SYMPOSIUM 6

WHAT WE CAN LEARN ABOUT PROMOTING SCHOOL MENTAL HEALTH FROM THE WORLD'S BIGGEST PROGRAMS

22ND ANNUAL CONFERENCE ON ADVANCING SCHOOL MENTAL HEALTH

October 19-21, Washington DC

Outline of Symposium

Introduction: Michael Murphy

1. Scope, scale, and dose of the world's largest school-based mental health programs: **Madelaine Abel**
2. How the eight largest school mental health programs grew to scale: A focused review of facilitators of growth: **Cara Lucke**
3. Using implementation science to sustain and improve a national school-based mental health program: Skills for Life Program experience: **Javier Guzman & Haregnesh Haile**

Discussion: Sharon Hoover

We gratefully acknowledge the support of the Fuss Family Fund

Scope, scale, and dose of the world's largest school-based mental health programs

MADELAINE ABEL

UNIVERSITY OF KANSAS

CLINICAL CHILD PSYCHOLOGY PROGRAM

HOW THE EIGHT LARGEST SCHOOL MENTAL HEALTH PROGRAMS GREW TO SCALE: A FOCUSED REVIEW OF FACILITATORS OF GROWTH

Cara Lucke
Department of Psychiatry, Massachusetts General Hospital

Mina Fazel, DM, MRC Psych
Department of Psychiatry, Oxford University

PROGRAMA
HABILIDADES PARA LA VIDA
Un aporte al bienestar de la comunidad educativa

Using implementation science to sustain and improve a national school-based mental health program: ***Chile's Skills for Life Program*** *experience*

Javier Guzmán, M.A.
Haregnesh Haile, B.S.

.

Scope, scale, and dose of the world's largest school-based mental health programs

MADELAINE ABEL

UNIVERSITY OF KANSAS

CLINICAL CHILD PSYCHOLOGY PROGRAM

BACKGROUND

- An estimated 20% of youth experience a psychiatric disorder at some point in their lives
- Effective treatments are often time-sensitive, costly, and not available to those who need them
- Schools are in a unique position to promote children's development and mental health

BRIEF OVERVIEW OF SCHOOL-BASED MENTAL HEALTH

- Increasing focus on the components of preventive mental health programs in schools:
  - Who delivers
  - Therapeutic modalities
  - Outcomes measured
  - Intervention tier
  - District, state, national level

BRIEF OVERVIEW OF SCHOOL-BASED MENTAL HEALTH

- Preventive mental health interventions have been studied almost exclusively in **high income countries**
- A number of programs are now operating, at scale, in **low- and middle-income countries** (LMICs)
- Now we can consider the effectiveness of these programs from a global perspective

AIMS

1. Identify and systematically compare some of the larger school-based mental health programs, including similarities among programs and effective components that work across multiple contexts
2. Examine the degree to which large programs have been implemented in LMICs

METHOD

- Literature search electronic databases for articles published before December 2015
- Search terms: "school*" OR "school-based", "mental health" AND "program" OR "intervention" OR "prevention", "large-scale" OR "national"
- Searched reference sections of relevant review papers

METHOD: ELIGIBILITY CRITERIA

Inclusion criteria

- Assessment of children/adolescents <18 years
- Program implemented in school setting
- Direct measure of mental health outcome in program evaluations
- Program aim explicitly stated mental health term in goals

Exclusion criteria

- Exclusive focus on social-emotional learning
- Any non-mental health primary focus
- Just a tier 3 component

PROGRAMS INCLUDED

- Positive Behavioral Interventions & Supports (PBIS)
- FRIENDS
- Positive Action
- Promoting Alternative Thinking Strategies (PATHS)
- Skills for Life (SFL)
- MindMatters
- Good Behavior Game
- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

METHOD: DATA EXTRACTED

Scope:

- Tier
- Age of children
- Location
- Target mental health problem

Scale:

- Total number of children reached
- Number of years active
- District, state, national level
- Currently implemented in LMICs?

Dose:

- Number of intervention hours
- Teacher and parent components

RESULTS: SCOPE

	Tier	Outcomes Assessed	Target Group
PATHS	**1**	Academic achievement Aggression/externalizing behaviors	K-6
MindMatters	**1**	Academic achievement Internalizing problems	PreK-Adult
Good Behavior Game	**1**	Aggression/externalizing behaviors	K-6
Positive Action	**1, 2**	Academic achievement Aggression/externalizing behaviors	PreK-12
FRIENDS	**1, 2, 3**	Internalizing problems	K-Adult
Skills for Life	**1, 2, 3**	Academic achievement Aggression/externalizing behaviors	1-4
PBIS	**1, 2, 3**	Academic achievement	K-12
CBITS	**2**	Post-traumatic stress	5-12

RESULTS: SCOPE

	Tier	Outcomes Assessed	Target Group
PATHS	1	**Academic achievement** **Aggression/externalizing behaviors**	K-6
MindMatters	1	**Academic achievement** **Internalizing problems**	PreK-Adult
Good Behavior Game	1	**Aggression/externalizing behaviors**	K-6
Positive Action	1, 2	**Academic achievement** **Aggression/externalizing behaviors**	PreK-12
FRIENDS	1, 2, 3	**Internalizing problems**	K-Adult
Skills for Life	1, 2, 3	**Academic achievement** **Aggression/externalizing behaviors**	1-4
PBIS	1, 2, 3	**Academic achievement**	K-12
CBITS	2	**Post-traumatic stress**	5-12

RESULTS: SCOPE

	Tier	Outcomes Assessed	Target Group
PATHS	1	Academic achievement Aggression/externalizing behaviors	**K-6**
MindMatters	1	Academic achievement Internalizing problems	**PreK-Adult**
Good Behavior Game	1	Aggression/externalizing behaviors	**K-6**
Positive Action	1, 2	Academic achievement Aggression/externalizing behaviors	**PreK-12**
FRIENDS	1, 2, 3	Internalizing problems	**K-Adult**
Skills for Life	1, 2, 3	Academic achievement Aggression/externalizing behaviors	**1-4**
PBIS	1, 2, 3	Academic achievement	**K-12**
CBITS	2	Post-traumatic stress	**5-12**

RESULTS: SCALE

	N of students reached	Level
PBIS	10,500,000	District
FRIENDS	8,000,000	National, State, District
Positive Action	5,000,000	District
PATHS	2,000,000	District
SFL	1,000,000	National
MindMatters	300,000	National, District
Good Behavior Game	200,000	District
CBITS	97,000	District

