



TRAILS

Transforming Research into Action
to Improve the Lives of Students

A County-Wide Three-Tiered Prevention to Intervention Model for School Mental Health

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TRAILS Program Director:

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**DEPRESSION
CENTER**

UNIVERSITY OF MICHIGAN
HEALTH SYSTEM

Acknowledgements

The Ethel and James Flinn Foundation

Michigan Health Endowment Fund

Blue Cross Blue Shield of Michigan Foundation

Metro Health Foundation

Children's Hospital of Michigan Foundation

Community Foundation for Southeast Michigan

Detroit Medical Center Foundation

The Jewish Fund

Michigan Department of Health and Human Services

Michigan Department of Education

The University of Michigan Department of Psychiatry and Comprehensive Depression Center

The Prosper Road Foundation

The Mackey Family

The Ouida Family

The American Psychological Foundation

Community Foundation
FOR SOUTHEAST MICHIGAN



Agenda

- Current Mental Health Climate
- 3-Tiered Model Overview
- Tier 1: Peer to Peer
- Tier 2: TRAILS CBT & Mindfulness Groups
- Tier 3: Suicide Prevention & Intervention Programs
- Future Directions



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%

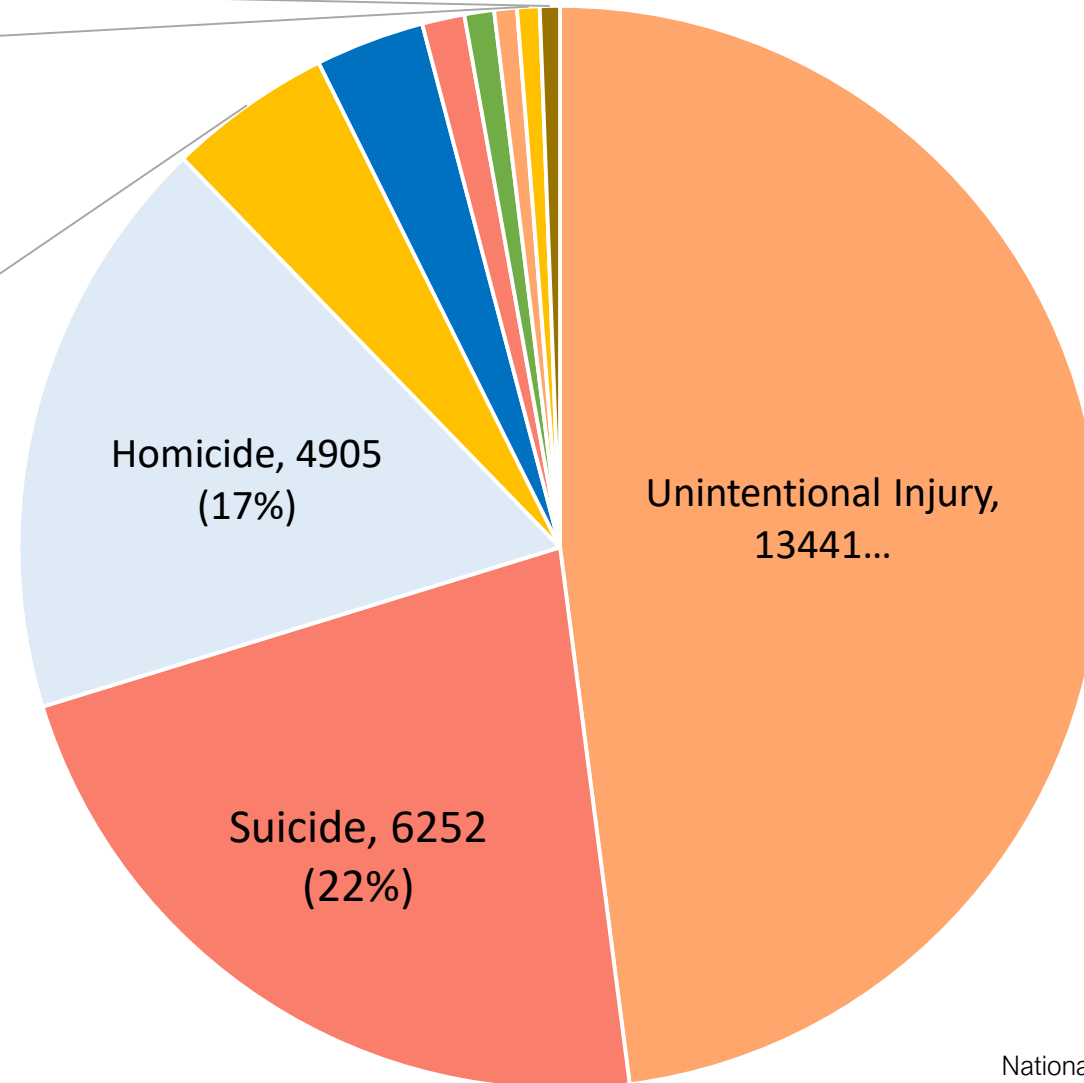
80% of youth lack access to care

- Few trained clinicians
- Scarce appointments
- Long waitlists
- Inadequate insurance coverage
- Lack of transportation
- Limited information among families
- Insufficient time for appointments
- Social stigma
- Low comfort in clinical settings
- Low availability of EBPs



Leading causes of death, ages 15-24

Complicated Pregnancy, 168, 1%
Respiratory Disease, 188, 1%
Influenza & Pneumonia, 190, 1%
Diabetes Mellitus, 248, 1%
Congenital Abnormalities, 355, 1%
Heart Disease, 913, 3%
Malignant Neoplasms, 1374, 5%



Non-fatal self-harm
injuries, ages 15-24:
158,762 people

Impact on educational outcomes

The background of the slide is a faded photograph of a school bus stop. Several students with backpacks are walking away from the camera towards a yellow school bus. The scene is outdoors on a paved area with some grass visible on the right.

- Poor attendance
- Low engagement
- Poor academic performance
- Increased disciplinary involvement
- Increased utilization of staff time / resources
- High drop out rate
- 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



