BRISC IN ONTARIO!

Pilot test of an engagement, triage, and brief intervention strategy to prevent and treat MH problems

Alexandra Fortier and Kathy Short
Ontario School MH ASSIST

Eric Bruns, Kelly Whitaker, Semret Nicodimos, Kristy Ludwig, Aaron Lyon, Elizabeth McCauley
University of Washington School of Medicine
School Mental Health Assessment, Research, and Training (SMART) Center

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21st Annual Advancing School Mental Health Conference
San Diego, CA
September 30, 2016

Overview of the session

- Background: The need for better approaches in school MH

- Ontario SMH ASSIST: mission and needs

- BRISC: An overview

- Evaluation: Goals, Methods and results

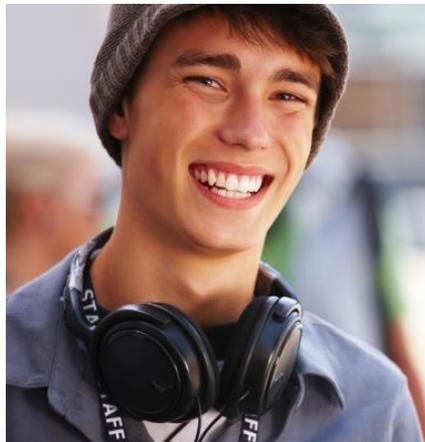- Summary of findings and lessons learned

- Next steps

- Q&A

Schools play a major role in fostering children's mental wellness

Most youth who require mental health services do not receive them

70%

SMH accounts for >70% of all MH services – and can improve service access for underserved youth

Positive school climate can buffer youth from external risk factors.

Social-emotional learning programs improve school achievement by 11% on average (Durlak et al., 2011).

School Mental Health

- Over 150,000 providers in the U.S.
- Operating costs of $20 billion (Wong, 2008)

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The Reality Gap

"School mental health provisions are improving, providing time and space to allow all young people access to mental health education and care…but sadly many new innovations fail, uptake is incomplete, and effects are lower than was hoped."

The Lancet Psychiatry, 2014

Access ≠ Effectiveness

1. **Access & Utilization of Services**

2. **Service Quality and Outcomes**

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Seattle School-Based Health Centers

- Integrated care clinics situated in schools
  - Provide primary care and mental health services
  - Improve access to care

- Seattle's SBHCs:
  - **Full time Nurse Practitioner, MH clinician, and admin staff person**
  - Partnership of *Seattle Schools* and *Public Health of Seattle & King County*
  - 30+ SBHCs in high schools and middle schools
  - Funded by the Seattle Families and Education Levy
  - Staffed by sponsor organizations
  - Evidence of positive effects

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BRISC: Finding a "Good Fit" for Schools

School-Based Usual Care	BRISC
Intervention is often crisis-driven	Structured / systematic identification of treatment targets

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Often focused on providing nondirective emotional support	Skill building / problem solving

BRISC: Finding a "Good Fit" for Schools

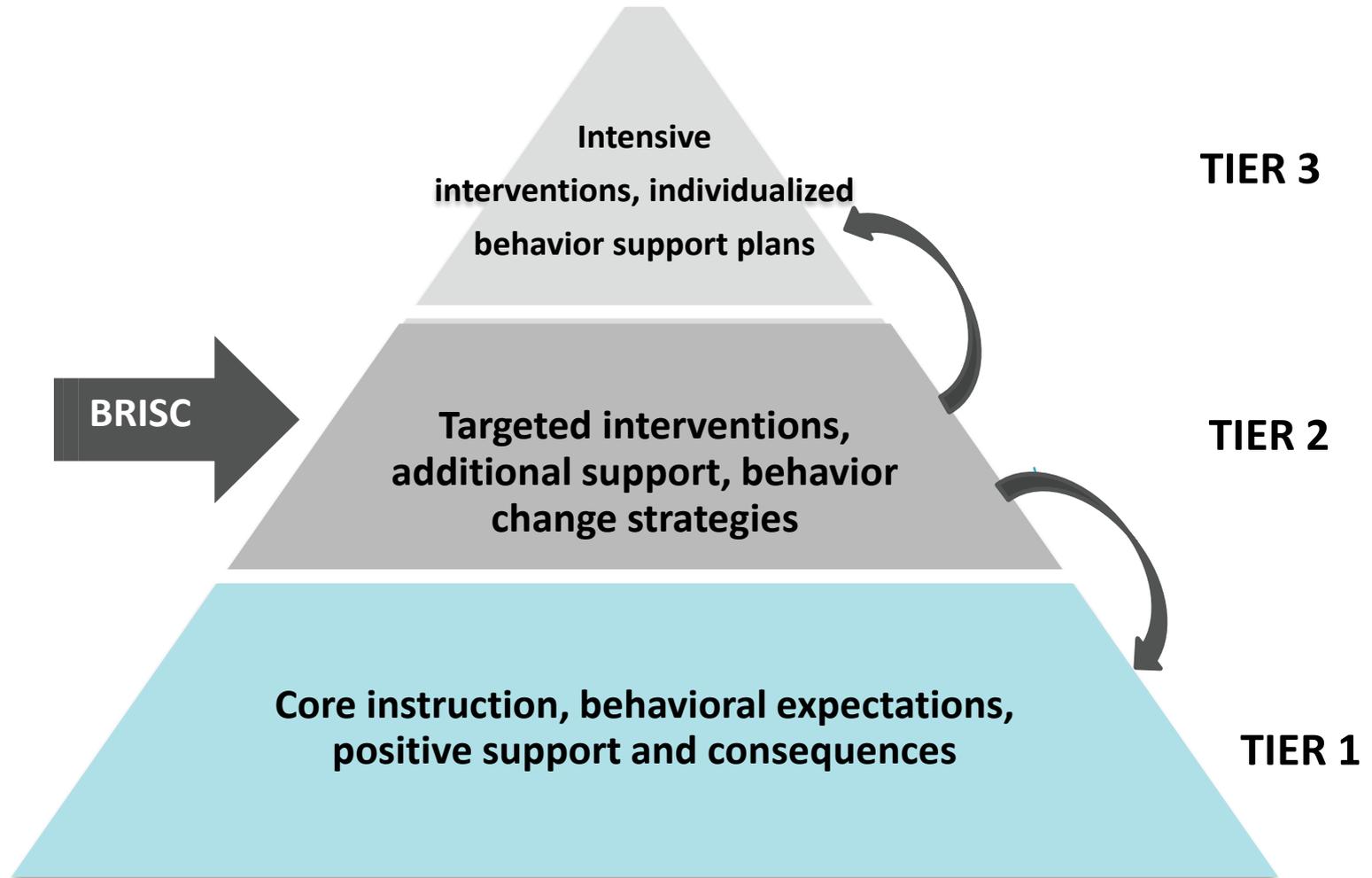| School-Based Usual Care	BRISC
Intervention is often crisis-driven	Structured / systematic identification of treatment targets
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Interventions do not systematically use research evidence	All intervention elements are evidence-based

BRISC: Finding a "Good Fit" for Schools

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Interventions do not systematically use research evidence	All intervention elements are evidence-based
Standardized assessments are used infrequently	Utilizes standardized assessment tools for progress monitoring
Many students in need; only a handful get help (many continue after it's needed)	Aimed at efficiency, so the clinician can get to the next student in need

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BRISC Integration with Educational Approaches

Intensive interventions, individualized behavior support plans

TIER 3

BRISC

Targeted interventions, additional support, behavior change strategies

TIER 2

Core instruction, behavioral expectations, positive support and consequences

TIER 1

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SMH ASSIST

OUR SETTING:
ONTATIO, CANADA

➢ Population roughly 13.7 million (of Canada's 35.5 million)