RESULTS: SCALE

	LMICs
PBIS	No
FRIENDS	**Yes**
Positive Action	No
PATHS	No
SFL	**Yes**
MindMatters	No
Good Behavior Game	**Yes**
CBITS	No

RESULTS: DOSE

	No. Sessions	Dose (in hours)
CBITS	10	11-16
FRIENDS	10	17.5-21
SFL	15	5-19
Positive Action	140	47
Good Behavior Game	Daily x 36 weeks	90
PATHS	36-52	18-26
PBIS	Continuous support	Continuous support
MindMatters	Continuous support	Continuous support

RESULTS: DOSE

	Who delivers
CBITS	Mental health professional
FRIENDS	**Teacher** or mental health professional
SFL	Mental health professional
Positive Action	**Teacher** or mental health professional
Good Behavior Game	**Teacher**
PATHS	**Teacher**
PBIS	**Teacher**
MindMatters	**Teacher**

SUMMARY OF FINDINGS

- The largest programs in terms of number of children reached contain *both* Tier 1 and Tier 2 approaches
- 6 programs have a teacher deliver the intervention
- 2 programs use short-term interventions delivered by mental health professionals
- 3 programs implemented in both high income and low/middle income countries

DISCUSSION

- This review identified 8 programs that appear to have reached the largest numbers of youth
- Programs embedded within the school create an environment of integrated care and easy access to services
  - Trained teachers
  - Broad target age range
  - Multiple tiers
- Using resources already available in the school appears to be both sustainable and scalable across cultural contexts

LIMITATIONS OF THE CURRENT REVIEW

- Excluded SEL programs
- Definition of dose
- Information from interviews may be biased or unreliable

FUTURE DIRECTIONS

- Continue to assess factors associated with long-term effects
- Need to examine processes that are associated with successful, widely disseminated programs – e.g., fidelity of program implementation, cultural sensitivity, costs

THANK YOU

This review was conducted in collaboration with:

J. Michael Murphy, Ed.D.

Sharon Hoover, Ph.D.

Michael Jellinek, M.D.

Mina Fazel, DM, MRC Psych

Recently published: Murphy, J.M., Abel, M.R., Hoover, S., Jellinek, M., & Fazel, M. (2017). Scope, scale, and dose of the world's largest school based mental health programs. *Harvard Review of Psychiatry, 25,* 1-11.

We acknowledge the support of the Fuss Family Fund, and would like to thank Javier Guzmán for his comments on drafts of the manuscript and Cara Lucke for her help preparing it for submission.

HOW THE EIGHT LARGEST SCHOOL MENTAL HEALTH PROGRAMS GREW TO SCALE: A FOCUSED REVIEW OF FACILITATORS OF GROWTH

Cara Lucke
Department of Psychiatry, Massachusetts General Hospital

Mina Fazel, DM, MRC Psych
Department of Psychiatry, Oxford University

IMPLEMENTATION

"Specified set of activities designed to put into practice an activity or program of known dimensions"

Importance:

- To understand if programs can grow to scale through evidence-based processes
- Critical for the validity of evaluation findings

Fixsen, D. L., Naoom, S. F., Blase´, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. FMHI Publ. No. 231. University of South Florida, Tampa, FL.

FACTORS THAT SUPPORT IMPLEMENTATION

Feasibility: availability of space in schools, how teachers and school staff were introduced to the program, and the relationship of the staff to the work

Fidelity: program delivered as intended across schools

Penetration: how well the intervention reached children it was designed for

Acceptability: whether the intervention was welcomed and appreciated

Sustainability: how well the interventions were embedded in the schools

Costs: funding and economic impacts of the mental health interventions

.

METHOD

- Structured Interviews with program developers and researchers from these 8 programs:
  - ~60 to 120 minutes
  - 29 questions on feasibility, fidelity, penetration, acceptability, sustainability, and cost
  - 8 additional questions generally explored implementation facilitators & barriers to implementation and growth

- Detailed notes were taken on each call and later analyzed to:
  - Track factors integral to implementation
  - Identify barriers
  - Track similarities and variations in responses

COGNITIVE-BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOLS (CBITS)

Interview: Dr. Lisa Jaycox

Scale: ~100,000 children over 14 years

Program Summary: Grades 5-12

- Screening: exposure to violence or Post Traumatic Stress Disorder
- CBT group sessions lead by a mental health professional
- Research: post traumatic stress symptom reduction including youth exposed to violence & natural disasters

CBITS: FACTORS TO IMPLEMENTATION & SCALE

Evidence-Based Program: journal articles & research registries:

- Center's for Disease Control and Prevention Research Center
- SAMHSA's National Registry of Evidence-Based Programs and Practices
- U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention

Flexibility:

- Training: In person or online; "train the trainers" framework
- Workshops: Scripts serve as a guide in the CBT sessions, but modifications can be made if need be (culture & language)

Funding

Design of the program

GOOD BEHAVIOR GAME (GBG)

Interviews: Dr. Dennis Embry ("PAX GBG") and Megan Sambolt ("AIR GBG")

Scale: ~200,000 children (over 10,000 classrooms) over ~45 years

Program Summary: K-6

- Brief game lead by the teacher within the classroom setting with several "teams"
  - 1) Classroom Rules 2) Team Membership 3) Monitoring Behavior 4) Positive Reinforcement
- Research shows reduction in aggressive/disruptive behavior and substance abuse

GBG: FACTORS TO IMPLEMENTATION & SCALE

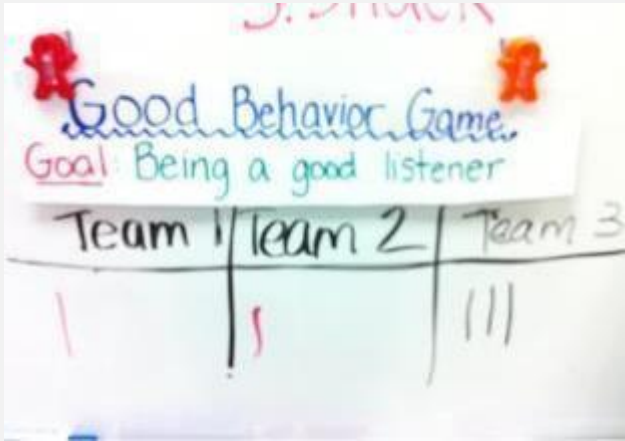
Evidence-based:

- Based on the principles of Applied Behavior Analysis
- Evidence-based registries:
  - SAMHSA's National Registry of Evidence-Based Programs and Practices
  - Blueprints for Healthy Youth Development
  - Office of Justice: Crime Solutions
  - U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention

Design of GBG: Straight forward strategy integrated into the curriculum rather than a separate program

Flexibility: "**Rigid fidelity prevents feasibility**"

- Adaptable to real world teaching situations



MINDMATTERS

Interview: Craig Reid

Scale: 1,444 participating schools (~300,000 children) over 18 years

Program Summary: PreK-Adult

- Framework for mental health promotion, prevention, and early intervention
- Whole-school approach
- Classroom: practice embedded into the everyday school curriculum by teacher
  - Enhancing resilience, dealing with bullying and harassment, grief and loss, and understanding mental illness
- Research: positive impact on behavioral and academic outcomes

MINDMATTERS: FACTORS TO IMPLEMENTATION & SCALE

Evidence-based Framework

Flexible Framework:

- Structure, guidance, and support for implementation in a wide range of settings
- Four Components: Positive school community, skills for resilience, engagement with parents and families, support for students experiencing mental health difficulties

Whole school approach: **"Everyone is a teacher of wellbeing"**

- 2-3 year implementation process through the 4 components

Fully government funded: Resources, training, support are free of charge

SKILLS FOR LIFE (SFL)

Interview: Javier Guzmán

Scale: ~1 million children (20% of Chilean primary schools) over ~18 years

Program Summary: Grades 1-4

- Lead by the National Department of Education in Chile
- Screening in 1st grade: brief parent and teacher surveys
- For students screened at risk, workshops in 2nd grade: skill-based with a cognitive-behavioral approach lead by trained mental health professional
- Research: associated with positive impact on behavioral and academic outcomes

SFL: FACTORS TO IMPLEMENTATION & SCALE

Government and political will:

- When democracy returned to Chile in the 1990's, there was a new push for preventive mental health action

Public Policy:

- Experts in the field of psychology utilized knowledge from the UK and US on interventions for young children
- Led to some grants for original program development and then government funding

Evidence-Based:

- 10+ year collaboration with Massachusetts General Hospital (MGH), published papers, and formal evaluations
- Provides an argument to the government to continue to fund the program

PROMOTING ALTERATIVE THINKING STRATEGIES (PATHS):

Interview: Dr. Mark Greenberg

Scale: ~2 million children (~4,000 schools) over ~15 years

Program Summary: K-6

- Based on the Affective-Behavioral-Cognitive-Developmental model
  - Integrates affect, emotion language, behavior and cognitive understanding to promote social–emotional competence
- Teachers are provided lesson objectives and scripts
- Research: shows reduced disciplinary infractions and aggression; improvement in non-violent interpersonal functioning and academic achievement

PATHS: FACTORS TO IMPLEMENTATION & SCALE

Evidence-based:

- Research registries: (examples) & journal articles (+40)
  - "Model Program" by Blueprints for Healthy Youth Development
  - Highest rating by Collaborative for Academic, Social, and Emotional Learning (CASEL)
  - Highest rating by Substance Abuse and Mental Health Services Administration (SAMHSA)

High quality training:

- In-person training and ongoing support that promotes implementation and sustainability (two sessions)

School-wide approach:

- Principal manual on implementation
- Encourages each school to form a committee to oversee implementation

POSITIVE ACTION (PA):

Interviews: Dr. Carol Allred & Dr. Brian Flay

Scale: ~5 million children in more than 15,000 settings over 35 years

Program Summary: K-12

- Theory of self-concept:
  - Positive and healthy behavior (more than thoughts/feelings)→ feelings of self-worth.
- Teacher: All materials called for in each lesson are included in a kit
- Research: shows a decrease in violence-related behaviors, bullying, drug use; disciplinary behavior reductions; academic improvements

PA: FACTORS TO IMPLEMENTATION & SCALE

Evidence-based: research registries (examples):

- U.S. Dept. of Education What Works Clearinghouse (WWC)
- Model Program by Blueprints for Healthy Youth Development
- "Select Program" by Collaborative for Academic, Social, and Emotional Learning (CASEL)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Principal/Administrative Support:

- Administrators: manual on implementation
- Creating a school-wide climate & promoting teacher buy-in

Simple & intuitive: **"When you feel good about yourself you do positive actions."**

Complete and appealing materials:

- Teachers are provided a manual with planned lessons

FRIENDS

Interview: Dr. Paula Barrett

Scale: ~8 million students over 19 years

Program Summary: K-Adult

- Manualized cognitive-behavioral based program with a specific sequence, structure, and topic delivered by the teacher or mental health professional
  - Manuals for various ages (4-7, 8-11, 12-15, 16+)
- Research: reduction in internalizing problems

FRIENDS: FACTORS TO IMPLEMENTATION & SCALE

Evidence-based & research registries:

- CBT-based manuals & research registries

Practical & relevant program:

- Addresses issues children are dealing with

Comprehensive training program:

- In person or online; ongoing support
- Closely monitored: Individuals must be trained and accredited under a FRIENDS licensee
- "Train the Trainers" framework: promotes sustainability and implementation from within the school

Flexibility **"Emphasize the fidelity of the CBT program while allowing flexibility"**

- Manual that adapts the cultural context and setting

POSITIVE BEHAVIOR INTERVENTION & SUPPORTS (PBIS):

Interview: Dr. Robert Horner

Scale: ~10.5 million in 21,000 schools in US over 19 years

Program Summary: K-12

- Emphasizes a positive social culture and behavioral support for all students through a three-tiered prevention model
- All school leadership (teachers, school administration) are trained to adopt PBIS
- Research: shows positive management of school culture; promotes academic achievement; reduction of suspensions

PBIS: FACTORS TO IMPLEMENTATION & SCALE

Addresses a highly valued outcome:

- Establishing social competence → academic competence
- "Exemplar Schools"

Organizational Systems to Support Implementation:

- "Blueprints" on stages of implementation for whole-school approach to build local capacity
  - Exploration, installation, initial to full implementation, innovation, sustainability
- >80% acceptability

Flexibility in Implementation: **PBIS is "not a curriculum"**

- 2-3 year implementation process

FACILITATORS ACROSS PROGRAMS

Program	Facilitators to Implementation & Growth					
	Evidence-based	Flexibility in implementation	Practical program design	Whole school implementation and support	Training program	Government support & funding
PBIS	X	X		X		
FRIENDS	X	X	X		X	
PA	X		X			
PATHS	X			X	X	
SFL	X					X
MindMatters	X	X		X		X
GBG	X	X	X			
CBITS	X	X	X		X	X

