

Evidence-Based Therapeutic Supports: Research Brief for Iowa's Therapeutic Classroom Grant

Background

Social-Emotional Behavioral Health Needs in Schools

Social-emotional-behavioral health (SEBH) affects how we think, feel, communicate, act and learn. These contribute to resilience, how we relate to others, respond to stress and emotions, and make choices.¹ Click [here](#) for a brief on SEBH.

SEBH is influenced by both protective factors and risk factors. Protective factors include such things as parent engagement, safe schools, good relationships, while risk factors include such things as peer rejection, bullying/harassment, potentially traumatic events. You may know these as Adverse Childhood Experiences ([ACEs](#)). Influences can be biological, such as genes or brain chemistry, life experiences, such as trauma or abuse, family history of mental health concerns, factors associated with substance abuse etc.

In Iowa there are increasing concerns regarding children and adolescent SEBH. Suicide is the 2nd leading cause of death for individuals aged 15-24² and youth increasingly (10.1% in 2018 up from 6.6% in 2012) report having a plan to kill themselves³. In 2019, SAMHSA reported that nearly 13% of Iowa youth aged 12-17 experienced a major depressive episode in the past year (up from 7% in 2004-2008) and only about half received mental health services⁴.

These emotional behavioral concerns are also evident in schools. Sixty-seven percent of Iowa youth (up from 63% in 2012), report that their classroom teachers had to stop teaching one or more times in the last 30 days in order to deal with a major student disruption or behavior problem, and increasingly more students feel unsafe in schools (9.9% in 2012 and 15.7% in 2018).⁵

Schools are in a unique position to influence protective factors that support SEBH in that they provide the physical and social environment in which youths spend much of their day at a key phase of life when many youths engage in risk behaviors. Universal, school-based social-emotional learning can reduce conduct problems, emotional stress, lower drug use, improve social-emotional skills, improve classroom behavior, attitudes about self, others and school, and improve student achievement.^{6,7,8} Selective (prevention based programs) have shown excellent effects at reducing the development of problem behaviors and improving anxiety and

¹ Adapted from [mentalhealth.gov](https://www.mentalhealth.gov/).

² Iowa Department of Public Health. Bureau of Health Statistics. 2019 Vital Statistics of Iowa. Des Moines: Iowa Dept. of Public Health, 2020. Web. <https://idph.iowa.gov/health-statistics/data>.

³ [2018 Iowa Youth Survey](#).

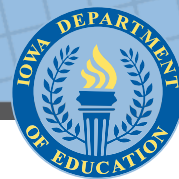
⁴ [SAMHSA, 2019](#).

⁵ [2018 Iowa Youth Survey](#).

⁶ [Collaborative for Academic, Social, and Emotional Learning \(CASEL\)](#).

⁷ [Rasberry et al., 2017](#).

⁸ [Bradley & Green, 2013](#).



depression, while indicative programs (for students experiencing symptoms of anxiety, depression, self-harm and PTSD) have been effective at reducing social-emotional concerns.⁹

Therapeutic Classrooms

Continuum of SEBH Supports

SEBH supports are provided across the MTSS framework and include such things as universal instruction in social-emotional learning, school-based supplemental interventions (e.g., check-in check-out, small skills groups etc.) and more individualized SEBH supports (e.g., diagnostic assessment, individualized behavior intervention planning, targeted social-emotional skill development and community wrap-around supports etc.) for students who are experiencing more severe social-emotional symptoms. Included are three examples of tiered SEBH supports.^{10,11,12} Each show how mental health supports and resources shift as they become increasingly more intensive and how resources may shift to include more specialized and community-based providers for the few students who have more severe/chronic concerns. While we use an MTSS approach for SEBH supports in Iowa, the supports schools provide across their continuum are dependent on their student needs and the school and community-based supports they put in place to address those needs.

Therapeutic classrooms are intended to support a subset of needs across the district's continuum of SEBH supports.

