Development of the TRAILS Coach Network: Community Partnership to Support Evidence-based Mental Health Practice in Schools

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TRAILS Program Director:
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Agenda

• School mental health overview
• TRAILS Program overview
• Development of coaching network
• Future directions
Acknowledgements

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Prevalence of Mental Illness in Adolescents

Exposure to trauma: 57%

Any mental illness: 49.5%
  • Anxiety Disorders: 31.9%
  • Depressive Disorders: 14.3%
  • Substance Use Disorders: 11.4%

Comorbid disorders: 20%
Severe Impairment: 22.2%

Finkelhor, 2015; Merikangas et al., 2010
Leading causes of death, ages 15-24

Unintentional Injury, 13441...
- Homicide, 4905 (17%)
- Suicide, 6252 (22%)
- Other causes


National Vital Statistics System, National Center for Health Statistics, CDC 2017
Centers for Disease Control, WISQARS, 2017
Treatment access

80% of students with a mental illness receive no care

Impact on educational outcomes

- Poor attendance
- Poor academic performance
- Low engagement
- Increased disciplinary involvement
- Increased utilization of staff time / resources
- High drop out
- Disruption due to higher levels of care
- Disruption due to out of school placement
Schools as a source of mental health services

“On the strength of the compelling evidence alone, schools have an imperative to attend not just to the academic success of students, but to their social, emotional and behavioral development as well. **Schools are a natural and logical setting in which to employ a public health framework that focuses on promoting student well-being** and healthy behaviors and preventing mental health problems before they occur.”

-Advancing Comprehensive School Mental Health Systems, 2019
Traditional model of school staff training

Graduate School → Professional Development → IMPOSSIBLE!
Best practice models of school staff training

Aarons et al., 2017; Fixsen, et al., 2005; Joyce & Showers 2002; Owens et al., 2014; Powell et al., 2015; Proctor et al., 2013
Coaching as an Implementation strategy

• In-person skills modeling and supported practice with feedback delivered in a naturalistic setting (i.e. during treatment delivery to real clients or patients)

• Advantages of coaching:
  • Requires relatively small number of sessions
  • delivered during treatment in natural setting
  • active practice with real cases and their inherent complexities
  • eliminates dependence on trainee self-report of session events
  • personally tailored training
  • adaptable and flexible

• has been demonstrated to improve the learning and maintenance of new skills among treatment providers in community and clinical settings

Lyon et al., 2011; Beidas et al., 2011; Beidas, Edmunds, Marcus and Kendall, 2012
Beidas et al., 2014; Powell et al., 2017; Powell et al., 2015
The TRAILS program
Evidence-based Mental Health Care

Cognitive Behavioral Therapy

Mindfulness

- Thoughts
- Feelings
- Behavior
- Situation
TIER 3 - SUICIDE PREVENTION & INTERVENTION
- Student suicide risk identification and management
- Resources for coordination of care

TIER 2 - EVIDENCE-BASED MENTAL HEALTH CARE
- Programming for students impacted by mental illness
- Resources to identify and refer students in need

TIER 1 - PREVENTION & STIGMA REDUCTION
- Anti-stigma education and awareness programming
- Social emotional learning for the classroom setting
- Family outreach and engagement
The TRAILS Training Model

1. Training for school professionals (counselors, social workers, nurses, school psychologists)
2. School professionals paired with TRAILS coaches
3. School professionals & coaches work together to facilitate skills group for students
4. School professionals equipped to serve students independently
TRAILS Coach Development

Clinical Training
- 1 day training in core elements of CBT
- Printed manual

Web-Based Support
- Electronic resources to support clinical care
- Materials organized by treatment component

Consultation
- Practice-case based with structured role plays
- Delivered weekly via video, phone, email

Coach Protocol Training
- 1 day training in TRAILS coaching protocol
- Printed manual
The TRAILS Training Model

**COACH TRAINING**
- Training for community mental health providers in evidence-based mental health practices
- Consultation by TRAILS staff
- Coaching tools available via comprehensive TRAILS website
- Invitational training on comprehensive TRAILS coaching protocol
- Coaches paired with school professionals

**SCHOOL PROFESSIONAL TRAINING**
- Clinical resources available via comprehensive TRAILS website
- Training for school staff in evidence-based mental health practices

Coaches & school staff work together to facilitate student skills groups
Recruitment Strategies

Incentivizing Participation
- Didactic training and CEUs provided at no cost to trainees
- Up to 10 additional attendees per agency
- Stipends for time spent coaching
  Opportunity to build relationships with local schools
TRAILS Coach Recruitment

200+ Agencies Contacted

150 Agencies Partnered

347 Total Providers Trained

Coach attendees (190) + Extra non-coach clinicians (157)
Common Elements of CBT

Why Common Elements?
- More efficient clinician learning
- Better clinician satisfaction
- Better client engagement
- Faster recovery trajectories
- Fewer diagnoses at post-treatment

Becker et al., 2012
Aarons et al., 2017
Chorpita et al., 2015; Park et al., 2015; Weisz et al., 2012
Coping Skill Practice:

Feelings can often change depending on the... (minutes)

What are you feeling after the activity?