BARRIERS ACROSS PROGRAMS

Program	Barriers to Implementation and Growth						
	Overcrowded curriculum/ workload	Lack of buy-in	Lack of admin. support	Narrow academic focus	Competing programs	Funding	Stigma
PBIS		X	X				
FRIENDS	X	X	X	X			
PA				X		X	
PATHS	X		X			X	
SFL	X	X			X		
MindMatters	X	X	X				X
GBG				X	X		
CBITS	X						

INTERACTING FACTORS THAT SUPPORT IMPLEMENTATION

Feasibility: Acceptability/buy-in; flexibility in implementation; administrative support

Fidelity: Program manuals; monitoring implementation (funding)

Penetration: Acceptability/buy-in; administrative support

Acceptability: Training; administrative support

Sustainability: Training models; whole school approach; funding; administrative support

Costs: Grants; government funding; impact of research

.

DISCUSSION

This review explored the **implementation factors** of the 8 programs that appear to have reached the largest numbers of youth

Implementation appears to be **multi-faceted** with many interacting factors

Programs which have reached the largest scale emphasized the **importance of**:

- Organizational supports
- Whole-school approach
- Sustaining implementation from within the school

What we can learn from these programs: the facilitators and barriers of implementation to improve program quality and impact mental health

LIMITATIONS

Developer Bias

Implementation factors may help grow the program to scale, but for most programs there is **a lack of evidence on the fidelity of implementation on a large and dispersed scale**

- School's choice to monitor fidelity

Lack of unified assessment and outcome measures among programs

Other factors that support implementation

- Examples: policy; charismatic leadership

FUTURE DIRECTIONS

Explore potential differences in implementation quality between types of school-based mental health interventions:

- Comparing implementation of programs tailored to a specific environment vs. those adapted from existing interventions.

Additional sources of data: speak with representatives from schools implementing the programs

Conflicting evidence: how do developers reconcile and integrate conflicting evidence?

THANK YOU

<u>This review was conducted in collaboration with:</u>

J. Michael Murphy, Ed.D.

Sharon Hoover, Ph.D.

Michael Jellinek, M.D.

PROGRAMA
HABILIDADES PARA LA VIDA
Un aporte al bienestar de la comunidad educativa

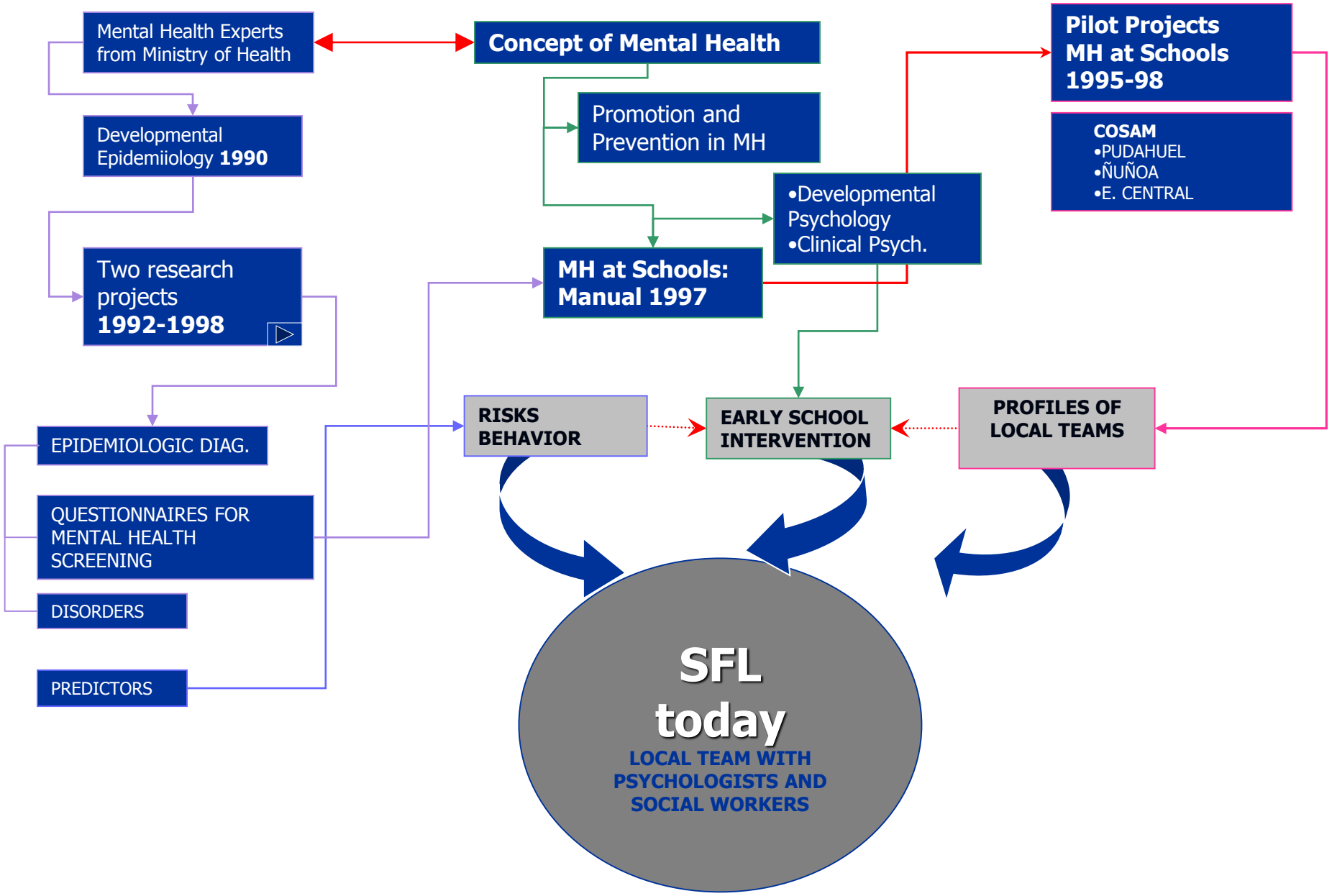
Using implementation science to sustain and improve a national school-based mental health program: ***Chile's Skills for Life Program*** *experience*

Javier Guzmán, M.A.
Haregnesh Haile, B.S.