They are intended:

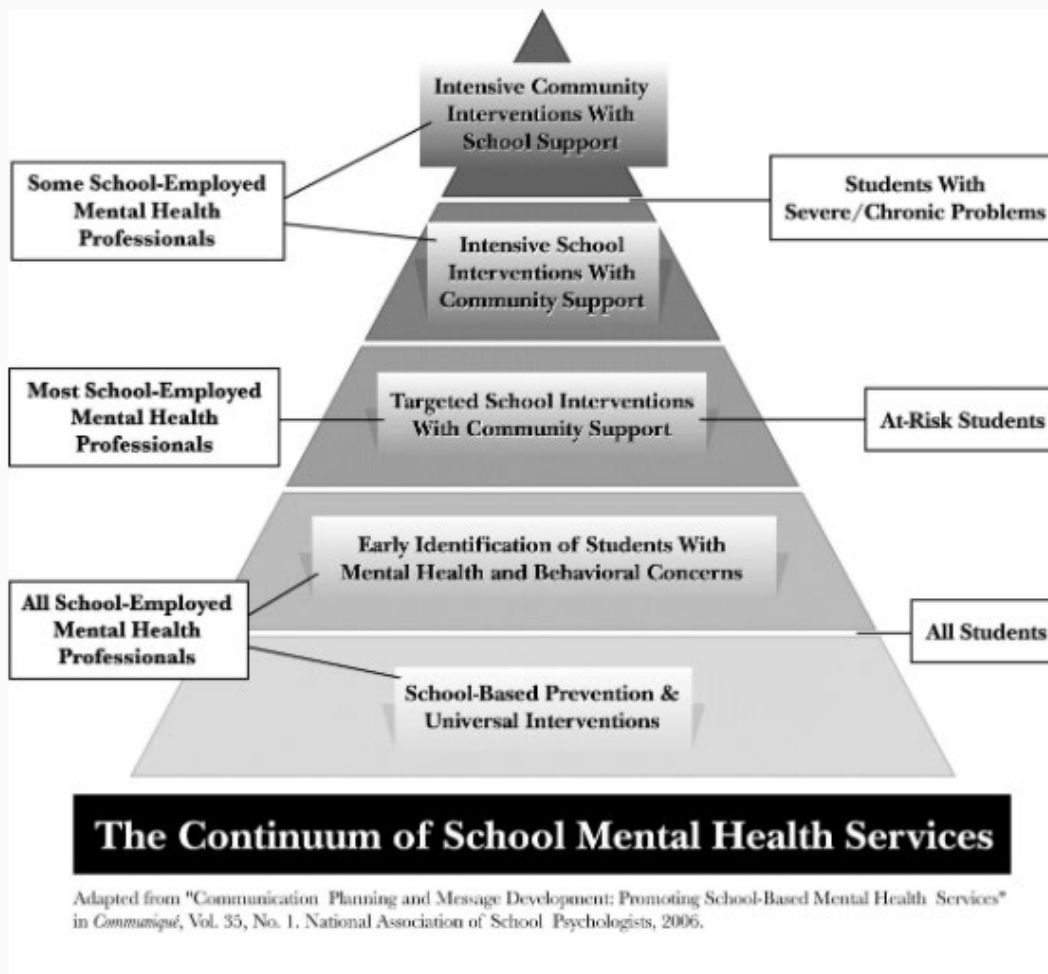
- For any student whose emotional, social, or behavioral needs interfere with the student's ability to be successful in the current educational environment, with or without supports, including students who have co-occurring poor academic work habits or need academic supports, due to social-emotional behaviors that interfere with learning;
- To be time limited and geared to support students in successfully returning to their educational environment, with or without supports; and
- For a small percentage of learners who are unable to function or make acceptable progress with services and/or program options available in less restrictive environments.

⁹ [Fazel, Hoagwood, Stephan & Ford, 2014.](#)

¹⁰ [NASP Continuum of School Mental Health Services.](#)

¹¹ [AWARE Iowa School Mental Health Framework.](#)