➢ 72 school districts

  ➢ 31 English Public (secular or non-religious: open to all

  ➢ 29 English Catholic

  ➢ 4 French Public

  ➢ 8 French Catholic

➢ 5000 schools

➢ Approximately 2 million students

➢ Approximately 117,000 teachers

➢ Approximately 7400 principals/vice principals

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WHO WE ARE

School Mental Health ASSIST

Is a provincial implementation support team designed to help Ontario school districts to promote student mental health and well-being

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SMH ASSIST Services

Provincial Leadership in School Mental Health

  Systematic, collaborative, intentional, explicit, nuanced, creative, evidence-based

Implementation Coaching

  Province, Region, Board

Resource Development

  Awareness, Literacy, Expertise
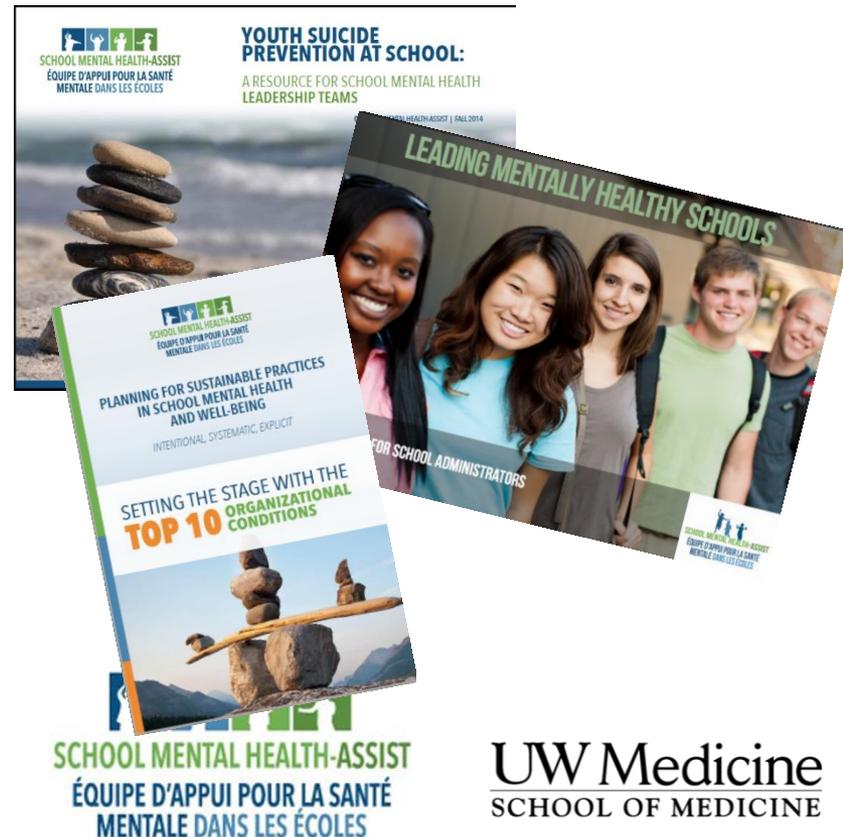
Scope

1. Organizational Conditions and Leadership

2. Capacity-Building for Education Professionals

3. Evidence-Based Mental Health Promotion and Prevention Programming
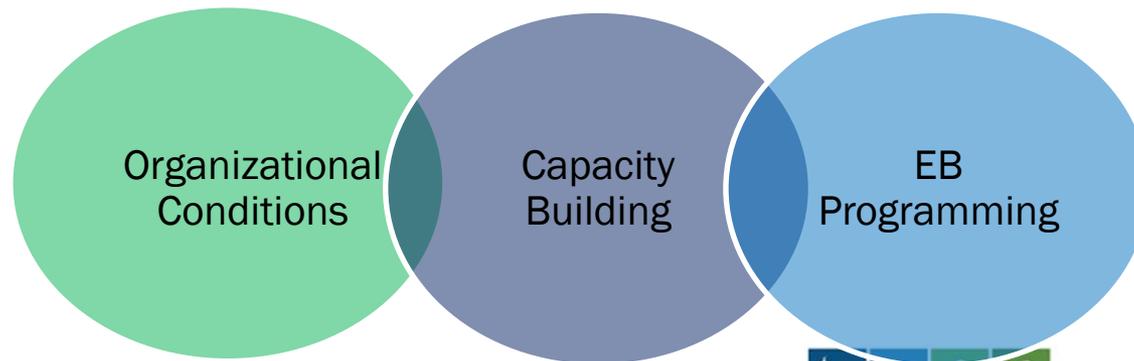
Knowing/Doing Gap in School Mental Health

World of Evidence

- **What we KNOW**
- Conditions, Capacity, and Evidence-Based Programming across the Tiers of Intervention, within a comprehensive and coordinated system of care
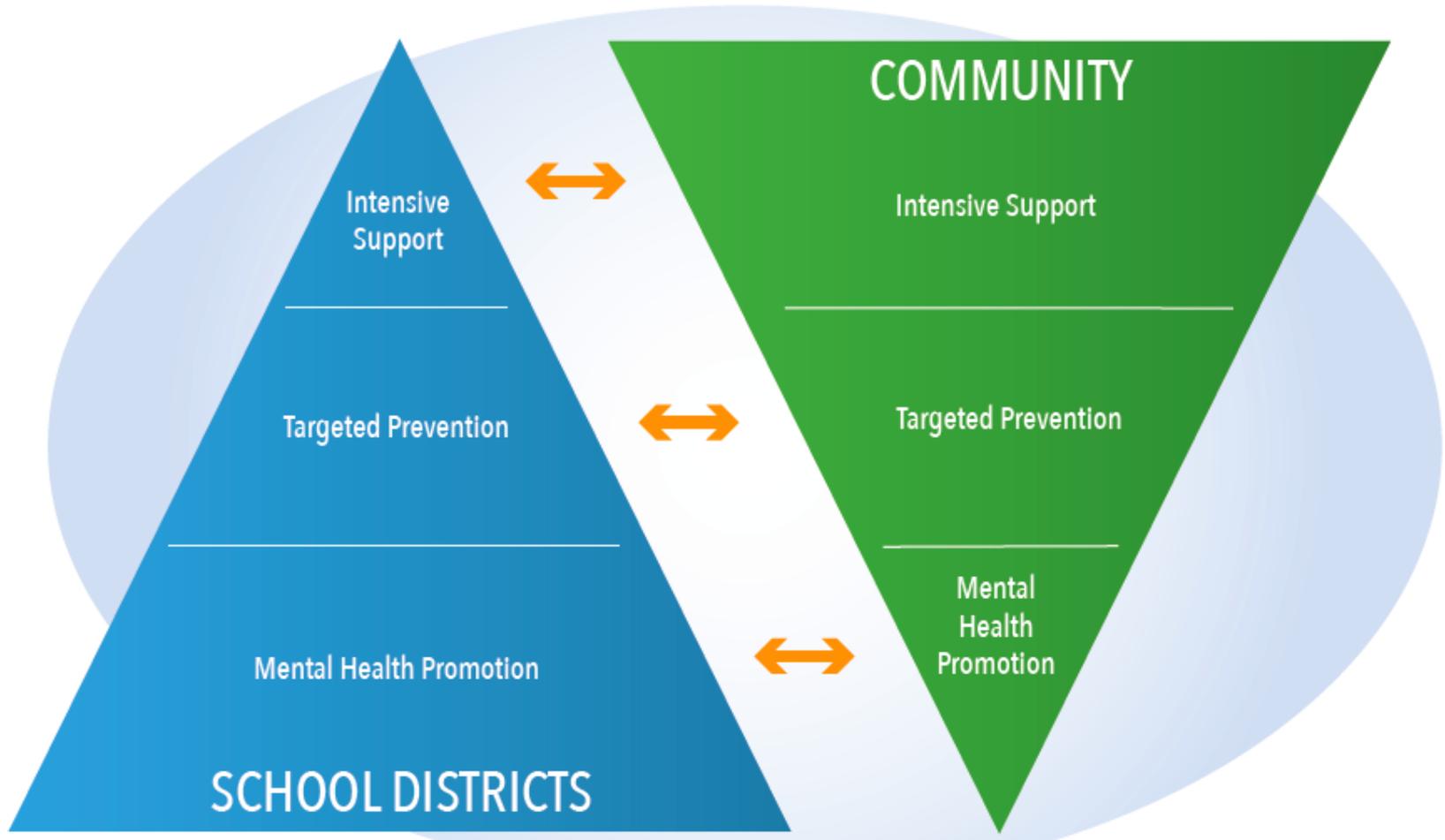