PROGRAMA
HABILIDADES PARA LA VIDA
Un aporte al bienestar de la comunidad educativa

Skills for Life Program Design

Skills for Life: Background



PROGRAMA
HABILIDADES PARA LA VIDA
Un aporte al bienestar de la comunidad educativa

AIMS

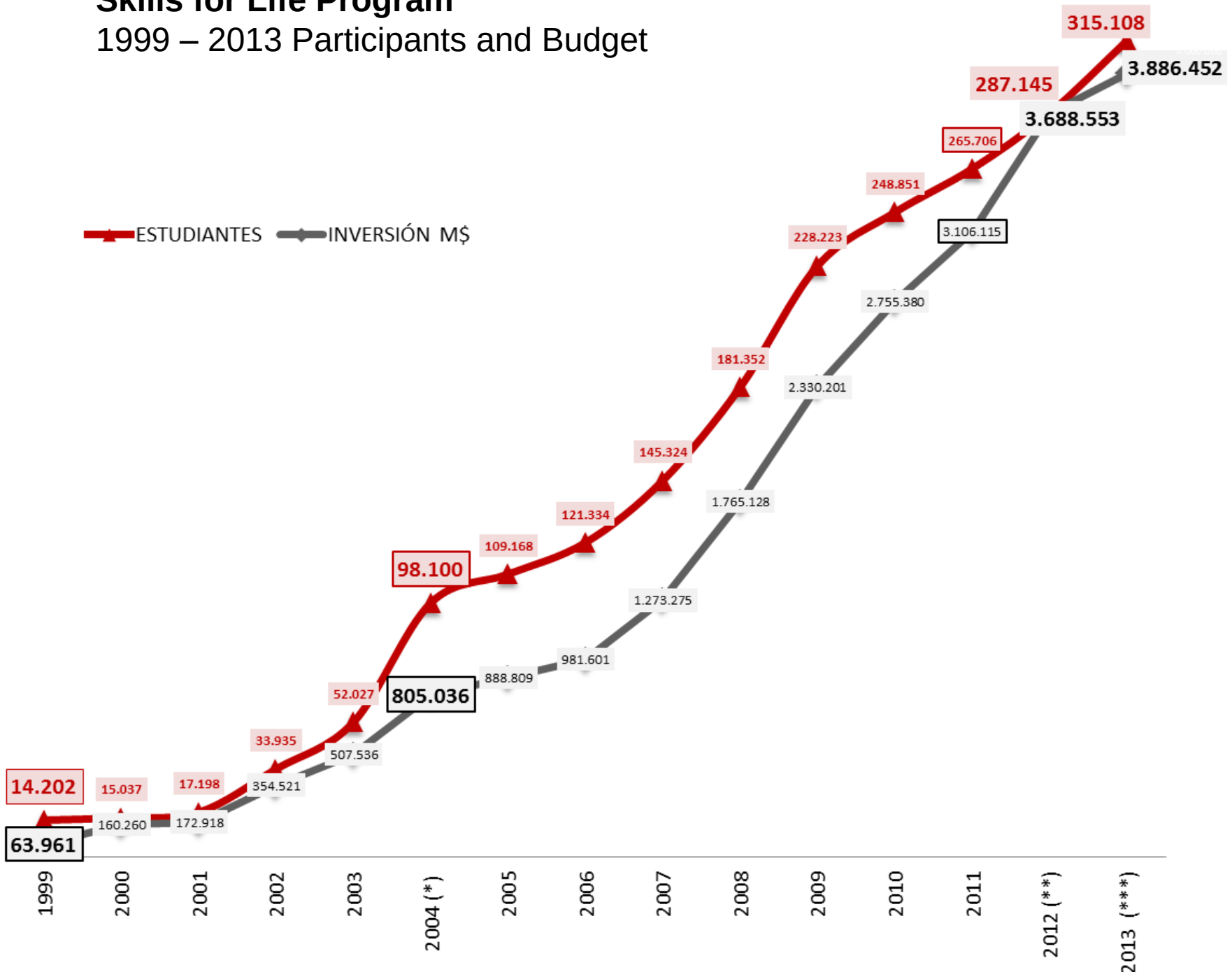
Short-Term:
To improve academic performance and learning outcomes, and decrease school dropout rates.

Long-Term:
To enhance social emotional functioning, increase personal abilities and life expectancy, and decrease health problems (depression, suicide, drug abuse, violent behaviors).

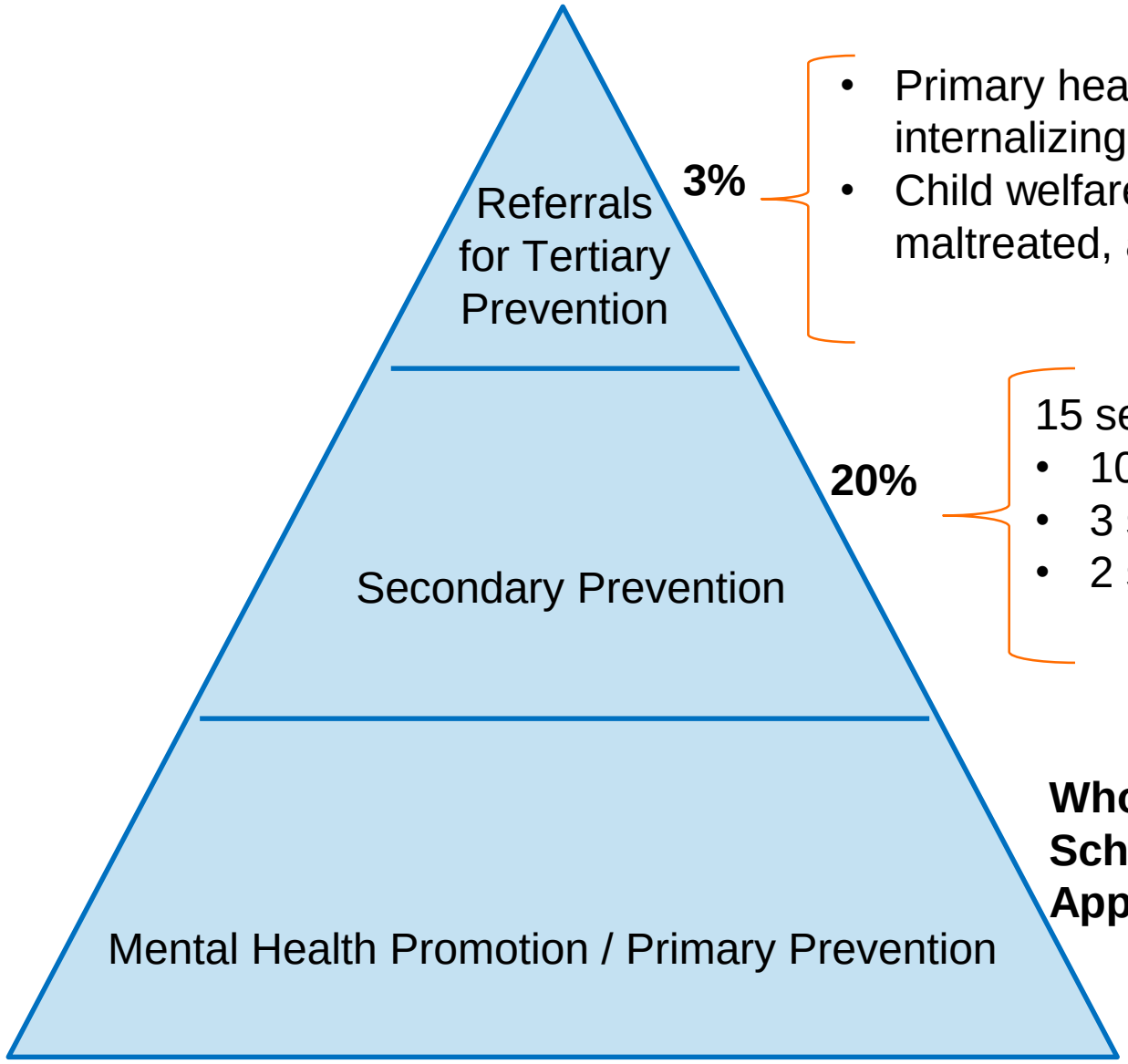
Target Population: elementary school children attending public and government-subsidized private schools with indicators of high socioeconomic risk.