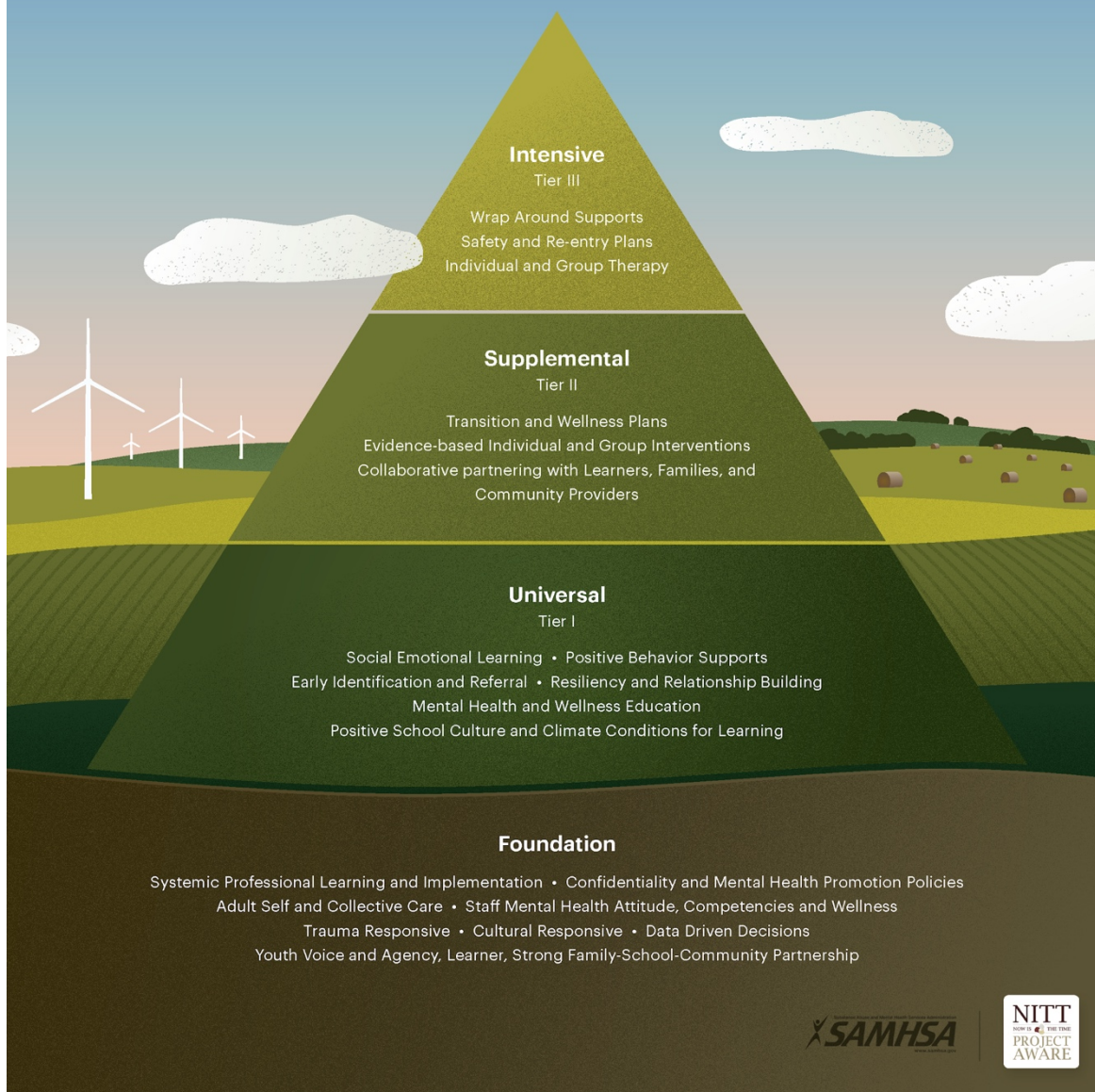
¹² [Wisconsin School Mental Health Framework.](#)



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AWARE Iowa School Mental Health Framework



Continuum of Therapeutic Supports

A therapeutic classroom provides a safe, supportive environment where students have the opportunity to participate in planned instruction to meet their individual social-emotional needs and opportunities to engage with same-age peers to apply newly developed social-emotional skills based on an individualized timeframe and their needs and abilities. Intensity of programming should be matched to student need with consideration for where the student is in



their skill development (e.g., acquisition, performance and/or fluency levels), the extent to which they have developed sufficient skills to be successful in less restrictive environments, and the types and amounts of therapeutic classroom supports necessary to be successful.

To assure learners have supports to transition and generalize skills, therapeutic classrooms should intentionally plan to develop a continuum of supports as opposed to being entirely self-contained.

Below is a non-exhaustive list of less to more intensive therapeutic supports districts may consider:

- Typical classroom with consultative supports from therapeutic classroom teacher/provider,
- Typical classroom with push-in supports from therapeutic classroom teacher/provider to train educators to support generalization of social-emotional skills,
- Typical classroom with supplemental small group skills based instruction from therapeutic classroom teacher/provider several times per week,
- Typical classroom with individualized behavior intervention plan (BIP) with therapeutic classroom supports several times per day to support implementation,
- Typical classroom with individualized skills based instruction from school/community based mental health provider multiple times per week,
- Intensive social-emotional instruction taught explicitly and embedded during challenging portions of the day in small groups with frequent adult support and feedback with additional school-based/community-based mental health supports.