MIND THE GAP

World of Practice

- **What we DO (usually)**
- Fragmented and uneven uptake of programs that are inconsistently aligned with evidence and without attention to elements of sustainability, like conditions and capacity building

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Optimizing "The Space Between"

World of Evidence

- **What we KNOW**
- Conditions, Capacity, and Evidence-Based Programming across the Tiers of Intervention, within a comprehensive and coordinated system of care

ATTENTION TO LEADERSHIP AND IMPLEMENTATION

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World of Practice

- **What we DO (hopefully)**
- Systematic and coordinated uptake of evidence-based approaches in school mental health, with attention to conditions and capacity-building elements that enhance sustainability over time

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Vision for an Integrated System of Care

Sequence is Important

- We've set the stage* (10 organizational conditions)

- We're are building capacity to ensure that everyday well-being practices are integrated in the fabric of schools

- We are now ready to introduce an evidence based approach to identify and intervene with youth at risk

- BRISC offered the rigor and flexibility that our context was ready for.
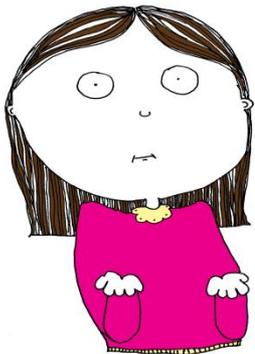

Aligned and Integration Model (AIM) for School Mental Health and Well-Being
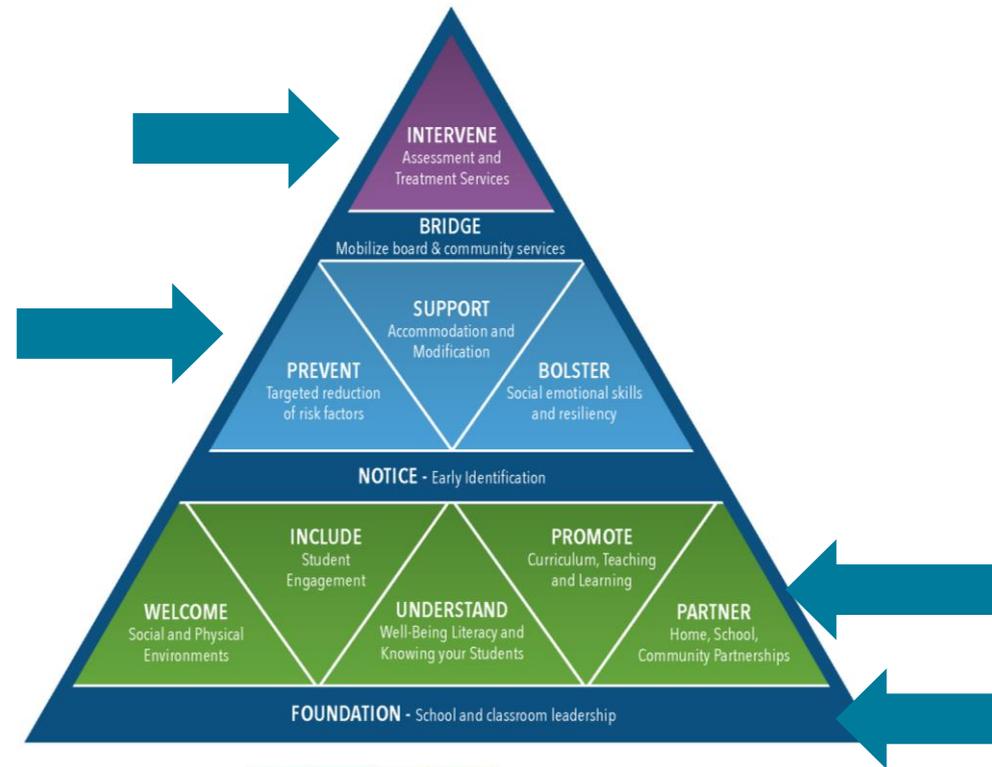
BRISC Guiding Principles
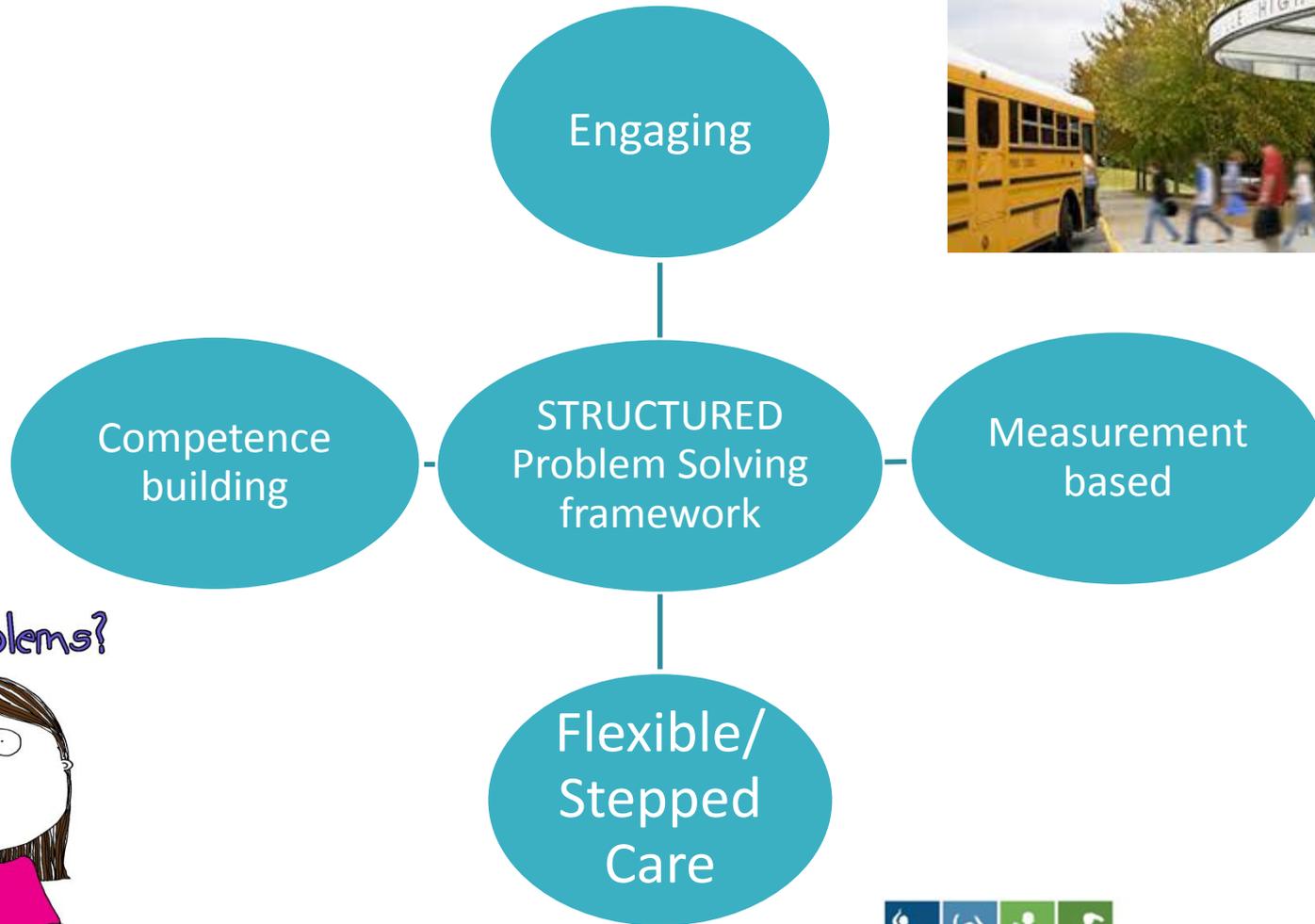
BRISC Session ONE

