School-Based Intervention Research: What's New?

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Session Goals

(1)

Identify key findings from recent high-quality research on school-based interventions that address academic, behavioral, college/career, and mental health outcomes for K-12 students.

(2)

Evaluate the applicability of emerging evidence-based practices to diverse school contexts, with attention to cultural responsiveness, feasibility, and equity.

(3)

Apply research-informed strategies to enhance the selection, implementation, and evaluation of school counseling interventions that truly support students, as well as meeting professional standards for evidence-based practice.

What's New This Year?

- More research than ever about K-12 interventions
- We chose to look at research summaries and overviews on 3 key topics:
  - **Cultural adaptation of interventions**
  - **Treating anxiety with youth – a systematic review**
  - **EBPs in supporting students transition to college (summer melt)**
  - **FYI On-Your-Own: EBPs in school-based mental health programming**
- All of our articles and some supplemental resources are in the session portal for you to download if you want them

01

Cultural Adaptations

Cultural Adaptations of Evidence-Based Interventions

- Special Issue in *School Psychology*, 2025, Volume 40, Issue 2
  - 3 areas of focus: systematic reviews, culturally-adapted intervention, and implementation
- Addresses critique of EBIs as not culturally sensitive
- Push for cultural adaptations emerged over a decade and a half ago (Bernal et al., 2009; Bernal & Domenech Rodriguez, 2012)
  - Challenge universal approach & center culture and ecological perspective in EBIs
  - Systematic changes that take into account language, culture, and context
- Numerous existing cultural adaptation models (e.g., *Ecological Validity Framework by Bernal et al., 1995 for racial/ethnic minoritized youth; Adaptation Model by Pachankis et al., 2023 for LGBTQIA+ youth*)

Cultural Adaptations Content Checklist: REM Youth

Arora, P. G., Parr, K., Staubi, K., Soo Ping Chow, A., Coriano, V., & Baker, C. N. (2025). Development of the Cultural Adaptations Content Checklist: Measuring cultural adaptations to evidence-based psychological interventions for racial and ethnic minoritized youth. *School Psychology*, *40*(2), 297–308. https://doi.org/10.1037/spq0000651

Cultural Adaptations Content Checklist: REM Youth

36 cultural adaptations identified in 8 Groups

Group 1: Language (7 CAs)

- Ex. Request student's preferred language preferences, translate, use culturally relevant language salient for student

Group 2: Culturally-Relevant Risk Factors, Protective Factors, & Goals (4 CAs)

- Ex. Address systemic racism, acculturative stress, and community violence; develop culturally relevant goals based in student values; address social and/or political context & coping

Cultural Adaptations Content Checklist: REM Youth

Group 3: Culturally-Relevant and -Familiar Intervention Elements (5 CAs)

- Ex. Culturally relevant symbols/images; formats or activities culturally familiar (e.g., novelas, talking circles), cultural lifestyle elements (e.g. food, music, dance customs)

Group 4: Cultural Values, Traditions, & Beliefs (3 CAs)

- Ex. Incorporate traditional healing approaches (e.g., yoga, qi & balance of energy); cultural values (e.g., familism, respect for elders); spiritual elements

Group 5: Tailoring Intervention Delivery to Target Population Needs (6 CAs)

- Ex. Change delivery setting; provide extra services; provide psychoeducation about mental health; address shame and/or stigma of mental health treatment

Cultural Adaptations Content Checklist: REM Youth

Group 6: Family and Community Involvement (2 CAs)

- Ex. Collaborate with family in the adaptation process; involve community supports/networks in the intervention

Group 7: Therapeutic Relationships and Interpersonal Processes (4 CAs)

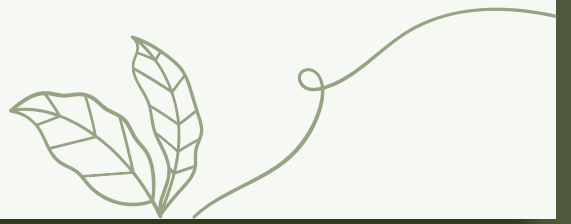
- Ex. Incorporate culturally informed relationship techniques (e.g. body language, personal space, cultural humility, addressing cultural match vs. mismatch); addressing identity differences amongst group members