Skills for Life Program

1999 – 2013 Participants and Budget



Three-Tier Intervention Model
Skills for Life Program



3%

- Primary healthcare for children who have internalizing or externalizing symptoms.
- Child welfare centers for children who were maltreated, abused, or neglected.

20%

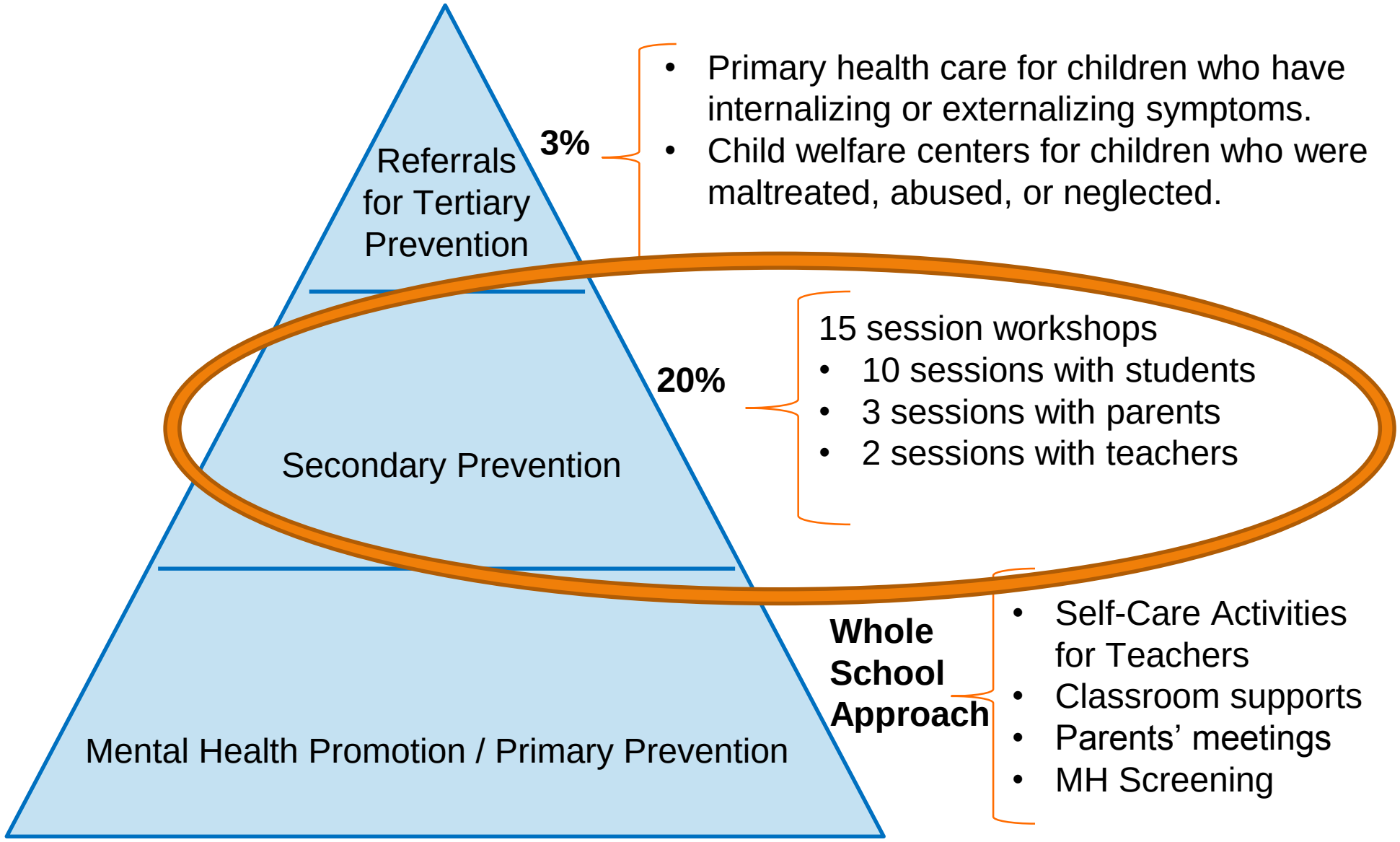
15 session workshops

- 10 sessions with students
- 3 sessions with parents
- 2 sessions with teachers

Whole School Approach

- Self-Care Activities for Teachers
- Classroom supports
- Parents' meetings
- MH Screening

Three-Tier Intervention Model
Skills for Life Program



- Primary health care for children who have internalizing or externalizing symptoms.
- Child welfare centers for children who were maltreated, abused, or neglected.

