because most school counselors lack time and specialized mental health training, there is a clear need to develop training models that strike a balance between effectiveness and feasibility. This is no easy task. Consistent with past research (DeViva, 2006), Beidas and colleagues found that standard training approaches (e.g., workshops), as well as more novel approaches featuring computerized delivery and active learning, only led to modest improvements in knowledge and adherence to treatment content, and did not influence therapist skill. Transporting school-based interventions will require a better understanding of how to train school counselors to competently deliver treatment. Should training emphasize specific manualized programs or focus on practical teaching of core treatment techniques or modules, as highlighted in Becker et al.? Many questions remain.

Ongoing supervision during treatment implementation appears critical to promoting therapist skill acquisition and maintenance (Beidas, Edmunds, Marcus, & Kendall, 2012; Mannix et al., 2006; Miller, Yahne, Moyers, Martinez, & Pirritano, 2004; Sholomskas et al., 2005); however, we know little about the parameters of effective supervision. Given that our “gold-standard” of weekly supervision of school personnel by experienced clinicians is costly and impractical (Rakovshik & McManus, 2010), finding alternative strategies to maintain skills over time is essential. One option may be pyramid training (e.g., Demchak &

Browder, 1990), in which one school personnel would be intensively trained to deliver an EBT and then supervise his or her colleagues. However, there is some concern that this model may “water down” the effectiveness of supervision, and possibly result in decreased implementation fidelity. Another avenue for reducing costs and increasing feasibility of supervision may be the utilization of computer software and distance learning. As in Beidas et al., virtual conferencing platforms have been initiated for the dissemination of various EBTs (e.g., Funderbunk, Ware, Altshuler, & Chaffin, 2008; Vismara, Young, Stahmer, Griffith, & Rogers, 2009). Additional research will be needed to evaluate these approaches to training and supervising front-line school professionals.

Parent Engagement

Another challenge raised by the articles in this series concerns the apparent difficulty in engaging parents in the treatment process. Even when parents are informed about their children’s anxiety and depressive symptoms, they seem reluctant to enroll their children in mental health services. For example, Colognori et al. found that adolescent self-disclosure of social distress to parents did not predict mental health service use. In addition, two preventive intervention studies (Rapee et al.; Young et al.) reported high refusal rates, with parents most frequently reporting general disinterest and lack of perceived need. Parent engagement is not only important to effectiveness trials, but also more broadly to sustainability of treatments in schools. Increasing parent awareness of the potential persistence and impairment associated with internalizing symptoms may enhance their ability to identify affected youth and willingness to encourage their children to engage in treatment.

Conclusion

The last two decades have witnessed enormous progress in establishing effective treatments for children and adolescents with anxiety and depression. With the efficacy of cognitive-behavioral and interpersonal treatments now well-documented, recent years have been marked by movement toward enhancing their accessibility through evaluating their transportability and dissemination to school settings. The collection of papers in this special edition provides promising data and underscores the many challenges still facing our field. As highlighted by these papers, advancing the dissemination of EBTs to schools will require us to understand and address administrative, organizational, and provider factors that impact sustainability, as well as to evaluate effective and feasible training and supervision models. A final challenge, and arguably the most crucial, will be to develop less burdensome methods for detecting anxious and depressed youth that are feasible for schools to execute without researcher support. It is only through establishing sustainable means of identifying youth with internalizing disorders, engaging students and their parents in treatment, and promoting competent treatment delivery by school-based providers, that we will address the unmet needs of youth with anxiety and depression.

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