Group 8: Evaluation (5 CAs)

- Ex. Use culturally informed assessment measures; adapt format of evaluation (e.g., orally, interview vs. rating scale); add culturally relevant target variables; adapt definitions of intervention progress/success

Critical Thinking About Culturally Adapting SEL and Behavioral Interventions

Campbell, A. R., Sallese, M. R., Moeyaert, M., Calhoun, T. E., & Imler, M. H. (2025). Enhancing outcomes: Culturally adapted social–emotional and behavioral interventions for rural black elementary learners at risk. *School Psychology*, *40*(2), 223–236. https://doi.org/10.1037/spq0000648



Culturally Adapted Strong Kids & CICO: Intervention Overview

DELIVERY FORMAT & LENGTH

- Strong Kids curriculum (Strong Start: Grades K-2, Strong Kids: Grades 3-5)
  - 10 to 12 45-minute lessons; lessons twice a week
- Check-In/Check-Out (CICO)
  - Daily check-ins re: point cards, assignments, emotional and social needs, action planning
  - Daily check-outs re: progress toward goals, actional planning

KEY COMPONENTS

- Strong Kid cultural adaptations: change in book list, addressing current events, neutral characters for explaining emotions; more role play and modeling; updating vocab list
- CICO cultural adaptation: semi-structured check-in scripts focused on relationship building practices; teachers communicate one positive message home each day

ACCESS

- Strong Kids - $45 for each age-appropriate curricula
- CICO - multiple websites describe it, Hawken et al. (2020) have a text ($49)

Culturally Adapted Strong Kids & CICO: Methods and Measures

RESEARCH METHODS

Multiple baseline across classes and single-case experimental design

SAMPLE

11 1st-3rd graders; 100% free/reduced lunch; 100% Black, 27% female; “at-risk” for emotional or behavior disorders (EBD)

**** BIPOC students overrepresented in diagnosis for these disorders ****

DELIVERY

Teachers (3 hour-training)

INSTRUMENTS

- Screener: SSIS-SEL teacher form
- Rating of externalizing behavior (researcher observation via 20 min recordings)
  - Non-compliance (off-task), disruption, negative verbal and physical interactions, & leaving assigned area

DATA ANALYSIS

- Time series graphs of externalizing behavior
- Hierarchical linear modeling

Culturally Adapted Strong Kids & CICO: Results of Research

- Overall 20.70% decrease in externalizing behavior from baseline to intervention phase
- Overall 1.81% decrease in externalizing behavior per additional intervention session

- Grade 3: 41.05% decrease in externalizing behaviors
- Grade 2: non-statistically significant decrease
- Grade 1: 22.61% decrease in externalizing behaviors

Culturally Adapted Strong Kids & CICO: Implications for School Counselors

- Small changes can make a big difference in making interventions culturally sensitive and relevant
- Collaboration is critical — can be teachers or other support personnel doing aspects of intervention, does not have to be school counselors
- Work with community and families to modify existing, effective interventions to work in your settings — easier than creating from scratch

02

Summer Melt Prevention

Evidence-Based Principles for Reducing Summer Melt

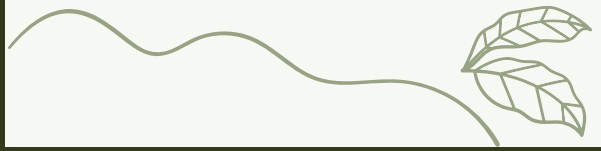
Page, L., Meyer, K., Nurshatayeva, A., & Bryer, E. (2025, December). *Helping students make it to college: Evidence-based design principles for reducing summer melt* (EdResearch for Action Brief No. 37). Annenberg Institute and Results for America. https://edresearchforaction.org/research-briefs/helping-students-make-it-to-college-evidence-based-design-principles-for-reducing-summer-melt/