15 session workshops
- 10 sessions with students
- 3 sessions with parents
- 2 sessions with teachers

- Self-Care Activities for Teachers
- Classroom supports
- Parents' meetings
- MH Screening

Primary Prevention Activities

Self-care activities for elementary school teachers

- To promote the teachers' well-being, exploring their ability to cope with challenging work conditions (e.g., high-risk environments, organizational difficulties, students with several adversities).
- The activities are designed to increase the collaboration among teachers, generating positive experiences throughout the school year.
- To support teachers and increase program buy-in.

Primary Prevention Activities

Classroom supports for teachers

- To promote strategies for classroom management

- Activities have an orientation for the entire classroom

- Teachers and local teams design classroom activities

Primary Prevention Activities

Parents' meetings

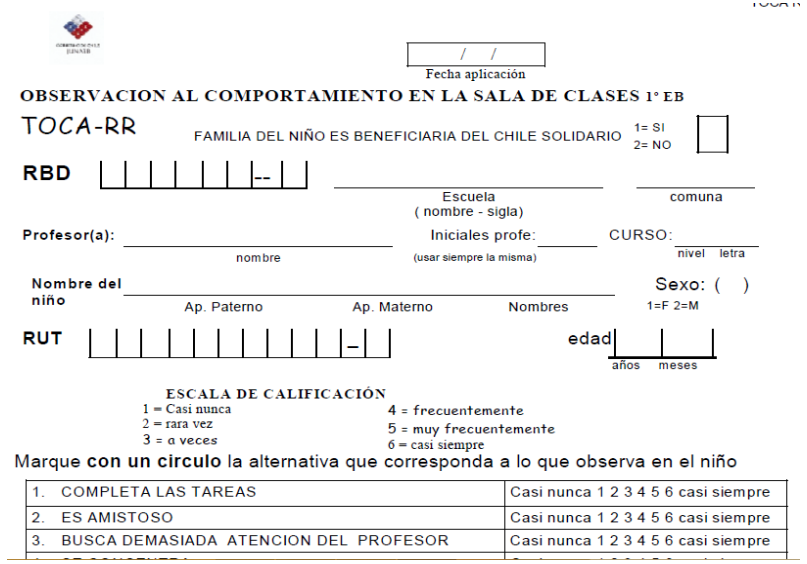
- To promote strategies for collaboration with school activities
- The activities include parents and guardians of different classrooms (pre-K and kindergarten)
- Teachers and the SFL team design the sessions

PRIMARY PREVENTION ACTIVITIES

Mental health screening with teachers and parents

- To identify first grade children who screen positive for mental health problems

- First grade teachers spend two-hours reporting the classroom adaptation of their students with TOCA (31-item screening).



/ /
Fecha aplicación

OBSERVACION AL COMPORTAMIENTO EN LA SALA DE CLASES 1° EB

TOCA-RR FAMILIA DEL NIÑO ES BENEFICIARIA DEL CHILE SOLIDARIO 1= SI 2= NO

RBD ____-__ Escuela (nombre - sigla) comuna

Profesor(a): nombre Iniciales profe: (usar siempre la misma) CURSO: nivel letra

Nombre del niño Ap. Paterno Ap. Materno Nombres Sexo: ( ) 1=F 2=M

RUT ____-_ edad años meses

ESCALA DE CALIFICACIÓN

1 = Casi nunca
2 = rara vez
3 = a veces
4 = frecuentemente
5 = muy frecuentemente
6 = casi siempre

Marque **con un circulo** la alternativa que corresponda a lo que observa en el niño

1. COMPLETA LAS TAREAS	Casi nunca 1 2 3 4 5 6 casi siempre
2. ES AMISTOSO	Casi nunca 1 2 3 4 5 6 casi siempre
3. BUSCA DEMASIADA ATENCION DEL PROFESOR	Casi nunca 1 2 3 4 5 6 casi siempre

- Parents report the behavior of their children with the Pediatric Symptom Checklist-Chilean version (PSC-Cl; 33-items)

Secondary Prevention Activities

Preventive workshops for second grade students

- To modify psychosocial risk factors and maladaptive behaviors.
- Students who were identified as at-risk in first grade get a 10-sessions workshop in second grade. Their teachers get two workshop sessions and parents get three workshop sessions.
- The sessions promote social and emotional learning, behavioral training, and prosocial skills.

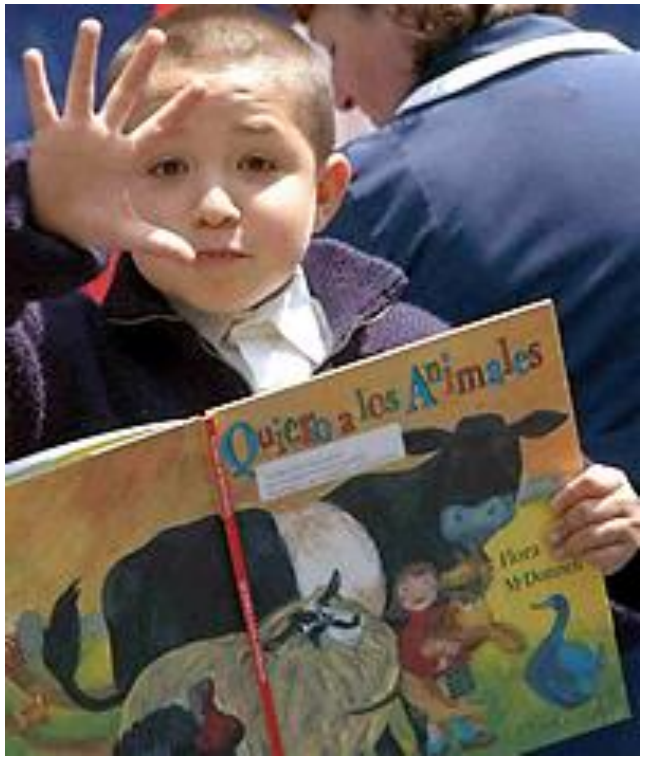
Tertiary Prevention Activities

Referrals

•To reduce the negative consequences of the lack of access to mental health services for children who need immediate support.

•Most of the referrals are oriented to primary care centers, child welfare centers, or a school psychologist.

•The screening tools provide critical information for early referrals.