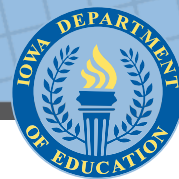
Students with and without Disabilities

Therapeutic classrooms may serve any student whose social, emotional, or behavioral needs interfere with success in their current educational environment. Thus, therapeutic classrooms may serve both students with and without Individualized Education Programs (IEPs). When districts provide therapeutic classroom supports for students without an IEP and/or 504 plan, it is best to develop procedures for referral, admission, progress monitoring, and exit from such programming. Additionally, the therapeutic classroom supports should be aimed to be time-limited and if at any point, educators suspect a disability, consent for a full and individual evaluation for special education must be requested from the parent (IAC Chapter 41, Special Education).

When a therapeutic classroom serves students with disabilities, districts must follow IAC Chapter 41, Special Education, and placement in a therapeutic classroom must be the least restrictive environment. The least restrictive environment is individually determined based on the student's needs for supplementary aids and services in order to make progress towards goals and the general education curriculum and take part in activities with other students, both with and without disabilities. While there is a presumption that the general education environment is the least restrictive environment, data may overcome that presumption. "General education classroom" is not synonymous with "least restrictive environment."

Therapeutic Classroom Components

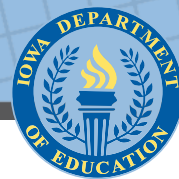
The goal of a therapeutic classroom is to work collaboratively with students, their families, and community agencies to promote self-awareness and self-control, along with the development of



productive social-emotional competencies and necessary coping strategies. Therapeutic classrooms include the therapeutic programming students may need to support them across a range of educational settings and/or learning spaces and are not necessarily a stand-alone or isolated classroom. A major goal of therapeutic classrooms is to transition students back to the classroom through reduction in therapeutic supports and planned opportunities to practice skills in natural contexts.

The below Therapeutic Classroom Framework provides a foundation for districts to build-on as they are establishing their therapeutic classroom supports. These components are drawn from research synthesizing the most common and effective components in school-based programs supporting students with social-emotional-behavioral concerns. The table outlines key therapeutic classroom components which define a therapeutic classroom and supports which are needed to establish and sustain therapeutic classrooms. As districts establish new therapeutic classrooms or refine therapeutic supports for existing programs, they should prioritize the components that align most to their student needs and individualize the strategies provided within each of the components. The [Therapeutic Classroom Implementation Rubric](#) is a tool districts may use to self-assess and prioritize therapeutic supports and components and is required for applicants of Iowa's Competitive Therapeutic Classroom Grant.

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Therapeutic Classroom Framework

Supports for Therapeutic Classrooms

Support for Qualified Committed Professionals:

- Team-based design, implementation and decision-making.
- Professional learning and support to implement effective classroom instruction.
- Knowledge and skills in crisis response and trauma-informed care.
- Supports and leadership for adult social-emotional learning (SEL).

Development of Therapeutic Classroom Supports:

- Understanding of characteristics and experiences of students with SEBH concerns.
- Knowledge and skills to assess and teach social-emotional competencies.
- Knowledge, process and supports for Functional Behavior Assessment and Behavior Intervention Planning.
- Knowledge and development of supplemental and intensive school and/or community-based mental health supports.

Family & Community Supports:

- Supports for school and community awareness of mental health issues and school-based supports.
- Supports to develop community and family understanding of the therapeutic classroom.
- Family support for student related needs (e.g., parent training, community-based supports for basic needs, respite, etc.).

Therapeutic Classroom Components

Therapeutic Intervention System

- Therapeutic supports developed based on student needs, aligned to school-wide expectations for SEBH and monitored for effectiveness.
- Behavior Intervention Plans crafted based on a Functional Behavior Assessment and the learner's unique context.
- Structure and process to diagnose, design and deliver targeted and/or intensive therapeutic supports.
- A team-based approach to examine and adjust therapeutic supports.

Program-Wide Components

- Consistent schedules and routines, clearly state rules and behavioral expectations with immediate and positive feedback.
- Regular assessment and instruction of social-emotional competencies.
- Supports for enhancing positive childhood experiences.
- Environmentally sound learning environment: organized, suitable for learning, age-appropriate activities and adult supports, and furnishings.
- Structured academic supports that provide grade-aligned expectations with high rates of academic success, clear expectations for learning, individual considerations for instruction and opportunities to develop independence necessary for age/grade tasks.