Summer Melt Overview

- 10-20% of students who intend to matriculate to college post-graduation ultimately do not enroll; higher rates among low-income students
- Partially due to the ambiguous time between high school graduation and college matriculation — no particular institution is responsible for these students, yet both sides of the transition can play an influential role in helping students be successful
- Summer Melt is largely caused by:
  - Unaddressed financial aid questions/unexpected costs
  - Confusing pre-enrollment tasks, such as housing forms, orientation requirements, etc.
  - Social-emotional barriers/internal challenges

Four Evidence-Based Design Principles

1. Behavioral “Nudges” & Messaging
   - Automated texts or chatbots to remind students about requirements or answer questions
   - Can connect students to counselor/staff to answer more complex questions
2. Counselor-Led Summer Outreach
   - Trained staff (high school counselors, nonprofit staff, etc.) advise students over the summer with proactive outreach
3. Peer/Near-Peer Support
   - Supervised college students/recent graduates connect with high school students to encourage them to complete tasks or connect them with professional staff
4. Summer Bridge Programs
   - In-person academic/college readiness programming led by trained staff or college instructors



College & Career Bridge 4 All (CCB4A)

Liu, V. Y. T., Haralampoudis, A., & Polon, I. (2024). Combating summer melt: The impact of near-peer mentor matriculation program in New York City. *Research in Higher Education, 65*, 794–826. https://doi.org/10.1007/s11162-023-09773-4

CCB4A: Intervention Overview

DELIVERY FORMAT & LENGTH

- College & Career Bridge 4 All (CCB4A) partnership between City University of New York (CUNY) and NYC Public Schools (NYCPS)
- Current college students support high school seniors through postsecondary planning/matriculation tasks

KEY COMPONENTS

- Mentors come from the same communities as the students; often attending similar colleges (CUNY)
- Professional high school counselors provide training to mentors
- Data sharing between universities and high schools help counselors/mentors support students

CCB4A: Methods and Measures

RESEARCH METHODS Propensity score matching

SAMPLE

47,290 high school seniors (400 high schools); Summer 2020; 28% “active participants” (≥1 contact)

DELIVERY College-age mentors with professional school counselor supervision

INSTRUMENTS

- Utilized NYCPS administrative data (demographics, HS transcripts/attendance information) & CUNY administrative data (applications/admissions/enrollment), National Student Clearinghouse data (non-CUNY enrollments), socioeconomic data
- Enroll NYC database to track mentor communication with students

DATA ANALYSIS

- Radius propensity score matching with replacement for college choice/enrollment outcomes; compared results of students matched based on propensity to engage with mentor

CCB4A: Results of Intervention Research

- Students with higher financial need and academic motivation are more likely to connect with a mentor
- Students who apply to a CUNY college are more likely to connect with a mentor — especially 2-year CUNY colleges
- Intervention saw 1.7% increase in application rates post-May (“second chance window”) — higher for 2-year colleges
- 6.7% increase in matriculation/enrollment — also more pronounced for 2-year colleges (4.9% compared to 1.9% for 4-year)
    - 12.6% increase in CUNY college enrollment
- Larger application/admissions outcomes for Black/Hispanic students compared to white students (2% and 2.1% compared to 1.1%)
    - Similar enrollment gains by race/ethnicity
- Slightly larger impact of mentorship on students from lower SES neighborhoods

CCB4A: Implications for School Counselors

- Peer or near-peer mentorship can have incredible benefits, especially for marginalized students (low-income, BIPOC)
  - Especially for those applying late, or to 2-year colleges — who are often some of the more marginalized groups at higher risk of summer melt
  - Highest impacts on the most marginalized students
- Affordable option to provide students with summer support where counselors cannot always be hired on 12-month contracts
  - Students can access knowledgeable, trained individuals to support them in matriculation
- Most effective when the demographics of the students and mentors matched; could pull from high school graduates
  - More possible with remote options, or when college mentors are home for the summer

03

Treating Childhood Anxiety Disorders

Treating Childhood Anxiety Disorders

Schwartz, C., Waddell, C., Thomson, K., Barican, J., Tang, J., & White, O. (2025). Treating childhood anxiety disorders. *Children's Mental Health Research Quarterly, 19*(2), 1-16.