Aggression

Depression

Domestic violence

Abuse/assault

Anxiety

Homelessness

Suicidality

Gender Identity

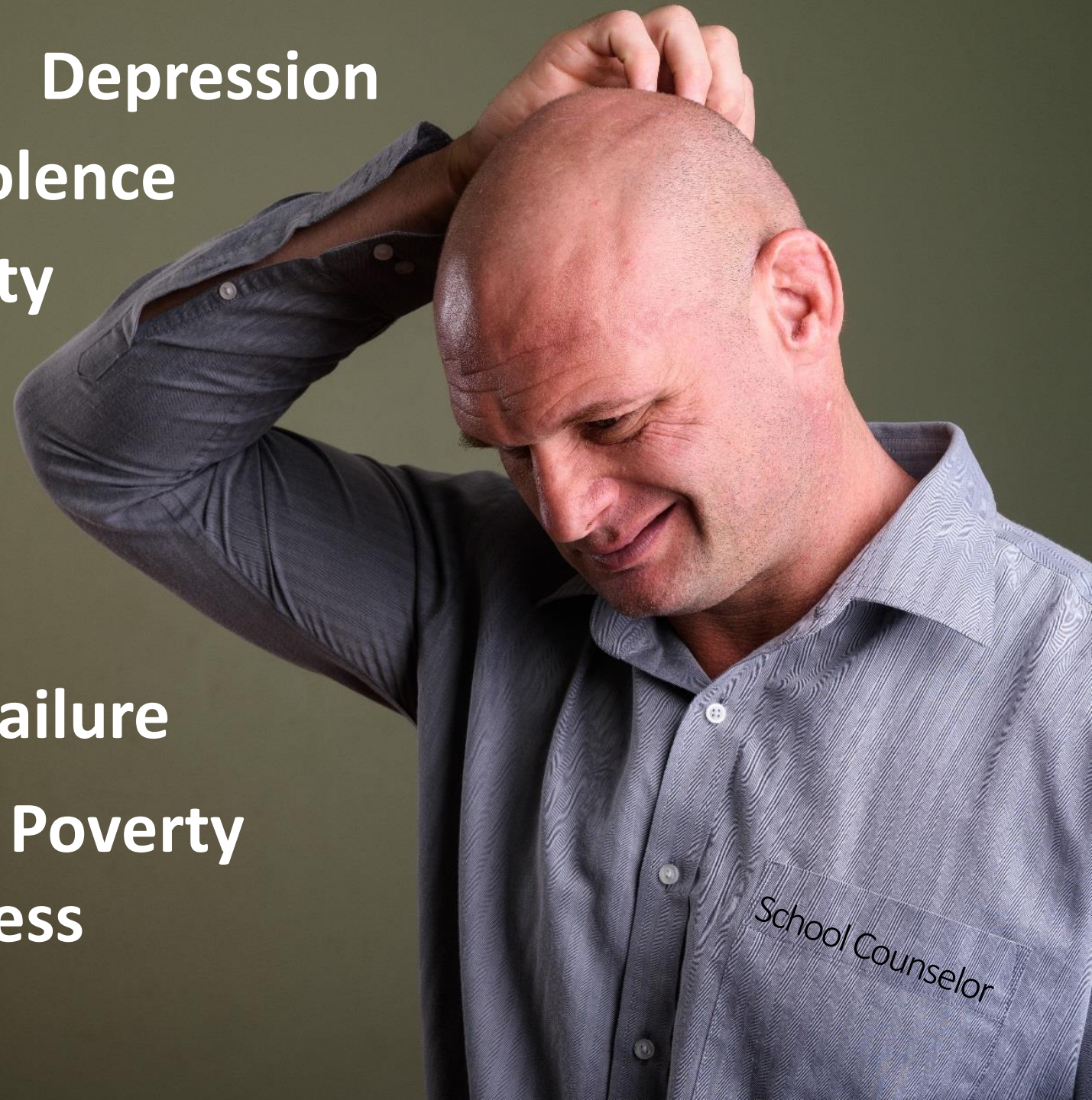
Academic failure

Self-injury

Poverty

Hopelessness

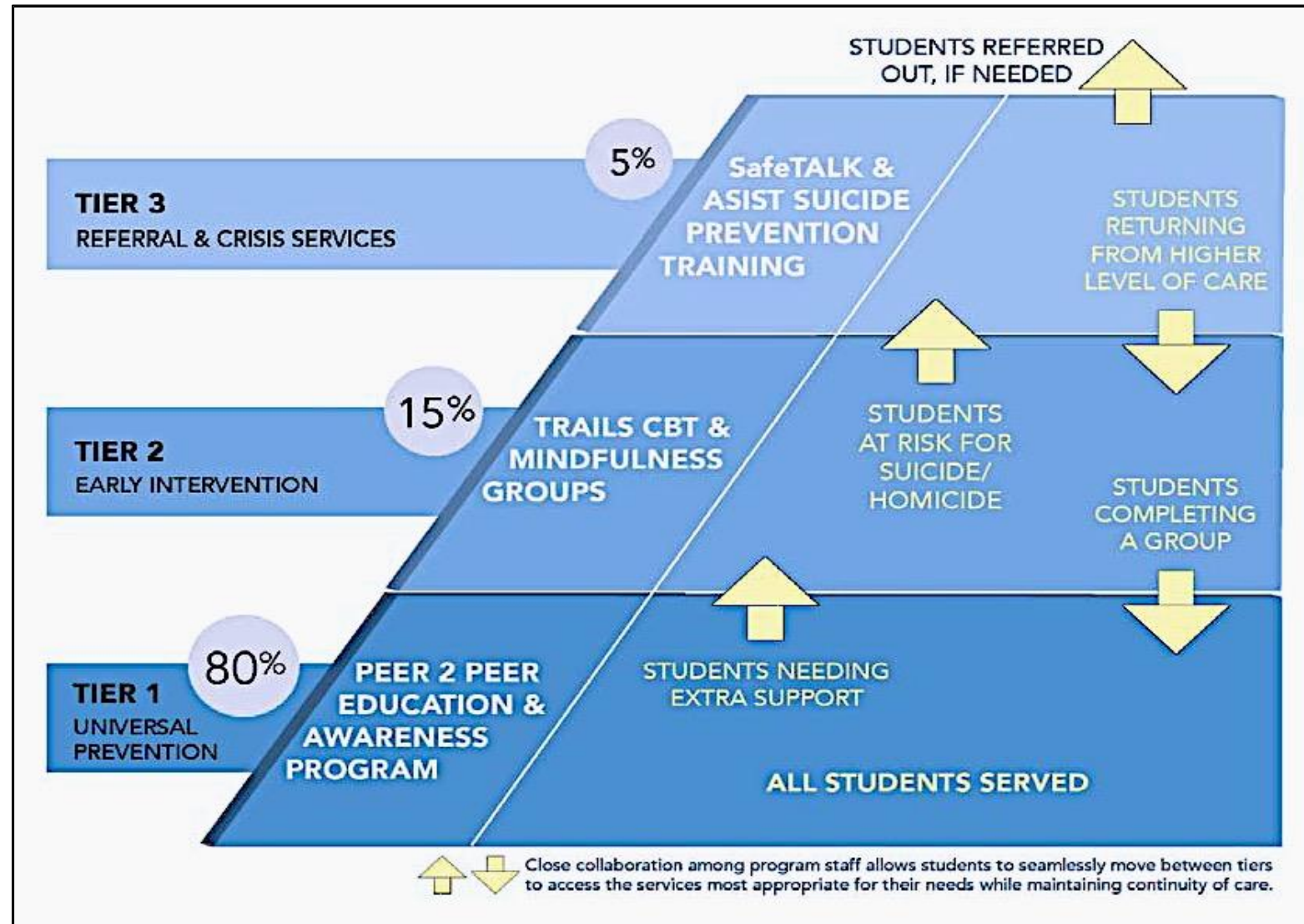
Sexuality



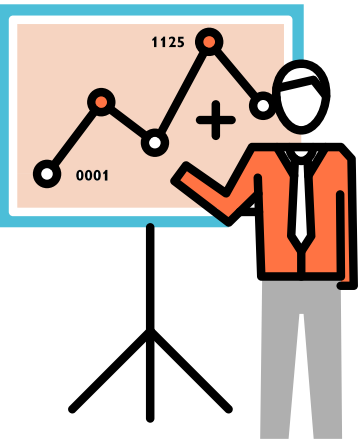
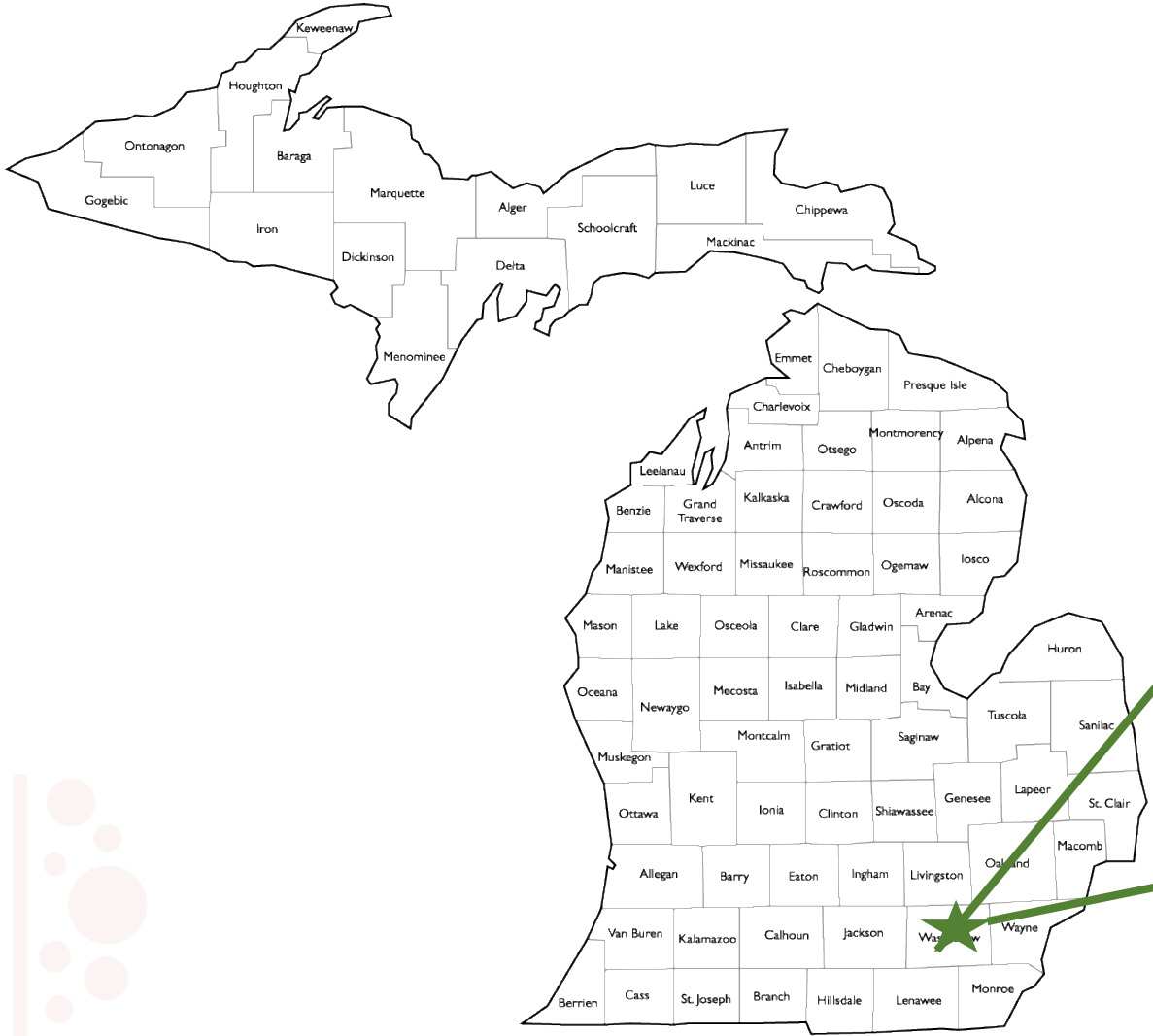
School-wide Behavior Health Promotion for All Students: A Three-Tiered Prevention to Intervention Model

Jan 2018 – Dec 2019

Work with each middle and high school in the county to improve student mental health using evidence-based practices



Working in Washtenaw County Schools



This is Michigan

Tier 1: Whole School Support

Peer 2 Peer Program Overview

Goals:

- Educate middle and high school students about depression, anxiety, and other mental illnesses
- Support student-driven schools campaigns that:
 - Raise awareness
 - Reduce stigma
 - Encourage help-seeking when needed

What causes depression?