1. Administer and review brief standardized assessment measure(s)

2. Assess current functioning: school, peers, family

3. Identify Problems

   a) List problems

   b) Identify top 3

   c) Introduce cognitive triangle

4. Convey Helpfulness & Plan for Working Together

5. Introduce Informal Monitoring

BRISC Session TWO

1. Review informal monitoring
2. Recap problem list and identify problem to address
3. Discuss stress and obtain rating
4. Introduce problem solving
5. Identify barriers and plan to address
6. Create a game plan for the week

BRISC Session THREE

1. Review problem solving experiment
2. Ask for stress rating
3. Continue problem solving:
   a) Individualize approach based on barriers
   b) Incorporate new skill as/if needed:
      - Stress and Mood Management Guide
      - Communication Skills Guide
   - Realistic Thinking Guide
4. Create game plan for the coming week

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BRISC Session FOUR

1. Assess the outcome of the solution

2. Ask for stress rating

3. Administer and review brief standardized assessment measure

4. Review progress and continued use of problem solving skill

5. Identify and plan for next steps

Lessons Learned thus far:
Four Core Post-BRISC Pathways

1. Come back if you need it   (54%)

2. Supportive monitoring (18%)

3. Continue BRISC or other school MH service (18%)

4. Intensive services – (2%) (referral to other services (i.e. special education, psychiatry, trauma treatment, family therapy, DBT, eating disorder treatment, etc.)

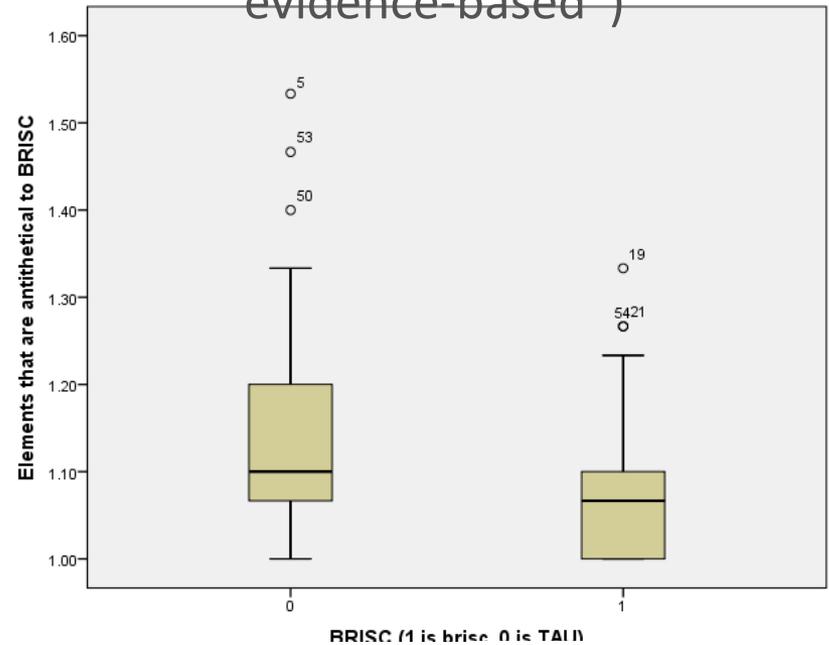# Lessons learned thus far: SMH Clinicians' practice shifted

Use of Practice Elements Consistent with BRISC (more "evidence-based")
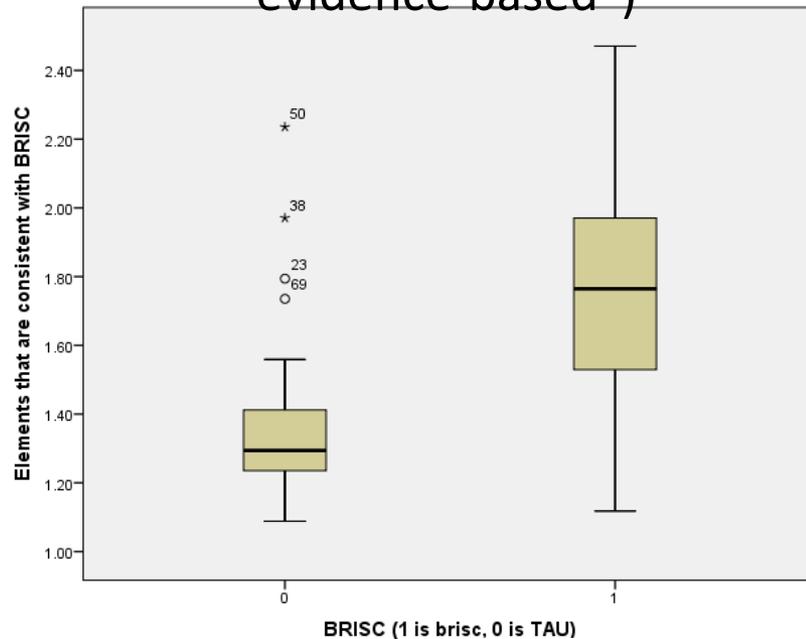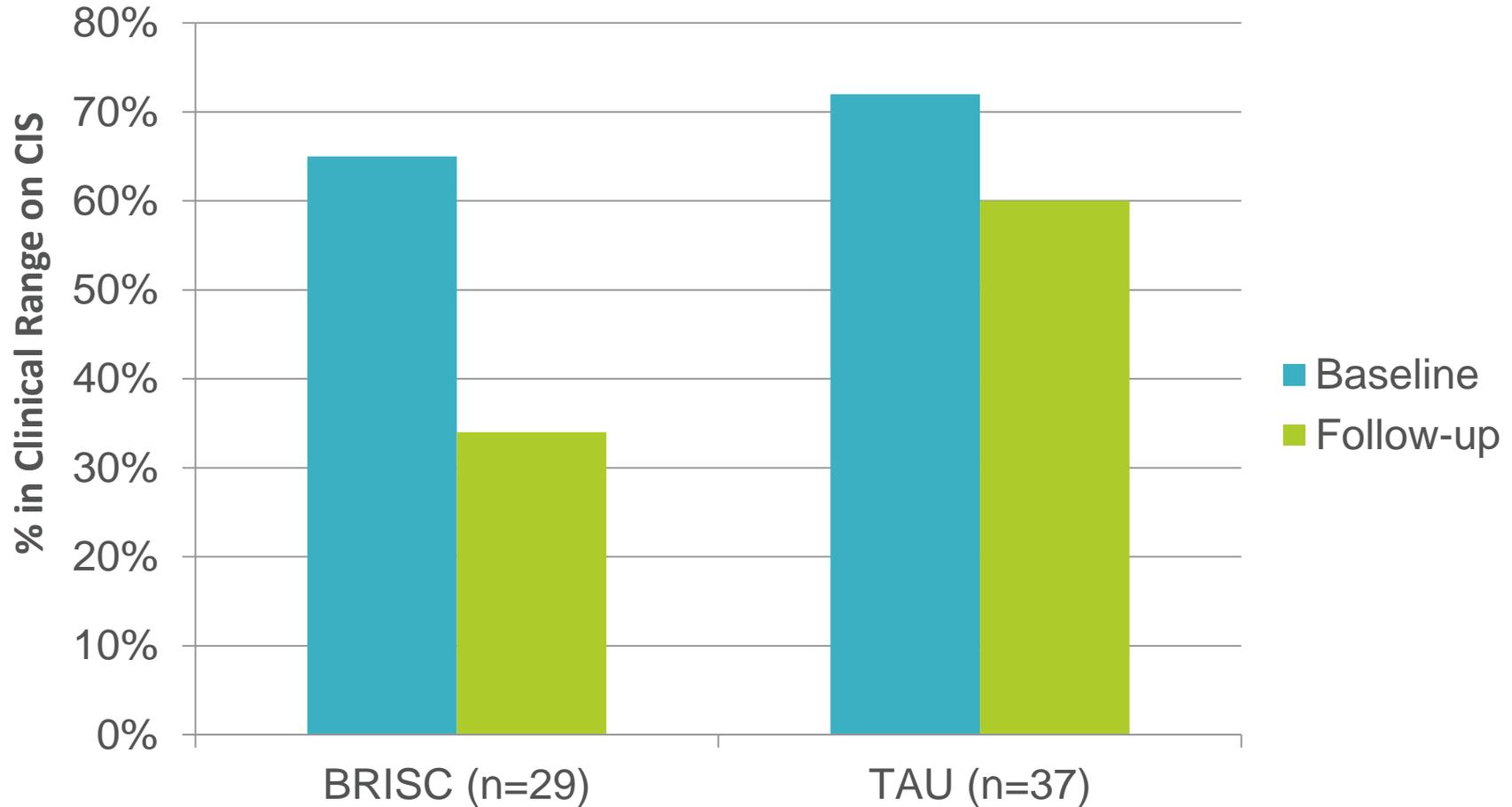
SMH SAU (38 tapes) BRISC (46 tapes)