See also:

Schwartz, C., Waddell, C., Barican, J., Tang, J., White, O., & Thomson, K. (2024). Preventing problematic childhood anxiety. *Children's Mental Health Research Quarterly, 18*(4), 1-14.

Schwartz, C., Barican, J. L., Yung, D., Zheng, Y., & Waddell, C. (2019). Six decades of preventing and treating childhood anxiety disorders: A systematic review and meta-analysis to inform policy and practice. *British Medical Journal of Mental Health, 22*(3).

Treating Childhood Anxiety Disorders: Systematic Review

What they used:

- Articles published in English between 2018 and 2024, in peer-reviewed journals
- Reported on children aged 18 years or younger with anxiety symptoms, most of whom met the diagnostic criteria for anxiety disorder
- Used articles with systematic review, meta-analysis, or RCT methods only
- Identified 8 RCTs, all of which assessed cognitive-behavioral therapies
- Almost all interventions had a parent and a child component

Treating Childhood Anxiety Disorders: Systematic Review

Interventions included:

1. Cool Little Kids — for specific phobia, generalized or social anxiety
2. FRIENDS (child only) and FRIENDS+ parenting group — for specific phobia, separation, or generalized anxiety
3. Coping Cat — for separation, generalized, and social anxiety
4. Therapist-guided internet-delivered CBT — for social anxiety
5. Skills for Academic and Social Success (SASS) — for social anxiety

CBT vs. Control Intervention Studies

Program Name	*Components*	*Sample Size*	*Child Age/Grades*
Cool Little Kids + social skills training	Parents – 6 group sessions on doing CBT with their children Children – 6 group social skills sessions	72	3-5
FRIENDS or **FRIENDS +** parenting group	Children – 11 group sessions For intervention with parents – 9 group sessions for parents	61	7-11
Coping Cat	Children – 14 individual sessions Parents – 2 individual sessions	133	9-14
Therapist-Guided Internet-Delivered CBT (ICBT)	Children – 10 internet-based modules with 3 video calls with a therapist Parents – 5 internet-based modules	103	10-17
Skills for Academic and Social Success (SASS)	Children – 14 group sessions, 2 individual sessions, 4 social events Parents – 2 group sessions	138	Grades 9-11

Outcomes for Youth

Program Name	*Outcomes*
Cool Little Kids + social skills training	Decrease in preschoolers' anxiety — less severe (clinician rating) and fewer anxiety symptoms (maternal ratings); fewer anxiety diagnoses than control group at 3-month follow-up.
FRIENDS or **FRIENDS +** parenting group	No gains at 3-month follow-up. At 2 ¾ year follow-up, no statistically significant differences except lower symptom severity ratings for FRIENDS only, and for parent report only.
Coping Cat	Significantly fewer children diagnosed with anxiety disorders (compared with control group, who received child-centered therapy) at one-year follow-up. Significantly higher proportion of young people who participated in CC had 35% or greater reduction in anxiety severity. CC tripled the odds of recovering from an anxiety disorder.
Therapist-Guided Internet-Delivered CBT (ICBT)	Significant reductions in anxiety symptoms and symptom severity (compared with general support program) at 3-month follow-up. Not a significant difference in proportion of youth anxiety diagnoses.
Skills for Academic and Social Success (SASS)	SC delivery, significantly higher rates of remission (compared to youth in education group), with 5x the odds of having no diagnosis at 3-month follow-up; also reduction in anxiety symptoms (youth self-report and clinician ratings) and in symptom severity. Less impact with SP delivery.

Summary: What Has Been Learned Recently About Anxiety Treatment?