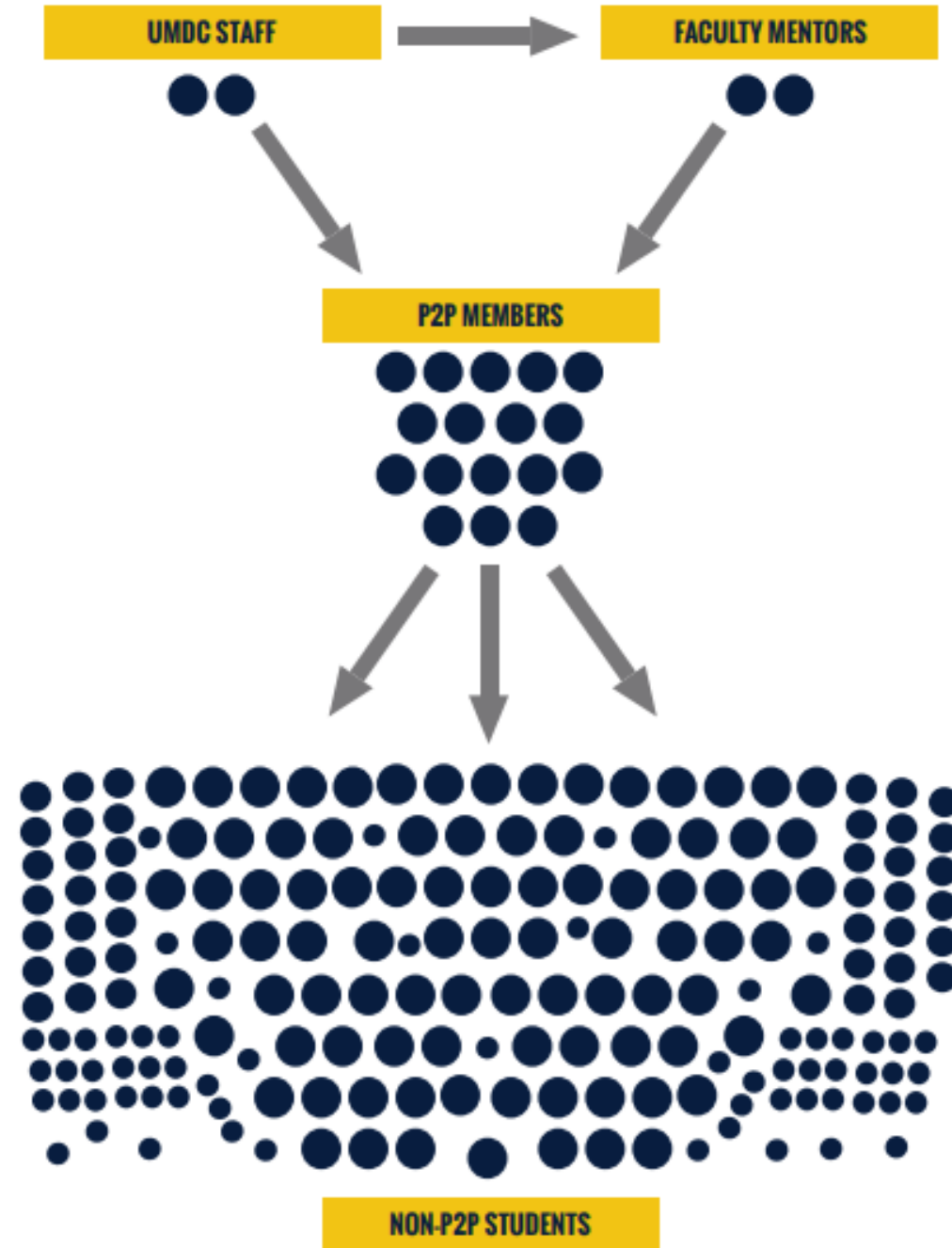
THERE IS NO ONE CAUSE

- ◆ genetics ◆
- ◆ environmental stressors ◆
- ◆ brain chemistry ◆

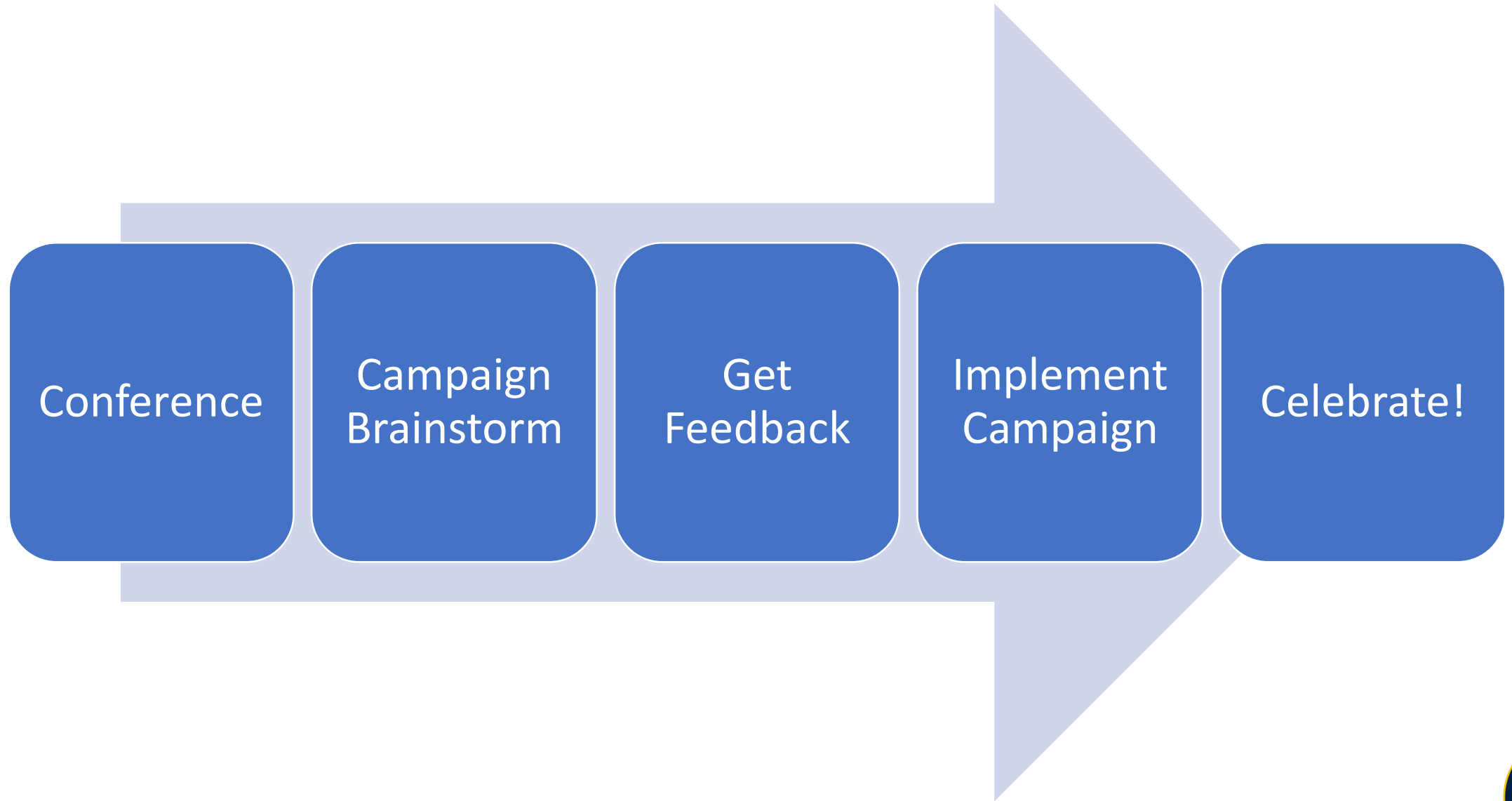
All appear to play a part.
The teenage brain is particularly vulnerable as it finishes its final stage of development and maturation.

Stigma hurts. Awareness helps.

The Team



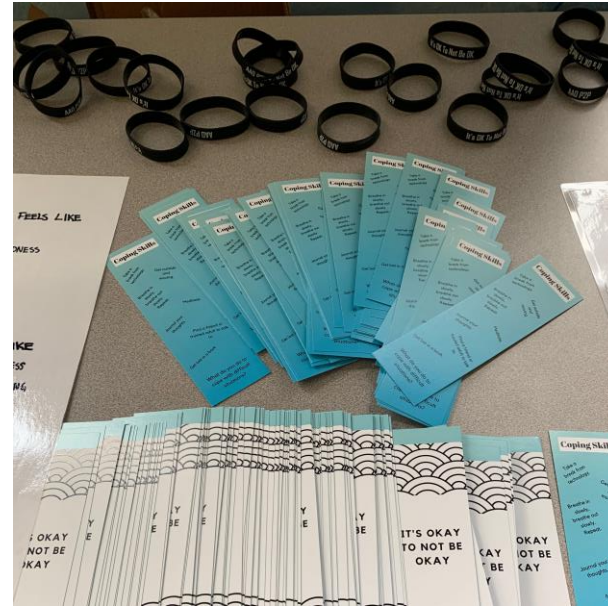
Methods



Key Messages

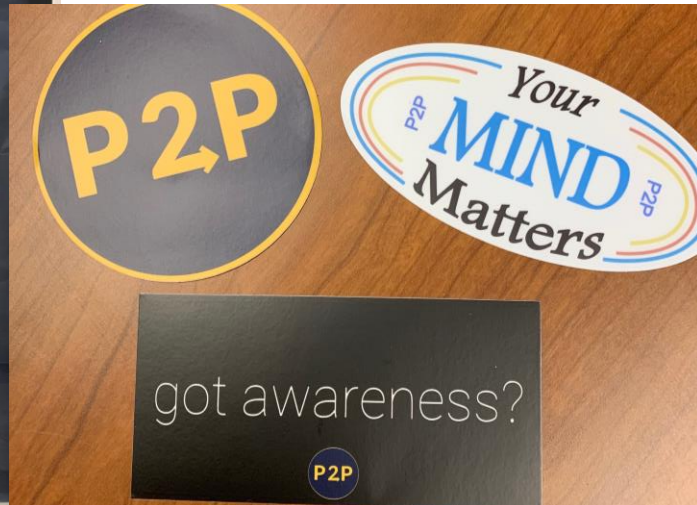
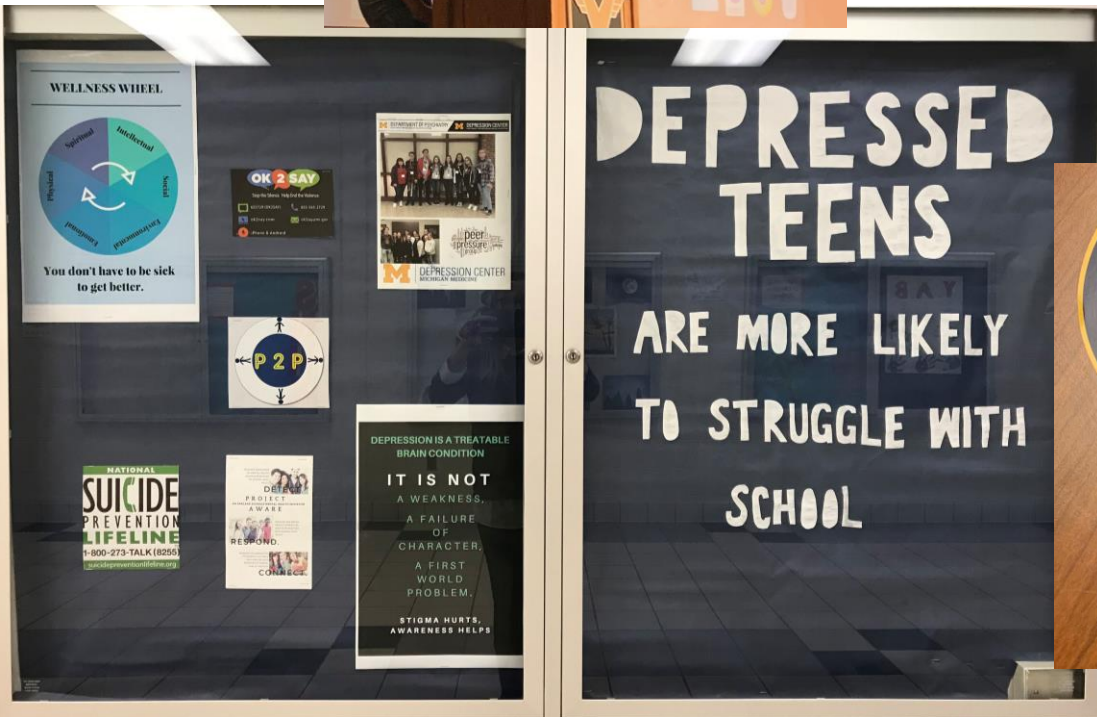
1. Depression and anxiety are real brain illnesses
2. Professional help is available and effective
3. Depression and anxiety can take many forms. Know the signs and symptoms
4. Do not keep suicide a secret