Use of Practice Elements Antithetical to BRISC (less "evidence-based")

SMH SAU (38 tapes) BRISC (46 tapes)

Lessons learned thus far:
Other positive outcomes of BRISC

- Clinician-rated (n=8) feasibility of BRISC was (relatively) high (3.8 – 4.1 on 5 point scale)

- BRISC was higher than SAU on student alliance

- BRISC higher than SAU on student satisfaction

- BRISC superior on MH Outcomes
  - MH Functioning (CIS)
  - Anxiety (GAD-7) and Depression (PHQ-9)

Current evaluation: Brief context

Because of the diverse context in Ontario and high variability of available resources per district within the province, the "BRISC team" agreed to do a feasibility pilot to expand the approach to a broader audience of practitioners.

"We wanted to know if the approach would be appropriately used by different professionals and if the student outcome would be similar than if the practitioner was a master level clinician"

We also had the materials translated in French – but the manual wasn't ready in time for the pilot…

Current evaluation: Research Questions

1. Is training and consultation viewed as high quality and as having a positive impact on staff skills and practice?

2. What are the presenting needs of students referred to BRISC?

3. With what degree of fidelity do practitioners implement BRISC?

4. What types of modifications do practitioners report?

5. What are the practitioners' perceptions of acceptability and feasibility of BRISC?

6. What are the MH outcomes during BRISC enrollment?

7. What are the post-BRISC service pathways?

Current evaluation

- **<u>Data sources</u>**
  - Training evaluation
  - Practitioner reports
    - Fidelity
    - Reports of student functioning
  - Exit interviews with practitioners

- **<u>Sample:</u>**
  - 33 school practitioners
  - 40 students

- Compared results to previous results from Washington State (8 clinicians, 39 students)

Practitioner Demographics (N=33)

Age range	
25-44	41%
45-54	18%
55-64	18%
Gender	
Female	82%
Male	18%
Race	
White	80%
Black	10%
Education	
College	29%
Bachelor's	24%
Master's	47%
Years in MH / current position	16 years / 6 years
Francophone/Anglophone	29% (9) 71% (24)

Results: Perception of Training

	Min	Max	Mean
Existing mastery/competence	4	10	7.0
Post-training mastery/competence	5	10	8.4
Importance of training goals	7	10	9.2
Trainer credibility	5	10	9.1
Training organization	3	10	8.1
Training interest	5	10	7.6
Level of impact	5	10	8.3
Impact	5	10	8.5

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Results: Training Usefulness

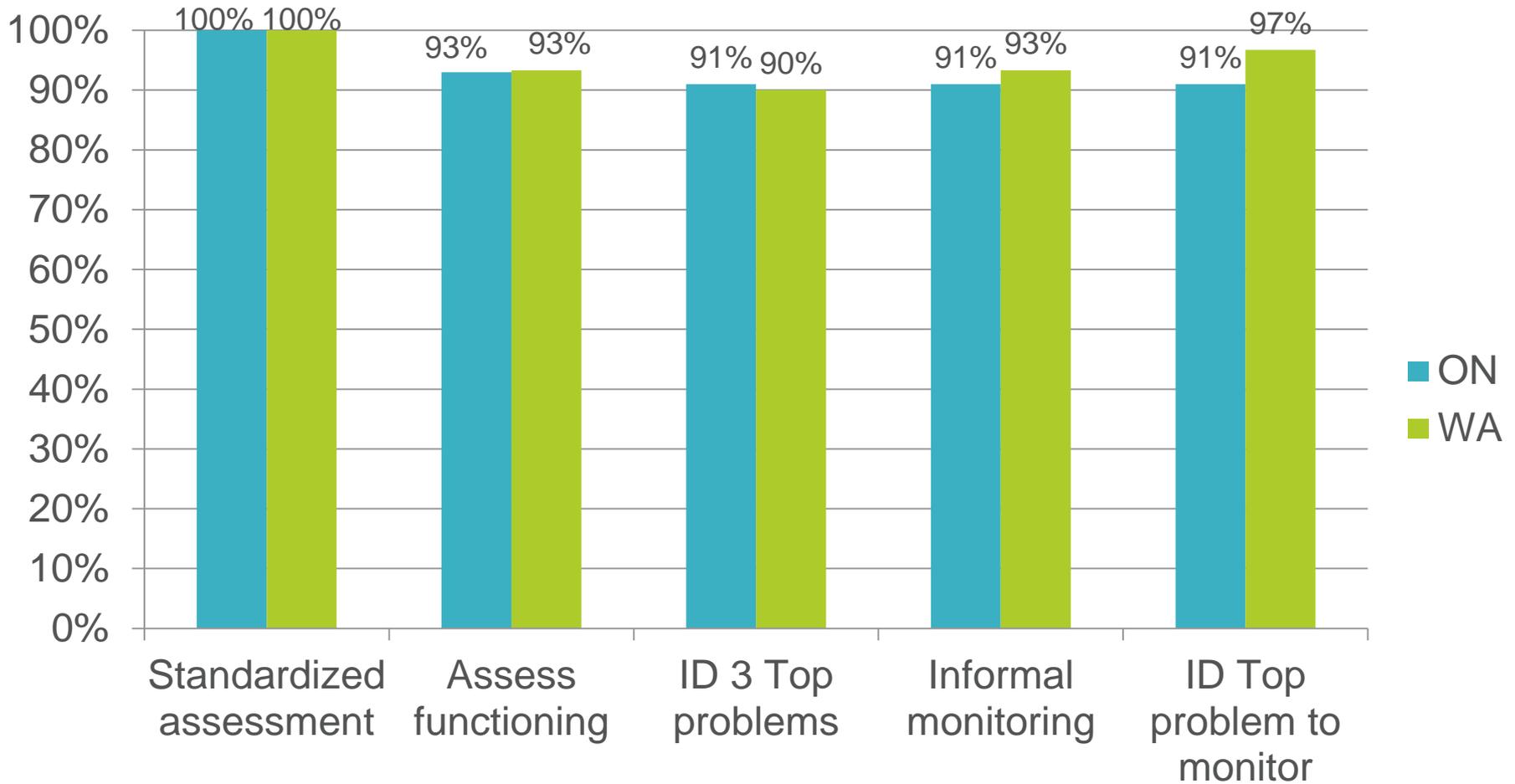| Theme	Frequency
Structure/Organization (e.g. breakdown of sessions, structure of sessions, organizational model) *"This organizational format of the sessions was great information. The constant reinforcement of say, see, do was also great information."*	12
Approach (e.g. philosophy, practicality, strategies, brief delivery, implementation) *"Practical, brief counseling to build resiliency with our students."*	8
Materials (e.g. checklists, handouts, manual, examples)	8
Assessment Tools (e.g. measures) *"Connection to rating scales and the problems gave the framework to integrate a variety of familiar techniques."*	5
Content (e.g. examples, facilitators, strategies, modeling) *"Clear strategies to structure sessions."*	5