Rate the intensity of each feeling on a scale of 1-10.
Coaches In Training: TRAILS Consultation

- 2 TRAILS clinical supervisors PhD, LMSW
- TRAILS consultants (MSW, LMSW, PsyD, PhD)
- 2 hours/week per Coach-in-Training (CIT)

Resources provided to CITs:
- Session by session agendas / materials
- Selecting a case / family permission form
- Sample Self-evaluation resources
- Client assessment tools
Effective mental health services, accessible in all schools
## Evaluation Schedule

- Qualtrics dashboard allows consultants to manage CIT caseload
- CIT surveys/assessments delivered via Qualtrics links

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Consultation</th>
<th>Post</th>
</tr>
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</table>
| Coach in Training (CIT) | Baseline CPAM  
Baseline CBT skills and attitudes | CIT Self-assessment  
Weekly self-evaluation of each CBT client session | Post-CPAM  
Post-consultation measure of CBT skills and attitudes, also includes program feedback |
| Consultant        | Consultant Weekly Logging  
Logging time for session planning calls (including behavioral rehearsals) and in-session observations | Consultant CIT Evaluation  
An evaluation of your perceptions of your CITs progress and ability to become a coach |  |
| Client/Student    | Client Measure  
Package of: - PHQ - GAD | Client Measure  
Package of: - PHQ - GAD |  |
Consultation Findings

- 1,053 sessions delivered to >186 clients
- Over 140 CBT sessions directly observed by TRAILS consultant
- 33% increase in CBT skill scores pre-post training & consultation
- 108 out of 121 trainees recommended by their consultant for invitation to coach protocol training, representing 77 Michigan agencies
Coach: Self-Reported CBT Use

Pre-Consultation

- CBT theory: 71.9%
- Relaxation: 70.1%
- Cognitive Restructuring: 71.9%
- Exposure Hierarchy: 6.2%
- Behavioral Activation: 14.1%

Post-Consultation

- CBT theory: 88.6%
- Relaxation: 89.5%
- Cognitive Restructuring: 89.6%
- Exposure Hierarchy: 46.9%
- Behavioral Activation: 68.8%

% OF RESPONDENTS

Never/Rarely Sometimes Often/Always
Consultation Client Outcomes

Client Outcomes: Mean Scores

Pre-Consultation vs. Post-Consultation

PHQ-9T

GAD-7

n=115
P<.0001
ES = moderate - large
Coach Training

8:00am  Welcome & Training Goals
8:15am  Overview of Coaching
9:30am  Break

9:45am  Clinical Review (CBT / Mindfulness)
11:15am Lunch
12:00pm Coaching Protocol
1:00pm  Break

1:15pm  6 Strategies for Success
1:45pm  Tools to Help
2:00pm  Observation & Reporting
3:00pm  End of Training!
TRAILS Coach Network Development

Clinical Training:
- 347 Attended Clinical Trainings
- 190 Attended intending to become Coaches
- 157 Training Only

Consultation:
- 121 Completed Consultation
- 69 Dropped

Recommendations:
- 108 Recommended for Coaching
- 13 Not Recommended
- 2 Recommended With More Training

Coach Training:
- 86 Attended Coach Training
- 84 TRAILS Coaches
## Adaptive School-based Implementation of CBT (ASIC)

### Key Study Questions

<table>
<thead>
<tr>
<th>Administrators (n=97)</th>
<th>School Professionals (n=227)</th>
<th>Students (n=899)</th>
</tr>
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<tbody>
<tr>
<td>What is the school makeup &amp; climate regarding mental health?</td>
<td>How do different forms of implementation support change the way SPs think about or use CBT with students?</td>
<td>How are students impacted if their school partners with TRAILS?</td>
</tr>
</tbody>
</table>

- School demographics
- School support for mental health service delivery
- Use of CBT
- Perceptions of CBT
- Fluency in using CBT
- Access to mental health services
- Knowledge of effective coping skills
- Clinical symptoms
- Academic performance

(1R01MH114203 / PI: Kilbourne)
ASIC Study Conditions

**REP (Replicating Effective Programs)**

*Everyone*

- TRAILS training, newsletters, email updates
- Technical support
- TRAILS expert office hours

**Coaching**

*Randomized*

In-person support from a TRAILS Coach assigned to your school to support CBT skill and comfort

**Facilitation**

*Randomized*

Phone-based support to talk through organizational challenges/barriers
TRAILS Coach Network 2018-2019
Maintaining a Coaching Network

ENGAGEMENT

SUPPORT

CONTINUING EDUCATION & TRAINING

ONGOING EVALUATION
Expanding the TRAILS Coach Network

• Detroit Wayne Health Integration Network
  • 5-10 agencies in Wayne County
  • 60-100 schools

• State-funded Partnerships with Michigan Schools
  • ~50 schools statewide

• Detroit Public Schools Community District
  • 100+ buildings to receive coaching
Future Directions

2019-2023:
• NIMH grant- ASIC 5-year clinical trial
• Expansion throughout Michigan

2023+
• Development of a national model
Number of SBHCs by State
(n=2,584)
Questions?
thank you!

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