- CBT continues to be the most successful modality for treating childhood anxiety
- Some CBT interventions are more effective than others
- The impact of CBT treatments for anxiety are enduring, lasting over several years in some cases
- A variety of practitioners in multiple settings can effectively deliver CBT anxiety interventions
- Parents of preschoolers can be taught how to deliver CBT with their children
- Youth can learn CBT strategies online to reduce anxiety
- CBT is effective for treating anxiety when implemented both individually and in groups
- CBT can address a variety of anxiety disorders without needing adaptation for any specific disorder

Finding/Using Interventions

COOL LITTLE KIDS

- Main site with overview and access to materials
- Parent book = $21, with free downloads, worksheets, and materials once you buy the book
- 8-module online program = $180

COPING CAT

- CATS: CBT for Anxiety Treatment in Schools, K-8 Group Implementer Manual = $35
- CATS: CBT for Anxiety Treatment in Schools, K-8 Student Workbook = $34

Finding/Using Interventions

ICBT

- The main components are “psychoeducational about social anxiety, gradual exposure to social situations, social skills training, focus shifting (from internal to external attention), reduction of safety behaviors and avoidance, replacement of overly negative thinking with adaptive thoughts, and construction of a plan for relapse prevention (Nordh et al., 2021)
- Additional resource/summary of ICBT: Onyeka OC, Riddle D, Bivins E, Armstrong G, Upshaw B, Rast C, & Silva T. (2024). Internet-delivered cognitive behavioral therapy for anxiety. *Adv Psychiatry Behav Health, 4*(1):91-100. doi: 10.1016/j.ypsc.2024.05.003. https://pmc.ncbi.nlm.nih.gov/articles/PMC11493317/

SASS

- Book = $23-$43 on Amazon, or through Guilford Press
    - Warner, C. M., Colognori, D., & Lynch, C. (2018). *Helping students overcome social anxiety: Skills for academic and social success* (SASS). Guilford Publications.

Resources for Cultural Adaptation for Anxiety Treatments

- Lopez-Perry, C., & Whitson, L. (2022). Engaging in political leadership and macrolevel advocacy: School counselors leading for student mental wellness. *Journal of Counselor Leadership and Advocacy, 9*(2), 87-98.
- Lopez-Perry, C., Mora, L., Placeres, V., & Robertson, A. (2024). A Systematic Review and Content Analysis of School Counseling Mental Health Supports for Black Youth: Implications for Research and Practice. *Professional School Counseling, 28*(1), 2156759X241259973.
- Schaechter, T., Flowers, S. N., Weiss, M., Becker-Haimes, E. M., & Sanchez, A. L. (2025). Culturally adapted interventions for anxiety and trauma-related disorders in marginalized youth: a systematic review. *Child Psychiatry & Human Development*, 1-20.

04

School Organization of Mental Health Supports

School Organization of Mental Health Supports

Grief Green, J. & Williams Splett, J. (2026, January). *Promising practices for school organization of mental health supports* (EdResearch for Action Brief No. 38). Annenberg Institute and Results for America. https://edresearchforaction.org/research-briefs/promising-practices-for-school-organization-of-mental-health-supports/

Mental Health Supports: Describing the Situation

- Identified youth mental health diagnoses and difficulties have risen for the past decade.
- Students with mental health difficulties are more likely to miss school, struggle academically, and not graduate on time. They are also more likely to be suspended or expelled.
- Many students who need mental health services do not receive them, especially in communities with provider shortages and/or financial barriers. There are persistent racial/ethnic socioeconomic, and geographic disparities in mental health services.

Mental Health Supports: Describing the Situation

- Schools are the primary source of mental health care for youth (more than outpatient settings), so it makes sense to be proactive and intentional about how those services are provided. Schools offer:
  - 1-1 counseling or therapy in the building (84%)
  - Case management (70%)
  - Referrals to community providers (66%)

Mental Health Supports: Describing the Situation

The primary barriers are:

- Provider shortages — lack of qualified providers
- Lack of funding and resources — much funding is unsustainable or inconsistent
- Identification — referrals are influenced by implicit racial and gender bias, cultural misunderstanding, and unclear criteria
- Reactive rather than preventative actions — the focus is on crisis response and high-need students, leaving less time for universal screening or preventative SEL programs
- Role ambiguity results in mental health staff taking on non-mental health responsibilities

Mental Health Supports: Evidence-Based Practice #1

Locating mental health services in schools increases access and use of services.