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Results: Training Recommendations

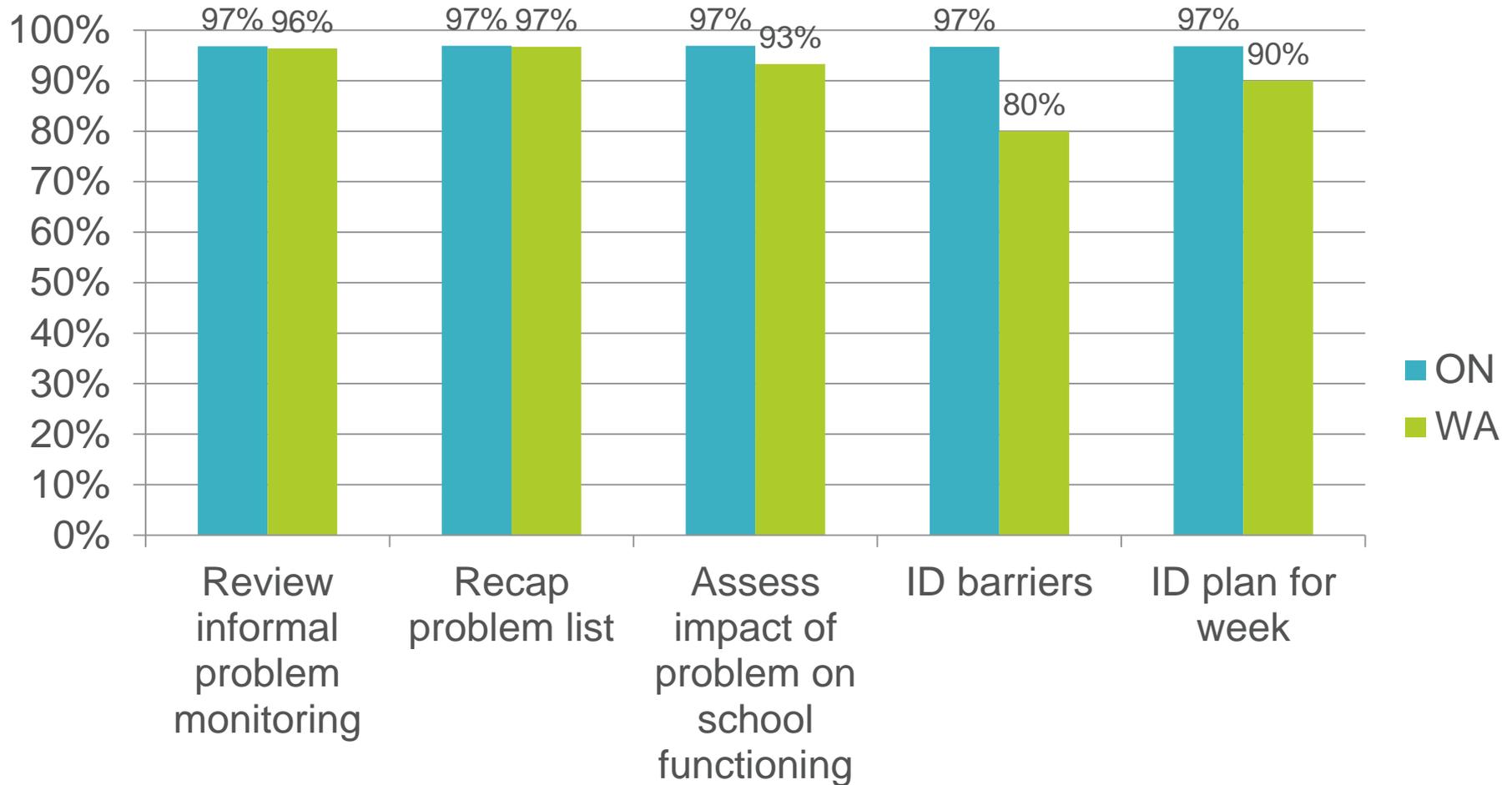| Theme	Frequency
Resources (e.g. videos, teaching, more time, electronic versions of handouts, efficacy information, more examples) *"More examples of BRISC being used- video."*	9
Organization (e.g. coordination, preparing things ahead of time) *"More coordination of the presenters."*	2
BRISC for Younger Students *"Resources and practical training to implement BRISC to younger students."*	2
Miscellaneous (defining goals vs. strategies, positive feedback) *"Clarity of definitions. Perhaps clearly defining goals vs. strategies. This was the most challenging for me."*	7

Results: Presenting Needs of Students

Presenting Needs	Frequency
Internalizing Problems (depression, low mood, anxiety, worry, suicidality/self-harm, stress)	32
Relationship Problems (peers, family members, friends, bullying, aloneness, belonging, conflict with others, parents separating or divorcing)	24
School Problems (attendance, classes, teachers, grades/performance, focus and motivation, speaking in class, transportation, international exchange student support)	16
Externalizing Problems (anger, ADHD, drug use, ODD, emotional regulation needs)	9
Other Problems (Autism, sleep habits, appearance, home-life)	6
Trauma, Grief, Loss (death of a parent /relative, tragic accidents)	4

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Fidelity Results: Session 1 (n=44)

Fidelity Results: Session 2 (n=32)

Results: Modifications

Few modifications

- 100% kept the recommended order of sessions

- 24% extended BRISC sessions beyond 4

- 16% stopped using the BRISC protocol during a session due to crisis or other interruption

- 15% repeated an entire BRISC session

Results: BRISC Feasibility

| Scale: 1 (Not at all) to 3 (Moderately) to 5 (Extremely)	ON (n=35)		WA (n=30)	
	Mean	**SD**	**Mean**	**SD**
Usefulness of BRISC structure and tools in student's treatment	**3.94**	0.73	**3.73**	0.87
Relevance of problem solving and other tools to this student	**3.86**	0.88	**3.70**	1.14
Extent to which clinician was able to incorporate BRISC concepts and techniques into their work with this student	**3.89**	0.72	**3.70**	0.95
Compatibility of BRISC with the practical realities and resources of this case	**3.89**	0.86	**4.03**	1.22