Campaign examples



Healthy Coping Skills

- Meditate
- Go for a run
- Read a book
- Listen to music
- Play with a pet
- Talk to a friend
- Practice deep breathing
- Draw a picture
- Watch a favorite movie






Data Collection

- Pre/Post Survey P2P Members and convenience sample of students in schools
 - knowledge, attitudes, help-seeking intentions



Peer to Peer Significant Results 2018-2019

Helping Others 	Helping Yourself 	Knowledge 
<p>More confident in their ability to:</p> <ul style="list-style-type: none"> • identify someone who is showing the common signs of depression; • help a friend access mental health support services in their school or in their community <p>++ More likely to tell someone if their friend was having suicidal thoughts, even if their friend told them to keep it a secret</p>	<p>++ More likely to ask for help if they had signs of depression lasting for more than two weeks.</p> <p>++ Less embarrassed to be seen going into the office of their school social worker or school psychologist.</p>	<p>Greater percentage able to correctly identify:</p> <ul style="list-style-type: none"> • depression runs in some families; • depression cannot be controlled through willpower; • + abuse of alcohol and drugs can be a sign of depression; • depression is not a sign of personal weakness. <p>At post-test, students were able to correctly identify more signs of depression.</p>

+ indicates middle school only ++ indicates high school only



Peer to Peer Significant Results 2018-2019

School Environment and Stigma



Less likely to agree that a student with depression:

- is more dangerous than other students;
- + is to blame for their depression;
- + is scary to be around;
- + is uncomfortable to be around;
- + would be made fun of by other students for having depression;

More likely to agree that they and other students would help a student with depression.

More comfortable discussing mental health issues with their peers and their teachers talked to them more about mental health.

Help-Seeking



More likely to consider seeking help from:

- ++ P2P Member
- ++ School Counselor
- ++ Teacher
- Mental health professional
- + +Doctor
- ++ Internet website
- Phone help line
- Crisis text line
- ++ Other relative
- ++Boyfriend girlfriend, or partner

More likely to report that they “definitely” knew where to get mental health help in their school.

+ indicates middle school only ++ indicates high school only

Want to learn more?

Attend our session on Friday from 2:45-3:45pm in which we'll discuss the program's sustainability and lessons learned over the last 10 years!



Tier 2: TRAILS Groups



TRAILS

**Effective mental
health care,
accessible in all
schools.**

Traditional model 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



Best practice models of school staff training



Aarons et al., 2017; Durlak & DuPre, 2008; Fixsen, et al., 2005, Joyce & Showers 2002; Powell et al., 2015; Proctor et al., 2013

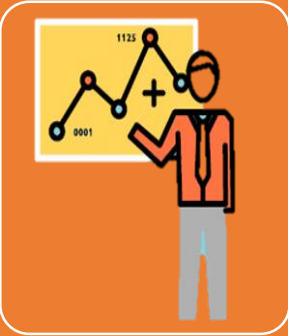


Coaching as an Implementation strategy

- **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



Training

- In-person professional development
- Printed manuals and materials



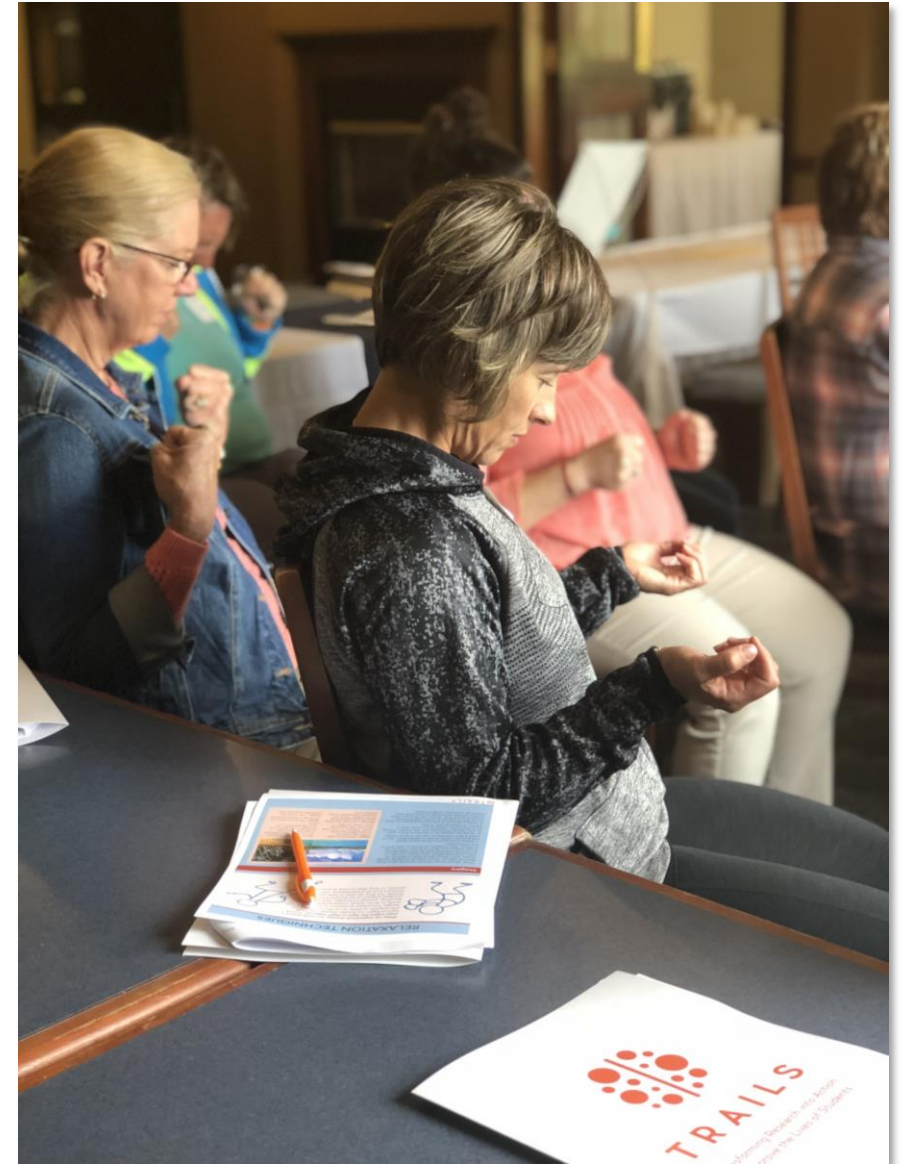
Web-Based Support

- Electronic resources to support direct services
- Materials for individual or group support



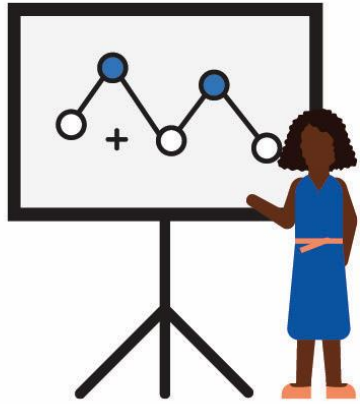
In-Person Coaching

- Comprehensive protocol for TRAILS Coaches
- Delivered in the school during student groups





The TRAILS Training Model



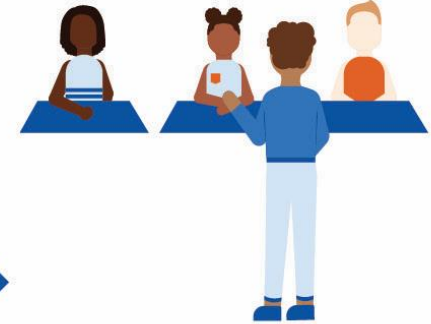
Training for school professionals (counselors, social workers, nurses, school psychologists)



School professionals paired with TRAILS coaches



School professionals & coaches work together to facilitate skills group for students

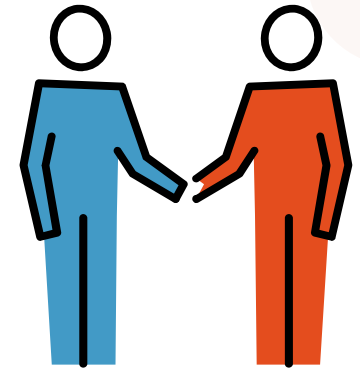


School professionals equipped to serve students independently

Coaching Logistics: Student Groups

Student CBT & Mindfulness Skills Groups

- 9-12 weekly sessions
- 45-60 minutes
- 8-15 students per group
- 1-3 SPs per group



School Professional (SP) Responsibilities

- **Primary group leader**
- Student referrals
- Scheduling, room reservations
- Student attendance
- Parent permission
- Risk management

Coach Responsibilities

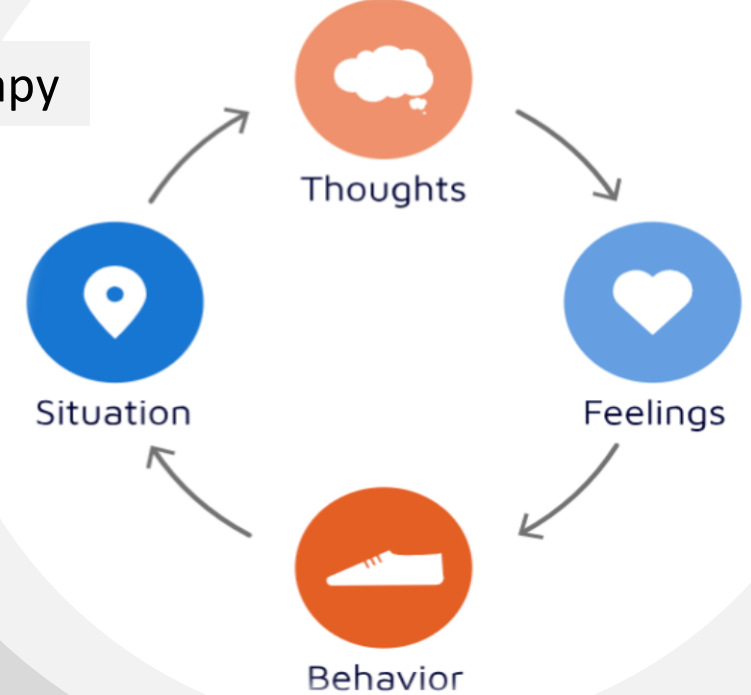
- **Secondary/Tertiary group leader**
- Supporting the SP
- Modeling / assisting with skills
- Answering SP or student questions
- Observing SP fidelity
- Completing study paperwork

What makes a great coach?