Evidence of SFL Effectiveness

- Children who participated in the preventive workshops show reduced mental health risk and better academic outcomes in the third grade (Guzman et al., 2015).
- A study in progress is using a randomized controlled trial design in 130 schools to test outcomes and another is assessing implementation in these schools
- Children who participated in preventive interventions. in 2010 (after a large earthquake in Chile) showed promising outcomes in reducing the negative consequences of trauma (Garfin et al., 2014)

Intervention / Contextual Challenges

- Program size
- Training of SFL professionals
- School buy-in
- Insufficient mental health services
- Permanent educational reform
- Comprehensive approach

PROGRAMA
HABILIDADES PARA LA VIDA
Un aporte al bienestar de la comunidad educativa

The Current Study

Implementation Science Approach

- An implementation science approach shifts focus away from the treatment outcomes/impact of the Skills for Life (SFL) program and centers on the field of evaluation

- This is the first time that concepts like fidelity and implementation drivers were tested in SFL program

- The current study piloted the methods and measures that could explore the relationship between the fidelity of the program's implementation and a number of workshop characteristics in a larger sample

Participants, Procedure, and Instruments

- Sample of convenience: 46 professionals responsible for executing SFL preventive workshops from 78 elementary schools of more than 2000 participating in the program.
- Participants were primarily female (76.1%), had a professional license of psychologist (71.7%), and had an average of 4.4 years (SD =3.72) of experience implementing SFL.
- Workshops leaders received the survey via email during the 2016 school year through a link to Qualtrics
- An 82-item questionnaire was administered to assess preventive workshops implementation fidelity

Results

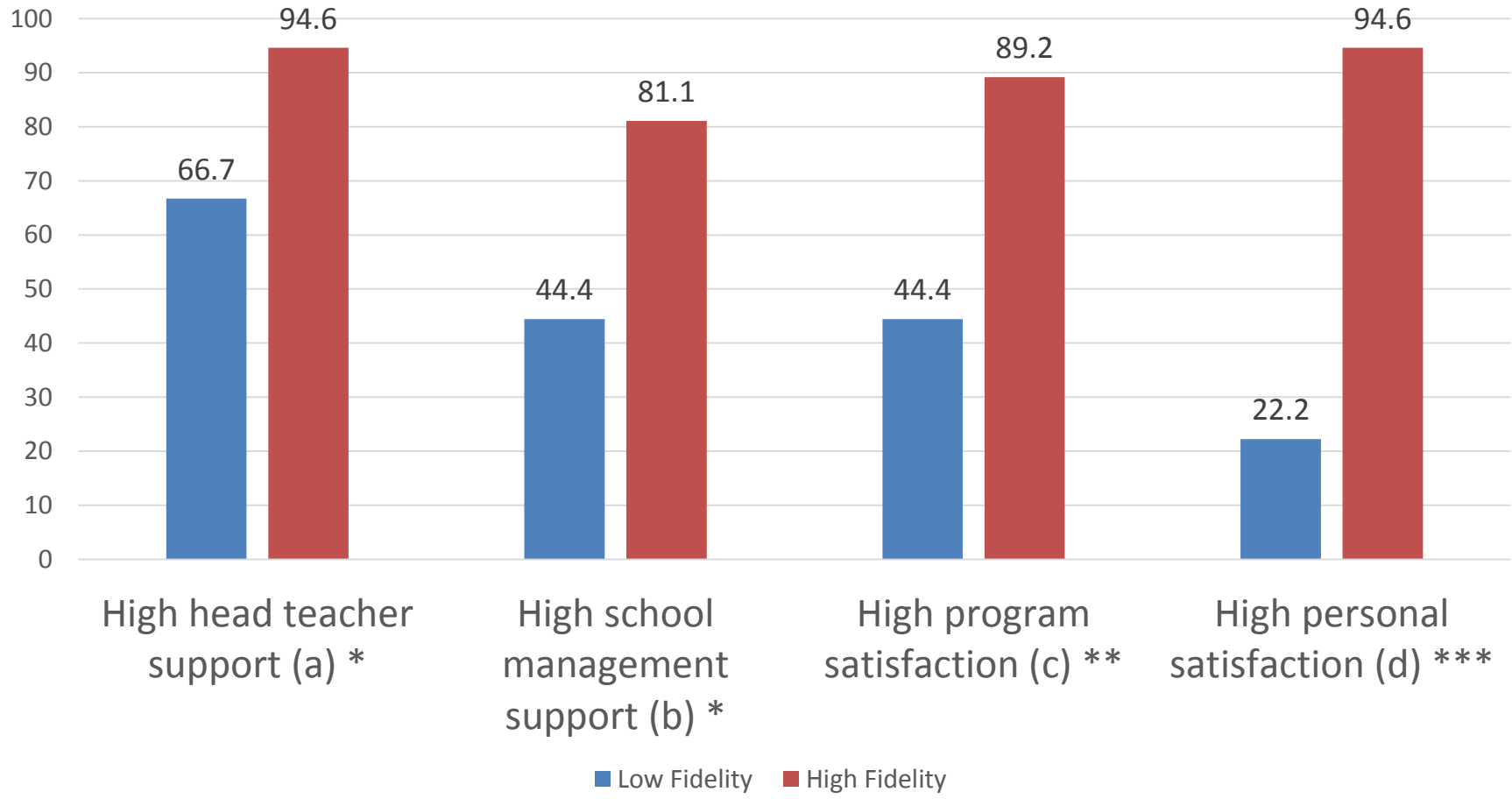
- Workshop leaders' responses were classified according to their level of self-reported fidelity to program design.

- Descriptively, of the 29 items on the Fidelity Scale, 27 questions were endorsed as "Strongly agree" or "Agree" by 66.9% of all respondents.

- Chi-square analyses demonstrated that there were significant differences between workshop leaders' with low vs. high fidelity ratings.

Results

Workshop leaders with low fidelity ratings were significantly less likely to report:



a): χ^2 (45) = 5.8, $p < .05$,
b): χ^2 (45) = 5.0, $p < .05$,
c): χ^2 (45) = 9.2, $p < .01$,
d): χ^2 (45) = 24.1, $p < .001$.

* = $p < .05$; **= $p < .01$; ***= $p < .001$

Conclusions

- Participants surveyed reported high positive ratings on the Fidelity Scale. This exploratory result opens questions about social desirability and positive attitudes towards SFL activities.

- Higher ratings of implementation fidelity are associated with different dimensions of job satisfaction. This outcome highlights the importance of fidelity in SFL trainings.

- The current study provides initial insights about how SFL implementation can be improved, suggesting areas of future improvements.

Krasia May!

Discussion: Sharon Hoover