Results: BRISC Feasibility

| Scale: 1 (Not at all) to 3 (Moderately) to 5 (Extremely)	English Speakers (n=26)		French Speakers (n=9)	
	Mean	**SD**	**Mean**	**SD**
Usefulness of BRISC structure and tools in student's treatment	**4.12**	0.65	**3.44***	0.73
Relevance of problem solving and other tools to this student	**3.85**	0.97	**3.89**	0.60
Extent to which clinician was able to incorporate BRISC concepts and techniques into their work with this student	**3.92**	0.74	**3.78**	0.67
Compatibility of BRISC with the practical realities and resources of this case	**3.96**	0.87	**3.44**	0.73

Student outcomes: PHQ-9 (Depression)
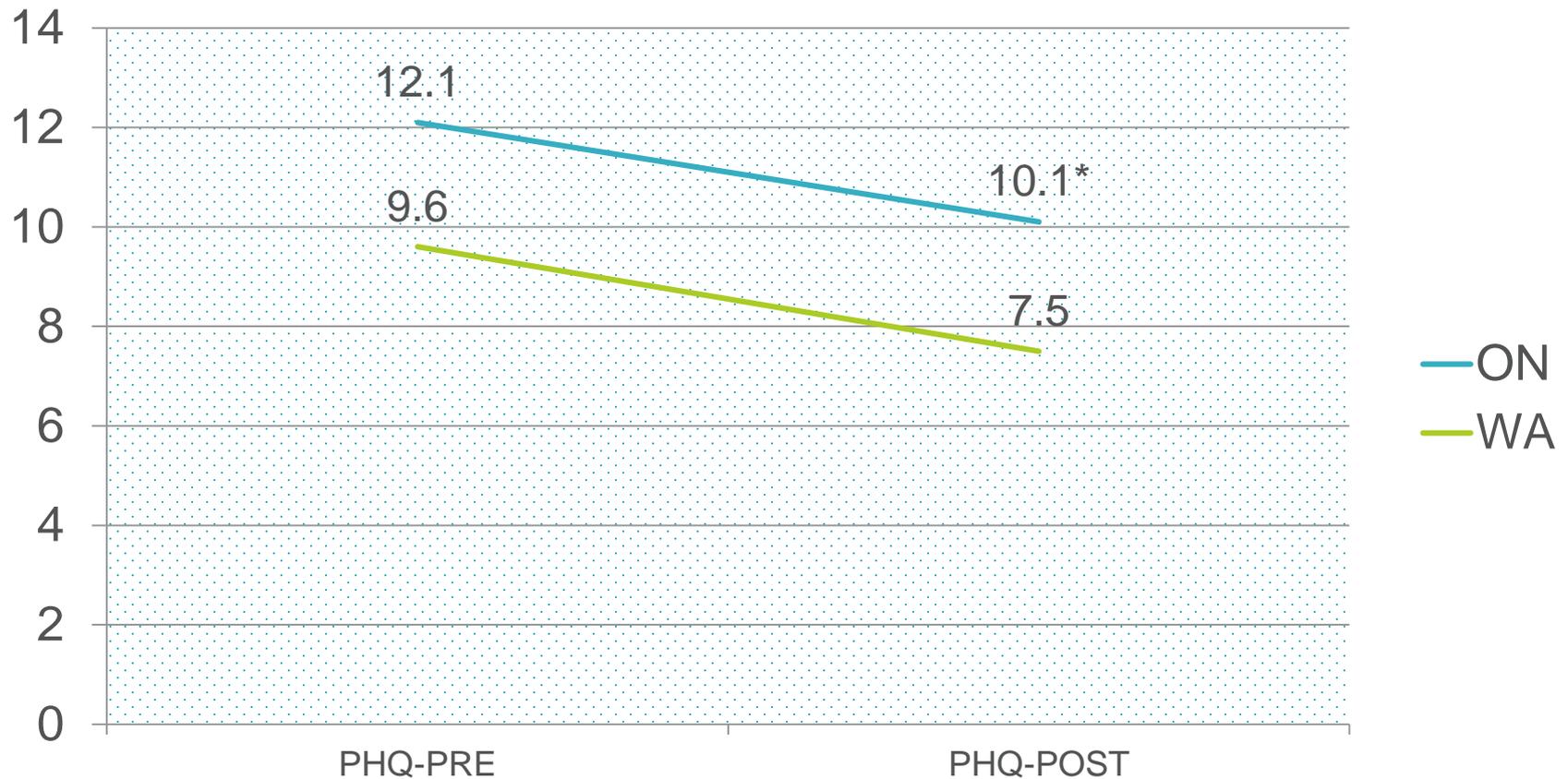
Student outcomes: GAD-7 (Anxiety)
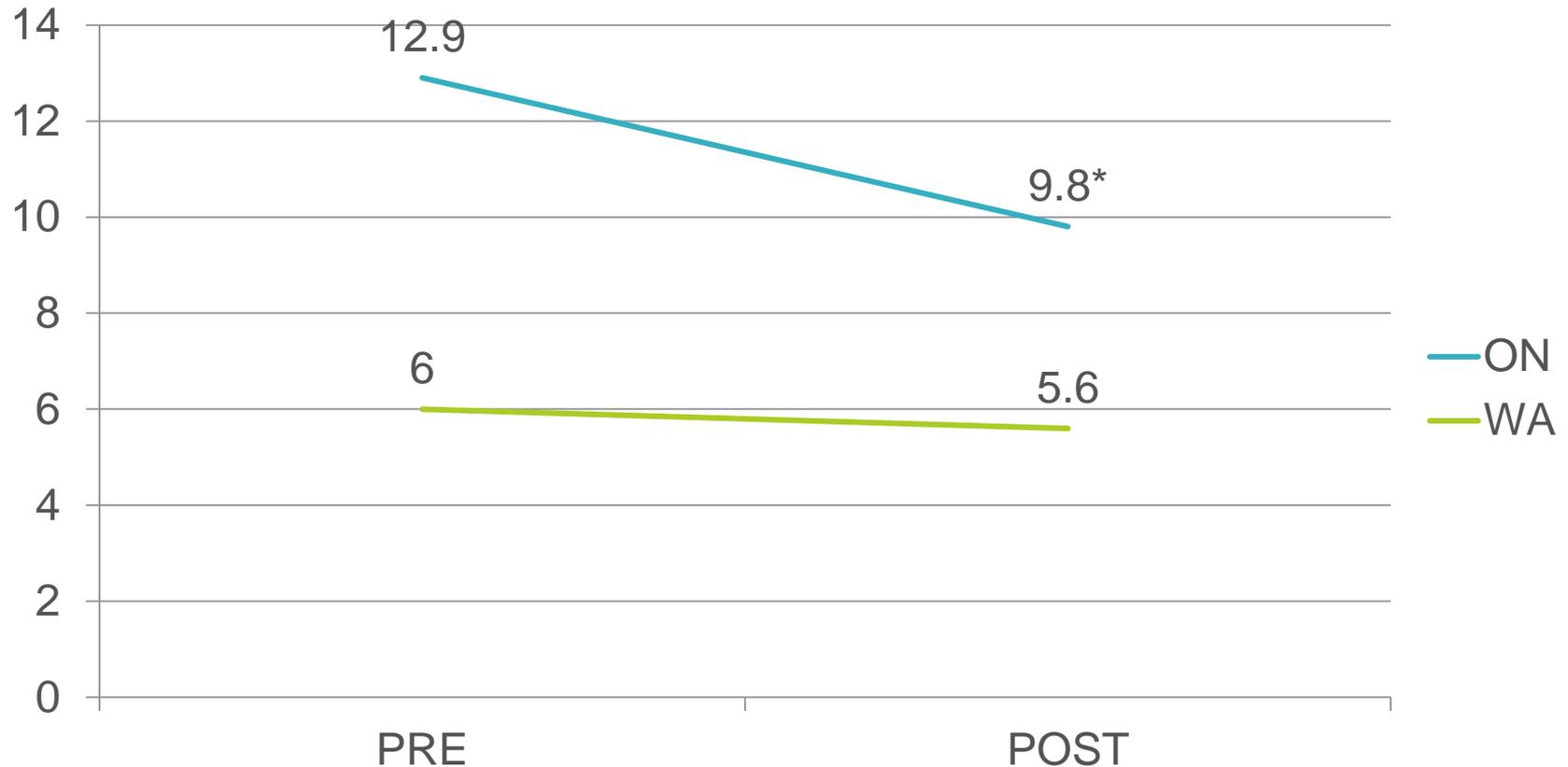
Results: Post BRISC pathways
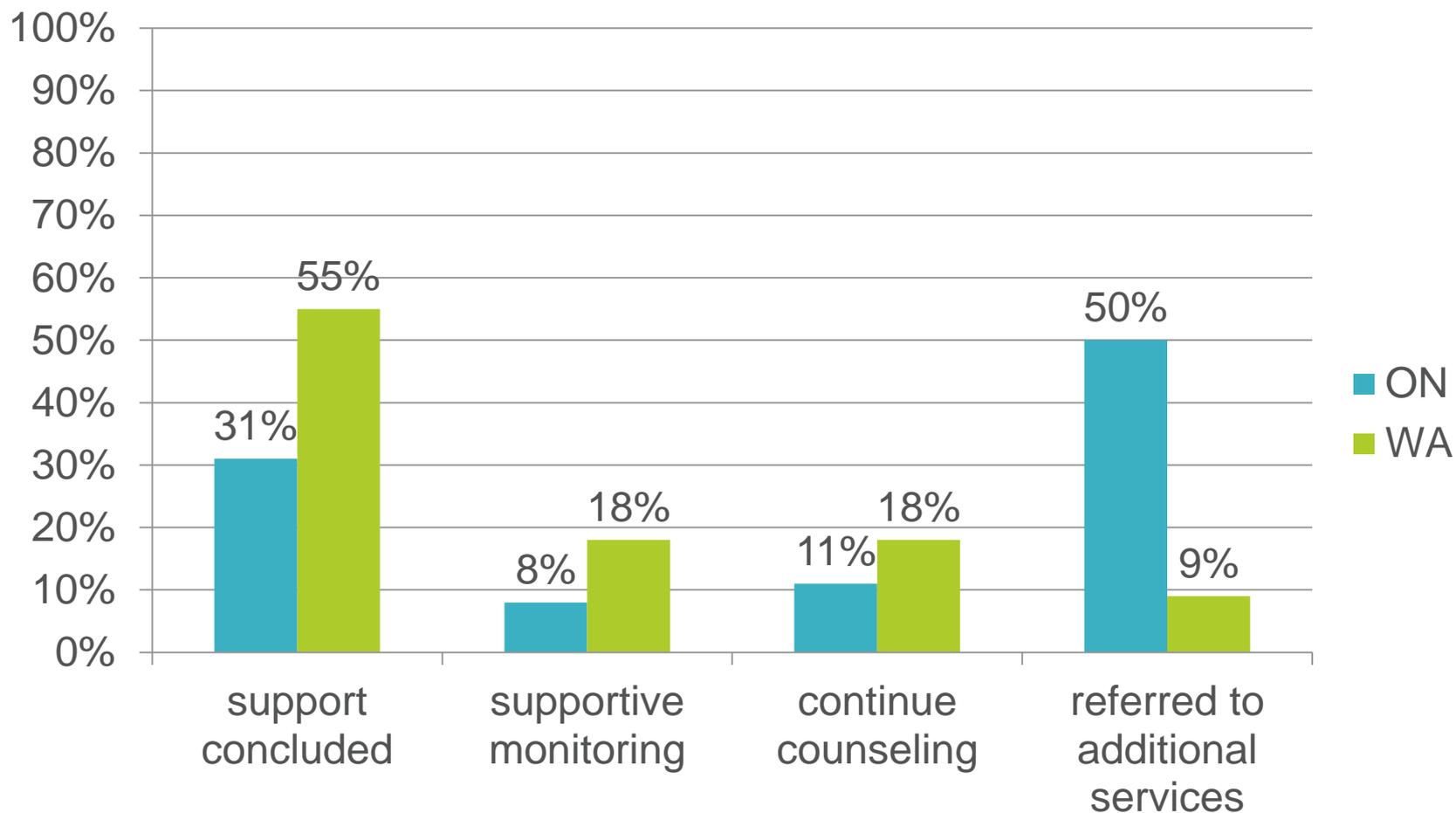
Practitioner Interview/Survey Findings (N=24)