Evidence-based Mental Health Practices

- Strong empirical support
- Skills-based
- Strength and solution focused
- Impact on meaningful outcomes
 - Health
 - Social
 - Academic
 - Personal
 - Functional

Cognitive Behavioral Therapy

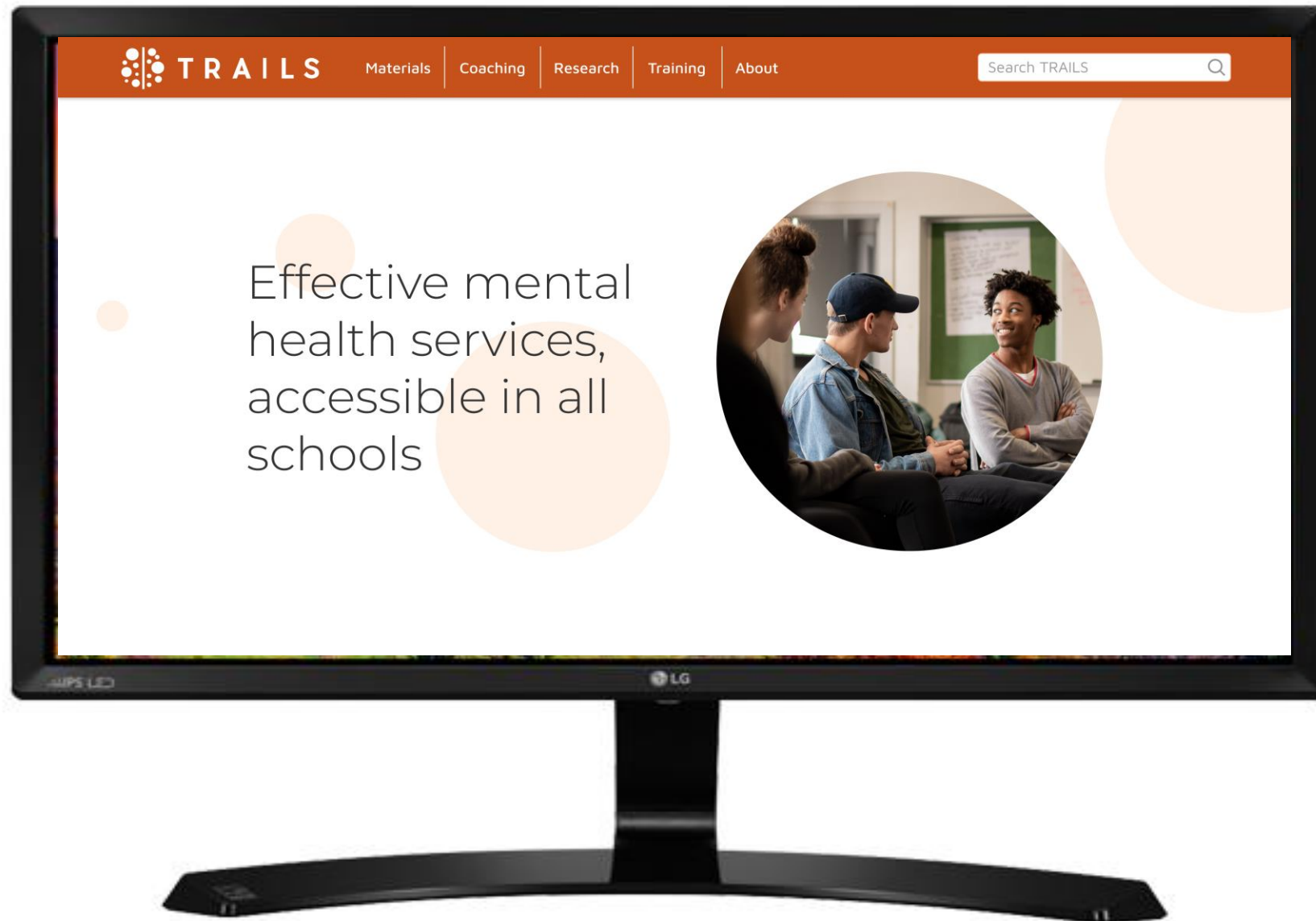


Mindfulness





TRAILStoWellness.org



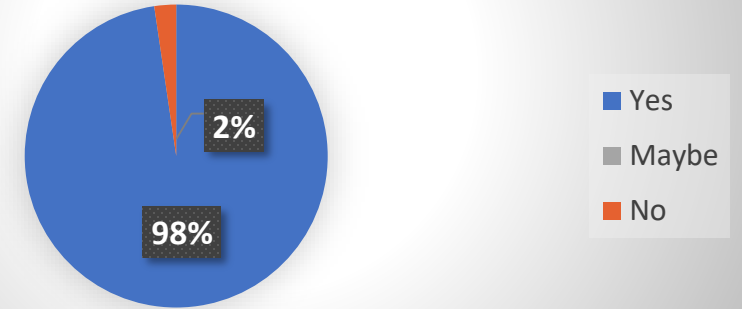
TRAILS Washtenaw

Cohort 1	Cohort 2	Cohort 3	Cohort 4
Jan – June, 2018	Sept-Dec, 2018	Jan – June, 2019	Sept – Dec, 2019
<ul style="list-style-type: none"> • Achieving College & Career Education • Ann Arbor Steam • Lincoln MS • Pathways to Success • Washtenaw International HS • Washtenaw Technical Middle College • Ypsilanti Community HS • Ypsilanti Community MS 	<ul style="list-style-type: none"> • Achieving College & Career Education • Beach MS • Chelsea HS • Clague MS • Creekside Intermediate MS • Lincoln HS • Pathways to Success • Scarlett MS • Washtenaw International Middle Academy • Ypsilanti Community HS • Ypsilanti Community MS 	<ul style="list-style-type: none"> • Ann Arbor Open • Dexter HS • Forsythe MS • Huron HS • Milan HS • Pathways to Success • Pioneer HS • Progress Park • Tappan MS • Saline HS • Scarlett MS 	<ul style="list-style-type: none"> • Huron HS • Milan HS • Mill Creek MS • Pathways To Success • Pioneer HS • Progress Park • Scarlett MS • Saline HS • Saline MS • Tappan MS • Whitmore Lake HS • Whitmore Lake MS

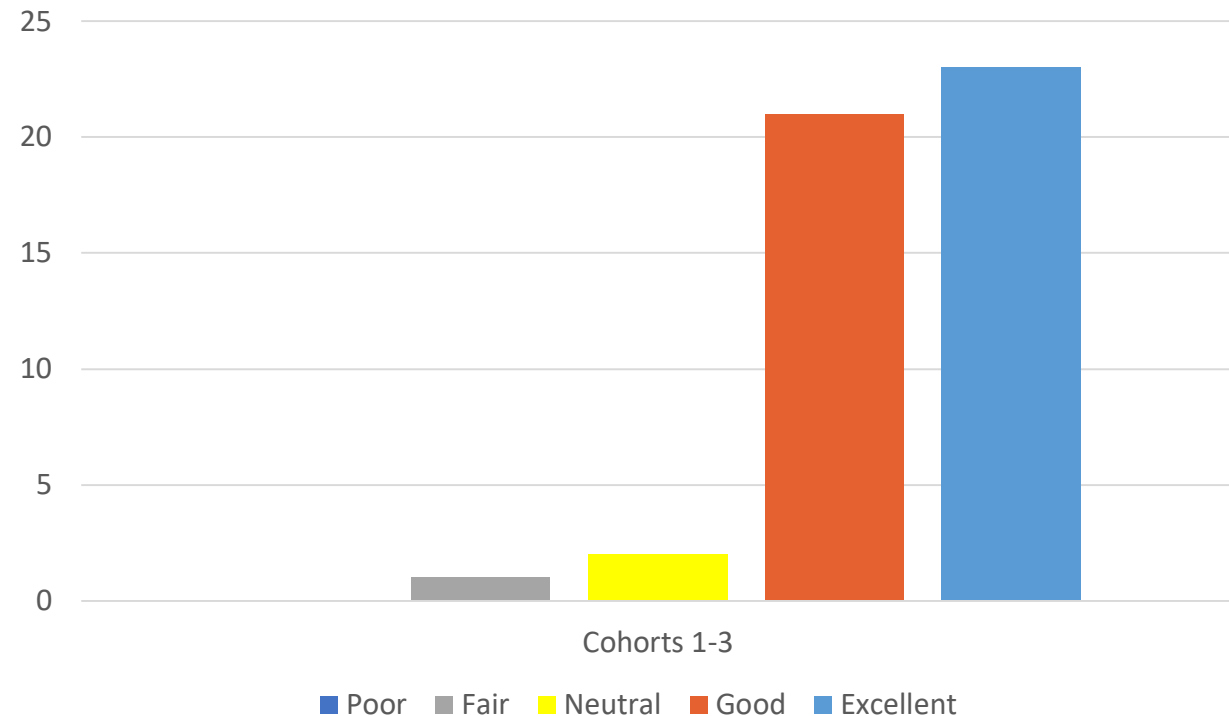
School Professional Participation

- 251 SPs have attended a 1 day TRAILS Training
- 86 have cofacilitated TRAILS groups with a coach
- 28 schools have had a coach

Would you recommend the TRAILS program to other SPs?