Evidence-Based SEBH Interventions

The below brief review of the literature is provided to support districts in planning their therapeutic classroom supports.

Amount and Structure of Social-emotional Supports

Meta-analysis of school-based mental health services for elementary-aged children shows that programs that provide therapeutic interventions multiple times per week have a moderate effect size (.5) compared to programs that provide them weekly or less (.2) while daily services are no more effective than supports multiple times per week. Length of programming did not necessarily impact effectiveness, however supports that are integrated into academic instruction consistently outperform stand-alone programs (e.s.=.59 for integrated and .31 for stand-alone).¹³

Types of Social-emotional Interventions

A review of the effectiveness of school-based social-emotional interventions shows that both prevention focused supports and indicative supports focused on reducing social-emotional symptoms can be effective when delivered through school-based programming (.76 and .67 respectively).¹⁴ The following are key features of effective programming (e.s. = effect size):

- Cognitive-based and problem-solving oriented methods (e.s. = .21-1.4)¹⁵
- Focus on reducing externalizing symptoms (e.s.=.5)¹⁶
- Focus on reducing internalizing symptoms (e.s.=.3)¹⁷
- Supports which include contingency management (e.s.=.57)¹⁸
- Supports that do not include contingency management (e.s. = .24)¹⁹
- Supports crafted to match desired social outcomes, individual circumstances and severity of behaviors²⁰
- Supports focused on:²¹
 - Relationships with peers (e.g., pro-social social interaction skills),
 - Self-control and self-management (e.g., personal responsibility),
 - Academically related social skills (e.g., respect for school social rules)
 - Social compliance (e.g., cooperation with others), and
 - Social assertiveness (e.g., social initiation with peers).
- Supports that addresses acquisition, performance and fluency deficits with realistic models, behavior rehearsal opportunities, performance feedback, and reinforcement²²

¹³ [Sanchez et al., 2018.](#)

¹⁴ [Sanchez et al., 2018.](#)

¹⁵ [Das et al., 2016.](#)

¹⁶ [Sanchez et al., 2018.](#)

¹⁷ [Sanchez et al., 2018.](#)

¹⁸ [Sanchez et al., 2018.](#)

¹⁹ [Sanchez et al., 2018.](#)

²⁰ [Simpson et al., 2010](#)

²¹ [Simpson et al., 2010](#)

²² [Simpson et al., 2010](#)



- Opportunities for ongoing coaching, peer development and support²³
- Practice in natural settings during each stage to support generalization²⁴
- Positive, encouraging & supportive classroom and school atmosphere crafted individually in accordance with functional behavior assessment.²⁵ Including:
 - Antecedent strategies
 - Reinforcement-oriented strategies (i.e., differential reinforcement, extinction strategies)
 - Behavior reduction,
 - Self-management, and
 - Cognitive behavior strategies

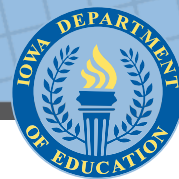
Additional Sources for Evidence-Based SEBH Practices

- [AWARE Iowa School Mental Health Framework: Integrating School Mental Health Supports within a Multi-Tiered System of Supports](#) (IDOE, 2020)
- [Blueprints for Healthy Youth Development](#)
- Education Development Center. [A Framework for Effectively Implementing Evidence-Based Programs and Practices \(EBPs\)](#)
- [IES What Works Clearinghouse](#)
- National Resource Center for Mental Health Promotion & Youth Violence Prevention. [Selecting Evidence-Based Programs.](#)
- National Resource Center for Mental Health Promotion & Youth Violence Prevention. [Selecting Evidence-Based Programs for School Settings: 3-part series; Additional Module Information.](#)
- National Center for School Mental Health (NCSMH, 2020). [School Mental Health Quality Guide: Early Intervention and Treatment Services and Supports.](#) NCSMH, University of Maryland School of Medicine.
- [SAMHSA Evidence-Based Practices Resource Center](#)
- Education Development Center. [A Framework for Effectively Implementing Evidence-Based Programs and Practices \(EBPs\)](#)

²³ [Simpson et al., 2010](#)

²⁴ [Simpson et al., 2010](#)

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