- It diminishes or erases racial and ethnic disparities in access
- Care coordination improves, more students engage in mental health services, and referrals for behavioral issues in the school decrease

What can SCs do?

- If there are not organized mental health services in our school, advocate for bringing in community mental health providers through local clinics or hospitals
- Create a regular meeting time to coordinate mental health services
- Communicate with the larger school community and families about mental health resources available, and ask what they think is needed

Mental Health Supports: Evidence-Based Practice #2

Collaboration among school leaders, and school-based and community mental health providers expands available services and improves student access.

- The *Interconnected Systems Framework* (MTSS/PBIS and MH services coordination) leads to more students receiving services, fewer disciplinary problems, and improved student engagement
- Referral processes that map local resources and identify access factors support collaboration
- Coordinated care ensures consistent support

What can SCs do?

- If your building already has MTSS or PBIS, advocate for universal MH screening as part of assessments for service (see article or next slides for ideas for screening tools)
- Create district or building-level referral and intake processes to streamline access to services

Mental Health Supports: Evidence-Based Practice #3

A **coordinated continuum of services** uses resources more efficiently and meets students' needs more effectively.

- Student-to-provider ratios seem to be less important than how providers use their time and whether early intervention is provided (what providers are doing matters more than adding people or money)
- Universal SEL programming improves academic performance
- Low-intensity interventions such as small group counseling and CICO improve student outcomes
- Prevention-oriented school mental health programs save money by reducing the need for more intensive clinical or special education services

Mental Health Supports: Evidence-Based Practice #3

What can SCs do to support a coordinated continuum of services?

- Create a central client service tracking process (confidential) so providers can see what existing services any student is already receiving
- Have one building mental health provider or an admin (if there is one) to be a central case manager who creates service tracking systems
- Focus efforts on tier 1 and screening to prevent tier 2 and 3 needs
- Prioritize efforts for universal SEL programming (see CASEL.org for ideas)
- Conduct low-intensity interventions before moving to tier 3 individual services

Mental Health Supports: Evidence-Based Practice #4

Universal mental health screenings are linked to higher rates of mental health service use by students with mild to moderate difficulties.

1. Identifies students before issues escalate
2. Dual-factor screeners that assess both student strengths and challenges help to promote positive mental health
3. Many schools do not screen annually — they screen at key grade levels or transition points (such as 3rd, 5th, and 7th grade)
4. Multiple perspectives support successful implementation of screening
    a. Include youth voices in self-report and for internalizing symptoms
    b. Collaborate with families and community to ensure equity-focused mental health screening
    c. Include teacher screeners for externalizing symptoms

Mental Health Supports: Evidence-Based Practice #4

What can SCs do to support universal mental health screenings?

- If your building is using universal MTSS screenings, work with the team to add in universal MH screenings such as the *Early Identification System* (Herman et al., 2023)
- If your building is not using universal screenings, share research indicating the value of universal screenings in general, including MH ones (Dowdy et al., 2015)
- Clarify that MH screenings don't need to be done every year (Green et al., 2022)
- When screenings are done, ensure that student, family, and teacher perspectives are included

Mental Health Supports: Evidence-Based Practice #5

Implementing practices that are **grounded in students' lived experiences, family norms, and community contexts** improves trust, increases engagement in services, and provides increased benefits from interventions.

1. Using culturally responsive, anti-racist, and equitable practices provides a foundation for centering equity in mental health provision
2. In addition to all school mental health professionals being trained and supported in providing culturally and linguistically sustaining services, the workforce also needs to be diverse and representative of the students and families being served
3. Workforce diversity improves communication, builds trust, leads to more equitable identification and support of students' mental health needs

Research on Practices to **Avoid**

- Exclusionary discipline practices predict worsening student mental health and disproportionally affects Black students and students with disabilities
- Involving police emergency services can increase negative outcomes
- When mental health providers spend too much time on administrative tasks, testing, or discipline-related duties that fall outside of their mental health expertise, youth don't receive the MH services they need
- When school mental health providers don't have clearly defined roles, there are more duplicate efforts and missed tasks, leading to confusion and inefficiency

Thanks!

Questions?

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