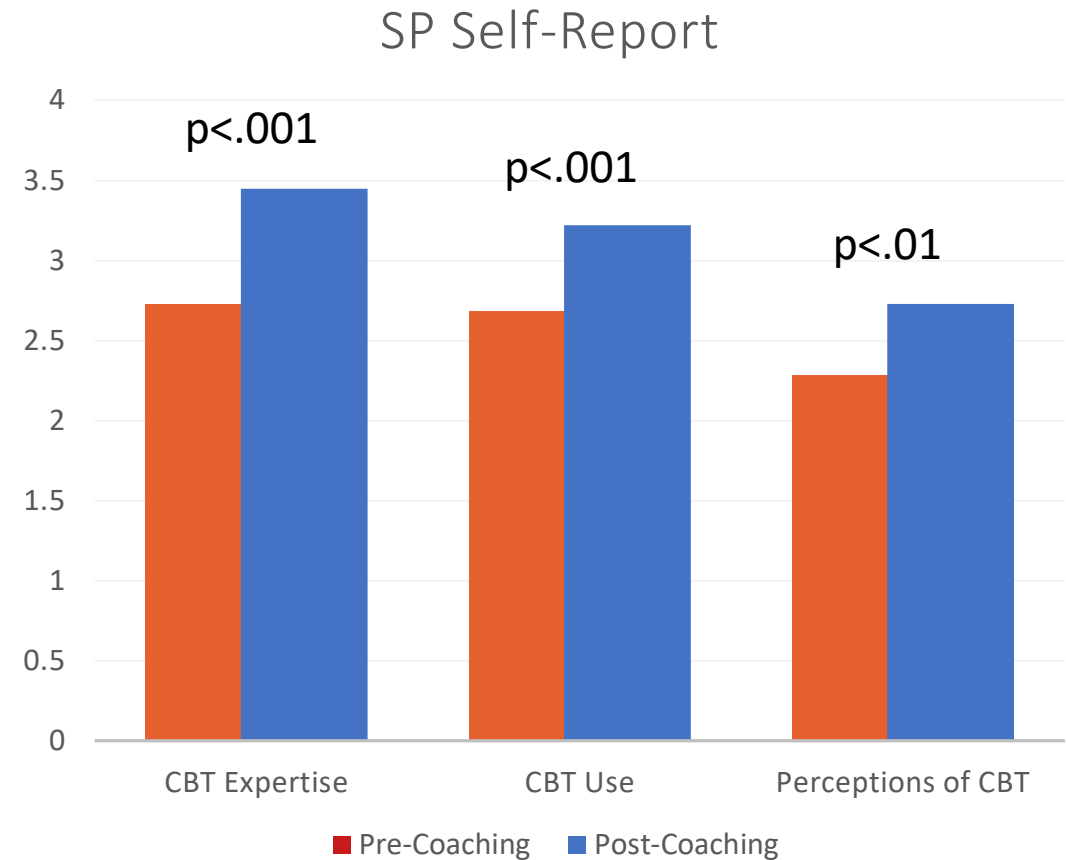
How would you rate your experience facilitating a TRAILS group with a coach?



School Professional Data

School Professionals (N=33)

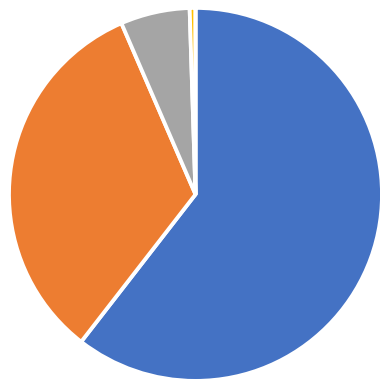
- Self-reported knowledge of CBT, use of CBT, and Perceptions of CBT all significantly increased after a semester of coaching



Student Participation

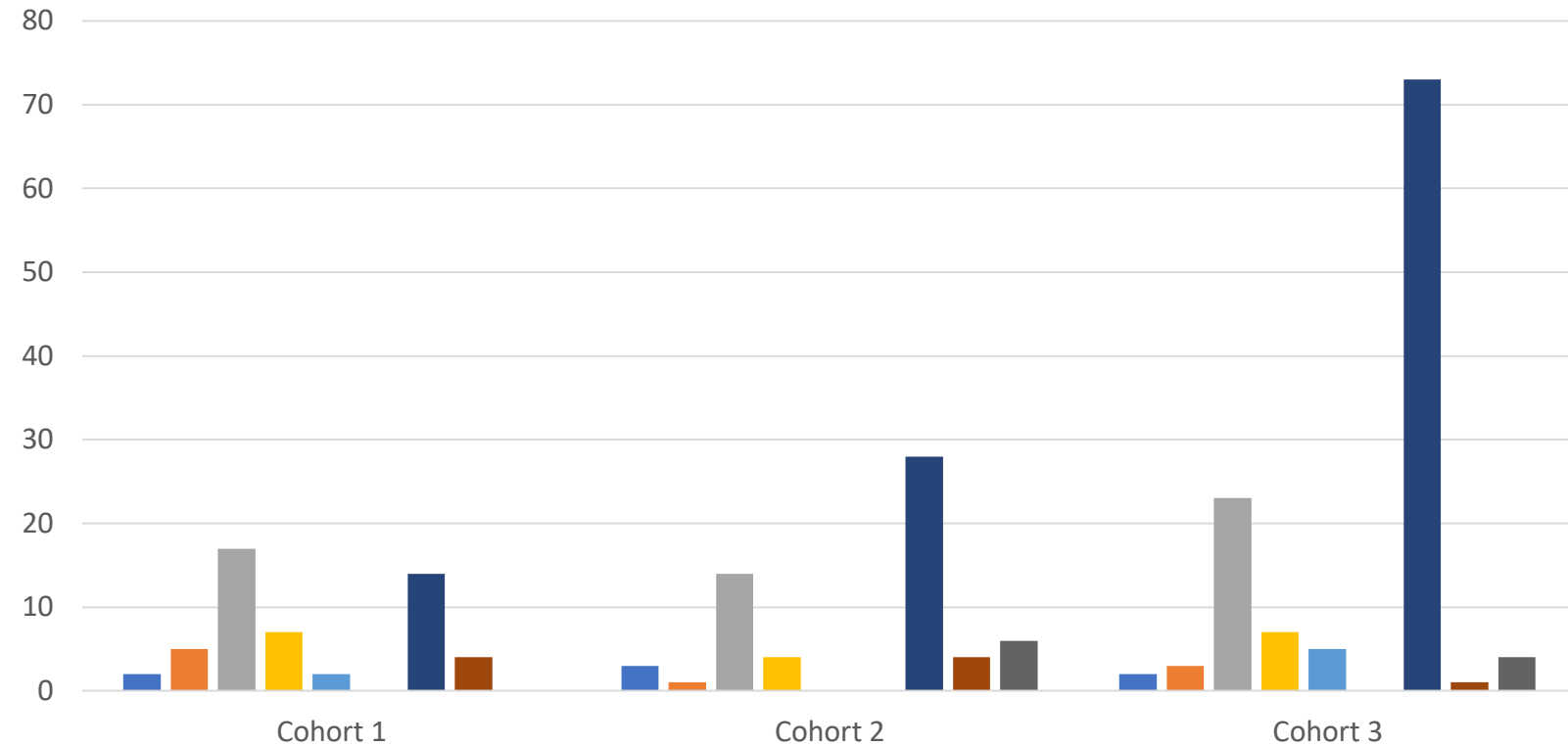
- Cohort 1: 99
- Cohort 2: 111
- Cohort 3: 105

Gender



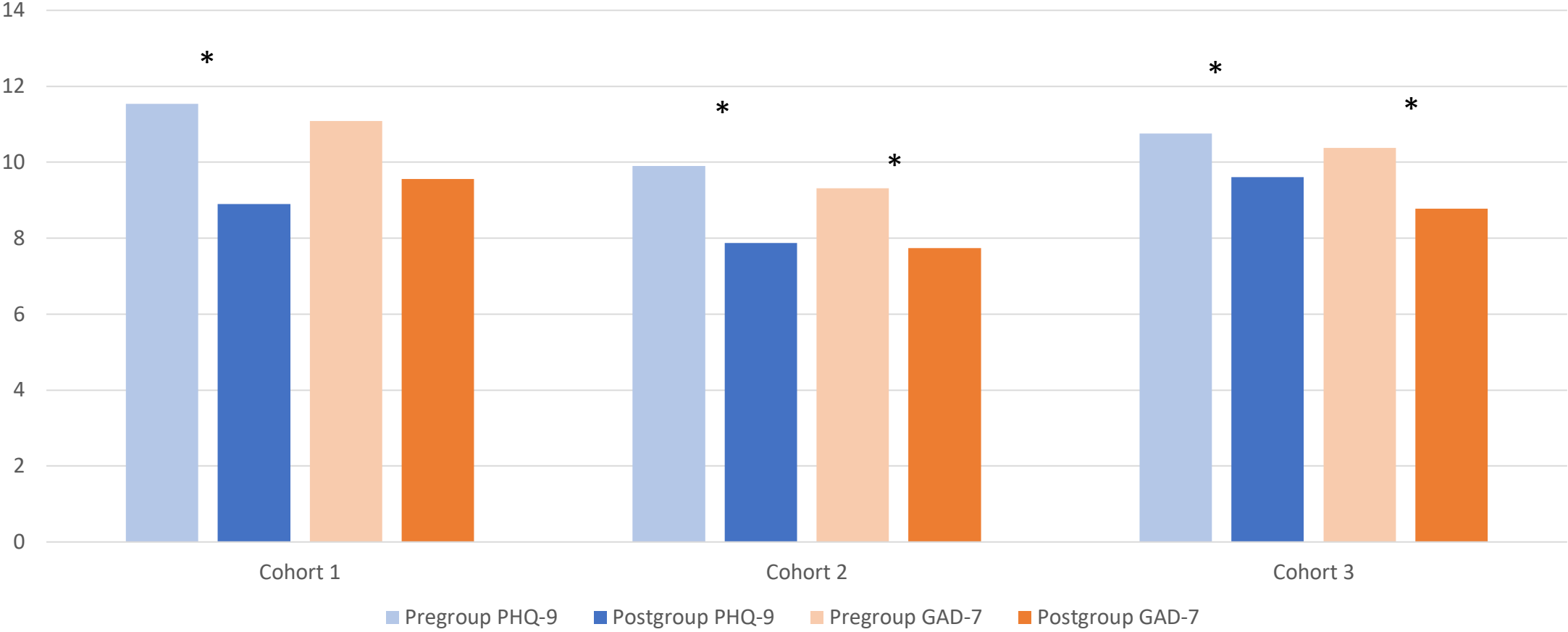
■ Girl/Woman
 ■ Boy/Man
 ■ Gender Non-Binary
■ Prefer Not to Answer
 ■ Other