Rating (0-10) of:	Mean
Usefulness of Problem Solving Framework	8.95
Usefulness of Progress monitoring and feedback	9.10
Usefulness of Homework exercises for students	8.60
Motivation to continue to use BRISC	9.10
Effectiveness (compared to services as usual) using BRISC	7.95

Item	Result
Percent of caseload BRISC would be applicable for	**Mean = 74%**
Four sessions is… Too many Too few About right	 0% 25% 75%
Percent of clinicians who would do the project again	**100%**

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Weaknesses / Things to focus on

- Coming out of the training, there was a sense that you can achieve anything in a short term. For future training it would be great to reinforce and clarify the doable short term rather than going at the long term issues, in a school setting.

- Adding a session: The second week, after monitoring, the kids realize the issue was different, so it feels like we are starting anew.

- Something on conflict resolution would be great.

- It felt mechanical, because I wasn't used to it and comfortable with it. Practice will help.

Weaknesses / Things to focus on

- With this approach you do need a clear pathway to additional resources and to ensure that those services are available.

- Back and forth from French to English. Because the manual wasn't yet translated.

- Just the time constraint (4 sessions). Maybe one day I'll be able to do this, but right now, I need 4 to 6 sessions

- I like the Problem Solving piece, but I think the steps could be simplified.

Other lessons learned

BRISC-ON:

- Partnerships and communication are key!

BRISC-ON PILOT:

- A criteria that supports the efficiency of the model: having clear internal and external pathways/protocols to, from and through care

- If you're engaging diverse cultures/languages, ensuring that the materials are translated AND adapted.

Other lessons learned (cont'd)

BRISC Training

- Important to involve site supervisor/coordinator
- Challenging to engage trainees in active "practice"/ role playing

Consultation

- 1-2 practice cases an important step
- Every other week at first effective
- However, consultation process was longer than it needed to be— could have simply offered "as needed" after first about 8 weeks

Summary of findings

Lots of work still to be done

100% of the districts that were part of the initial pilot wish to scale up their implementation of the BRISC approach

23 of the 72 (32%) school districts wish to be part of a second pilot to determine if the approach will suit their context well.
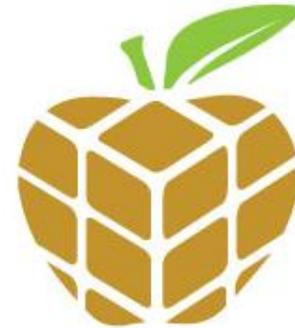
Next steps BRISC-ON

Building on the current motivation and momentum that has been created

Planning for a Provincial scale-up of the BRISC intervention.

- Sequence
- Training
- Cost
- Monitoring and evaluation

Developing and evaluating a train-the-trainer model to promote sustainability of the approach

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https://education.uw.edu/smart

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