Race

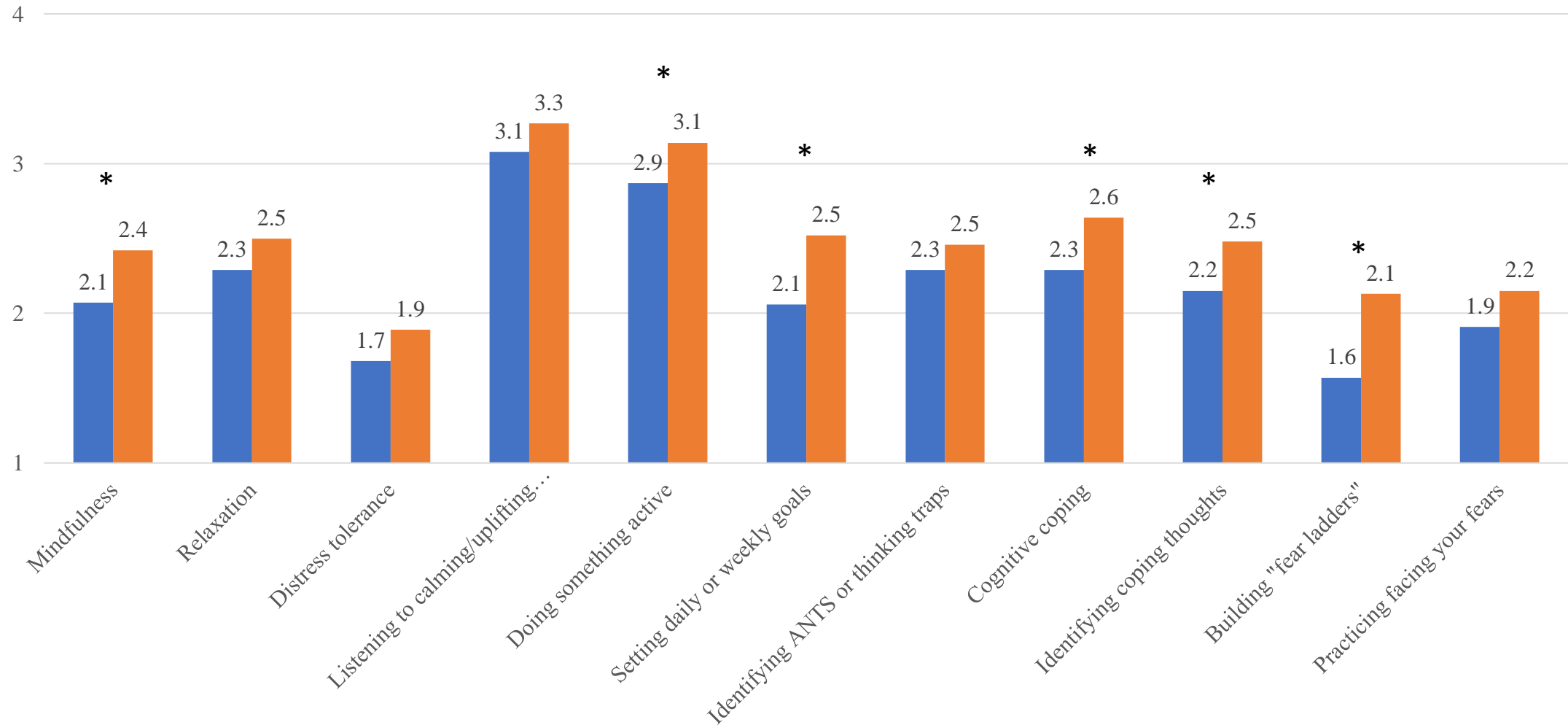


■ American Indian or Alaska Native
 ■ Asian
 ■ Black/African American
■ Hispanic or Latinx
 ■ Middle Eastern or North African
 ■ Native Hawaiian or Pacific Islander
■ White
 ■ Prefer not to answer
 ■ Other

Student Depression and Anxiety Symptomology



Student CBT Skill Usage



TRAILS Participants

- *“It’s changed the way I practice completely. It’s changed the way I parent completely. And it’s changed the way I take care of myself completely.”*
- *“Before this project, we were drowning, literally drowning, and didn’t know what to do. Now we’ve become much more efficient and the students come in already knowing that they’re going to have to work through the skills. “*
- *“Some of it seems like common sense, really simple things, but it allows students to reconnect with what they’re feeling, why they’re feeling that way, and how to change.”*

Tier 3: High-Risk Students

Student Support Services Staff

- Training and coaching to support accurate and timely identification and referral
- Resources to increase effective screening and risk-identification
- Tools to improve communication with local providers



Tier 3: Suicide alertness and suicide intervention training

SafeTALK	ASIST	safeTALK T4T
<ul style="list-style-type: none">• For anyone 15 years or older• Suicide alertness• Connecting to resources• 3.5 hour training• Targeting non-MH professional school staff	<ul style="list-style-type: none">• For anyone 16 years or older• Suicide alertness• Create suicide safety plan• 2-day training• Targeting school counselors, behavior interventionists, school social workers, school psychologists	<ul style="list-style-type: none">• Train the trainer model• Must have taken safeTALK and ASIST• Create sustainability within schools

SafeTALK Feedback

- *This was great! It helps me see how important my interactions with my students are. I feel that if I find myself in this situation, I can really help.*
- *The dialogue was very helpful to understand how I can be a part of SafeTALK not only as a teacher, but as a friend, parent, and even as a stranger. This is so important for us to know for clues to look and listen for.*
- *I have also been hearing good things about the training. Today a teacher came to my office with a student who had expressed that he was thinking about suicide. The hand-off was awesome, the teacher followed the script by letting me know what the student had shared with her and asking the student if what she shared was accurate and the student responding accordingly saying yes*

SafeTALK Feedback

- One school that participated in safeTALK saw significant positive change in student's perception of how much their teachers and counselors knew about addressing mental health concerns
- Another school that participated in safeTALK saw significant positive change in how often teachers talked to students about mental health

ASIST Feedback

1 = Not at all, 5 = Extremely (N=25)	Mean Rating
Did the presentation meet your learning objectives?	4.76
The presenter seemed knowledgeable.	4.92
The information was presented in a usable way.	4.88
I can apply the information from today's presentation to my professional practice.	4.80
1 = Very little, 5 = A great deal (N=25)	Mean Rating
How much did you learn as a result of this CE program?	4.56

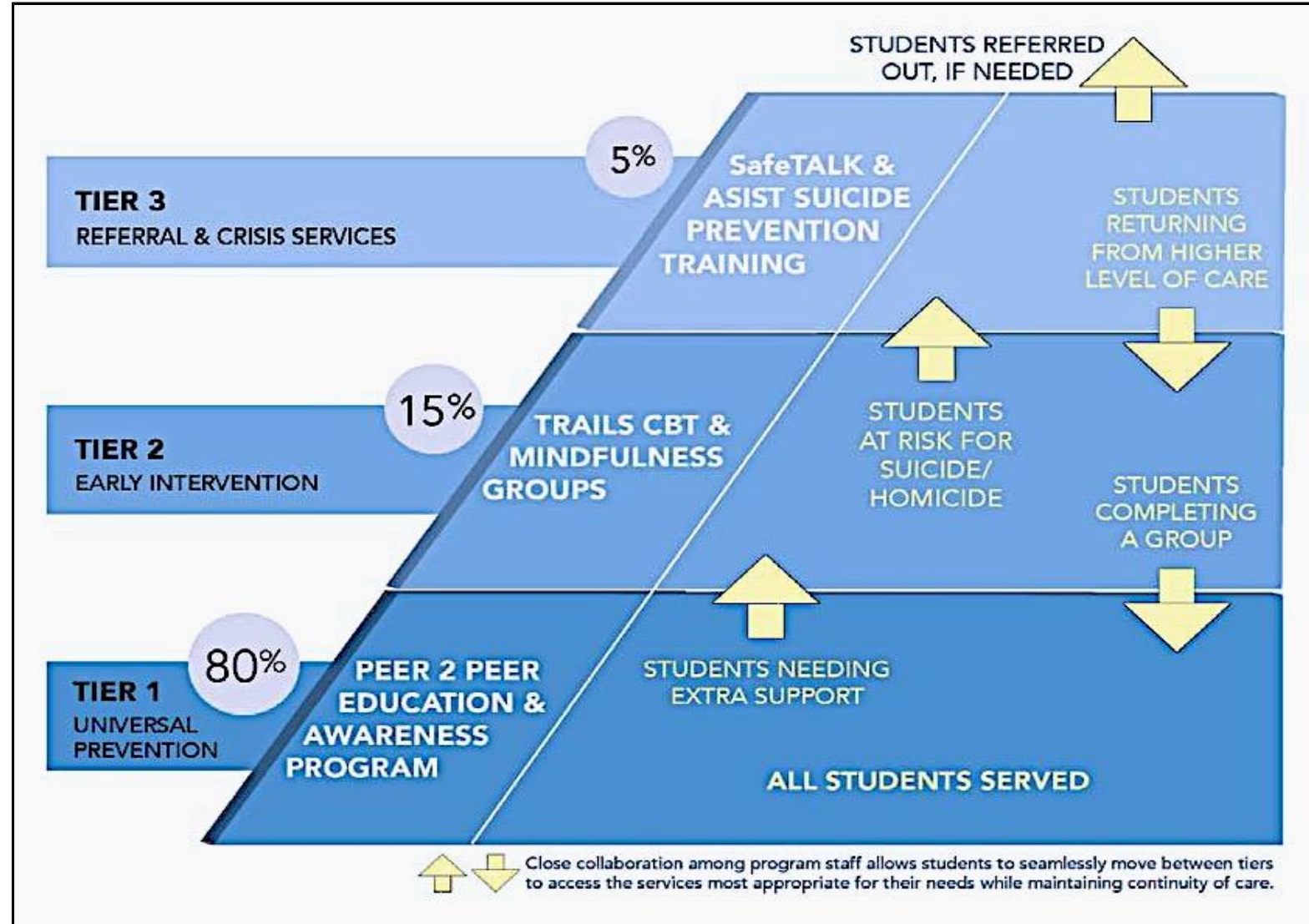
Common barriers

- Scheduling trainings
 - Limited PD days
 - Limited time on PD days
- Suicide prevention training is not required – Need admin buy-in
- Timing of training
 - Too soon after loss not beneficial
 - Earlier in the year is better

Original Program Model

Jan 2018 – Dec 2019

Work with each middle and high school in the county to improve student mental health using evidence-based practices



Updated Program Model



TRAILS CORE FEATURES: A 3-TIERED APPROACH

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



TRAILS Growth and Expansion

- K-8 expansion
- SEL curriculum
- Web-assisted delivery
- Emergency services referral and communication tool expansion

K-8 Expansion

Resources



Check-in & Warm Up

Materials and activities to get your students focused, engaged, and ready to talk about their mental health.



Assessment Measures

Brief, high-quality assessment tools to identify primary symptoms and observe changes over time.



Psychoeducation - Feelings

How are you feeling? Resources to build awareness and understanding of complex emotions. The more students understand their feelings, the better they can advocate for themselves.



Psychoeducation - Anxiety

What is Anxiety? Why does it happen to some people? Information about the diagnosis, symptoms, and how it affects daily life.



Psychoeducation - Depression

What is Depression? Is this the same as feeling sad? Information about the diagnosis, symptoms, and how to distinguish Depression from typical mood swings.



Psychoeducation - Trauma

Materials to help inform students and adults about trauma and its impact on health and wellness.



Psychoeducation - CBT Theory

Information about Cognitive Behavioral Theory and ways in which thoughts, feelings and behaviors are closely related. Plus, how Cognitive Behavioral Therapy (CBT) can help.



Mindfulness

Introductory materials about what mindfulness is and how it works. Also, activities to include mindfulness in CBT work to help with stress, depression, and anxiety.



Cognitive Coping

Thinking traps and coping thoughts. Materials to build awareness of automatic thoughts and learn to replace them with statements that are



Behavioral Activation

Get out of that chair! Information about the cycle of inactivity and how to get out of it using goal setting and progress monitoring.



Self Care

A toolkit of materials and resources to help students develop self-awareness and independent self-care strategies.



Exposure

Face your fears! Materials to help students do the things they want or need to do but tend to avoid because they cause distress.



Suicidality & Homicidality

How to talk to students about suicide and homicide risk, and how to help keep kids safer.



Review & Relapse Prevention

Materials and activities to guide review of CBT and Mindfulness skill and plan for the future.



Mental Health In Schools

What is the role of schools in supporting students' mental health? What are other schools doing?



Relaxation

A toolbox of materials to build fundamental coping skills, such as relaxation, deep breathing, guided mediation, and more.

SEL Curriculum

Deliverables:

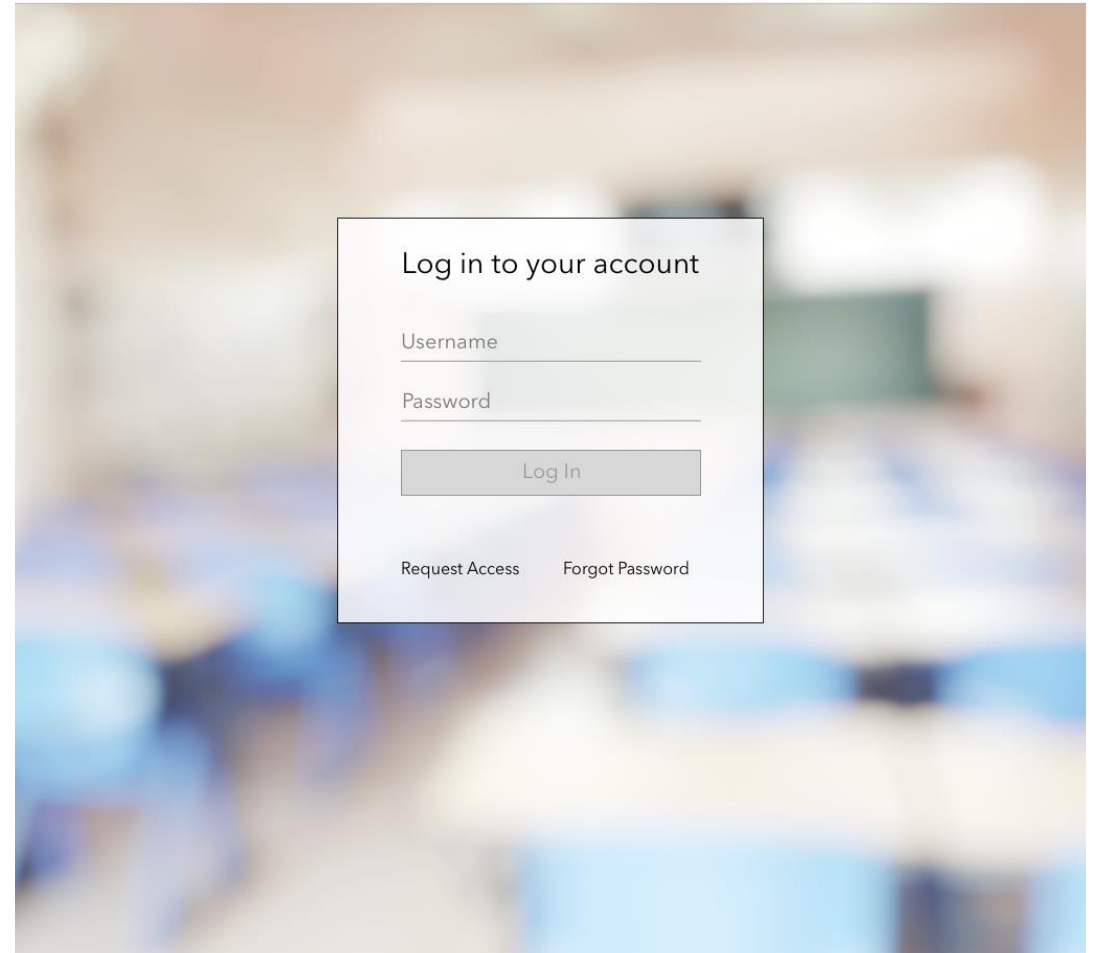
- Develop 20 brief lesson plans aligned with 5 SEL competencies
- Grounded in CBT and mindfulness
- Appropriate for instructional staff
- Designed for K-2, 3-5, 6-8, 9-12
- Deliverable in 10-15 mins



Web-Assisted Delivery

Problem: Many schools do not have adequate mental health staff (social workers, counselors, etc.) to deliver CBT services.

Technological Solution: Provide a web-based application to support a minimally trained staff member who can guide students through materials with a parallel workbook (print or electronic).



Emergency Services Communication Tool Expansion

- Communication tool between local schools and UM-PES Department
- The tool is paired with a Colombia Suicide Severity Rating Scale
- Both the tool and CSSRS are faxed to PES
- Allows for communication between PES and school, improving care coordination



Psychiatric Emergency Services Referral and Communication Worksheet

A completed [Columbia-Suicide Severity Rating Scale](#) should be provided to the hospital along with this referral form.

Student and School Information and Primary Concerns

Date: _____

Student Name: _____	Grade level: _____
School: _____	
Primary concerns (check all that apply):	
<input type="checkbox"/> Self-report of attempted suicide	<input type="checkbox"/> Severe and persistent suicidal ideation
<input type="checkbox"/> Self-report of a planned suicide	<input type="checkbox"/> Suicidal or severe self-harm behavior
<input type="checkbox"/> Third person report of an attempted or planned suicide	<input type="checkbox"/> Homicidal plan or intent
Further details/information: _____	
Referring school professional(s): _____	
Daytime contact phone: _____	After-hours contact phone: _____
Contact fax: _____	Email: _____
Consulted with 24-hour Washtenaw Community Mental Health Crisis Team (734-544-3050): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Crisis Team contact: _____	Phone: _____
Referral to UM Psychiatric Emergency Services: Call 734-936-5900, Fax 734-763-7204	Parent/Guardian is advised to report to: UM Emergency Dept: 1500 E Medical Dr., Ann Arbor, MI 48109

PES Recommendations

Date: _____

<input type="checkbox"/> Admitted to inpatient unit – further information to follow at discharge
<input type="checkbox"/> Enroll in a partial day program. Referral made to: _____
<input type="checkbox"/> Follow up with outpatient mental health care provider
<input type="checkbox"/> Referral provided to family for new outpatient treatment
Agency/Provider name: _____ Date of scheduled appointment: _____
<input type="checkbox"/> Continue with established provider
Provider name: _____ Phone: _____
<input type="checkbox"/> Review safety plan with a school counselor or school mental health care provider
Copy of plan provided to: <input type="checkbox"/> Family <input type="checkbox"/> School
<input type="checkbox"/> Referral to school-based CBT (if available)
<input type="checkbox"/> Primary depression <input type="checkbox"/> Primary anxiety <input type="checkbox"/> Other: _____
<input type="checkbox"/> Family declined recommended admission, hospitalization, or partial day treatment program
PES / UMHS contact name: _____
Contact phone: _____ Email: _____

Signature below indicates that this form may be sent by a medical provider to the referring school professional(s) or to the appropriate school staff member listed below for coordination of care and follow up:

AAPS – Executive Director Fax: 734-994-2955	LCS – STAFF Fax: XXX-XXX-XXXX	YCS – Assistant Superintendent Fax: 734-221-1214
--	----------------------------------	---

Parent/Guardian Signature: _____

Date: _____

Questions? Comments?

Contact Us:

- Lizelle Salazar lsalazar@umich.edu
- Jill Paladino jillpal@med.umich.edu

Websites Referenced:

- P2P <https://www.depressioncenter.org/p2p>
- TRAILS TRAILStoWellness.org
- LivingWorks <https://www.livingworks.net/programs/>

thank you!



TRAILS

Transforming Research into Action
to Improve the Lives of Students