2023-2024
School Mental Health Virtual Learning Series

Tier 2 School Mental Health:
Implementing, Staffing, and Funding Early Intervention in Schools

October 10, 2023

* *Tier 2 mental health interventions in schools* are for students with mild mental health concerns or for those who may be at greater risk for experiencing mental health challenges, often due to social and environmental factors.

Introductions

Sharon Hoover, PhD

Co-Director, The National Center for School Mental Health (NCSMH)
Director, National Center for Safe Supportive Schools (NCS3)
Professor of Psychiatry, University of Maryland School of Medicine

Share in the chat box:

- Name, Role, Location

- Why is this topic– ***Tier 2 School Mental Health: Implementing, Staffing, and Funding Early Intervention in Schools***– important to you?

Technology Support

- **Slides & recording will be posted in** ~one week on the NCSMH website

  www.schoolmentalhealth.org/Webinars

- Type **questions for the presenters into the Q&A box**

- Message **"*Hosts and panelists*"** in the chat box **for technical support**

- Message **"*Everyone*"** in the chat box **to share resources and provide general comments**

- *Note:* CE credits are <u>not</u> available for this series, but **Certificates of Attendance** are

Certificates of Attendance

Process:

1. Complete GPRA Post-Event Evaluation

2. Redirected to a *Certificate Request* form

3. Submit name and email address

4. Expect to receive Certificate within 30-45 days from webinar

Notes:

- You must attend **at least 50%** of webinar *in real time*

- Your Zoom name **must match** name on registration form

- **If you are calling in**, email **csheedy@som.umaryland.edu** & confirm your phone number

- To access evaluation, use **any code** you are comfortable with & will easily remember:

Provide the last 3 digits of your personal zipcode; last 4 digits of your phone number; 2 digit birth year; first 3 letters of preferred name.
Personal Code (please use uppercase letters): Ex. 734036172BRI

Last 3 digits of your personal zipcode:
123

Last 4 digits of your phone number:
4321

2 digit birth year:
55

First 3 letters of preferred name:
DOG

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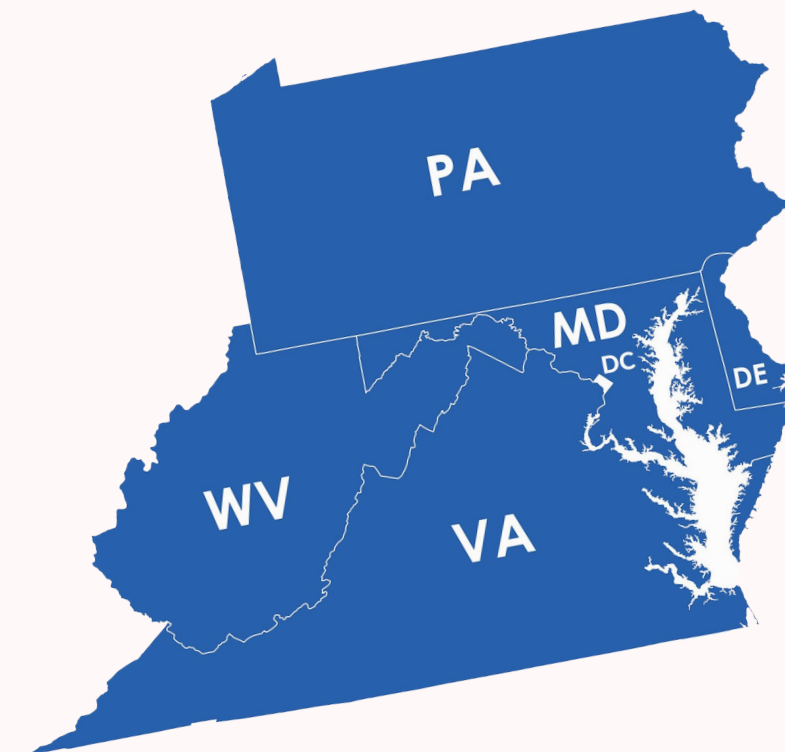
Sign up for our listserv:

schoolmentalhealth.org/Connect/Listserv--Newsletters/

Central East MHTTC

Actions

- **Accelerates** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services

- **Strengthens** the awareness, knowledge, and skills of the behavioral and mental health and prevention workforce, and other stakeholders, that address the needs of people with behavioral health disorders

- **Fosters** regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community

- **Ensures** the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field

Area of focus

UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

NCSMH
NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH

Central East (HHS Region 3)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

THE DANYA INSTITUTE
Changing Communities Through Change in Practice™

THE ANNIE E. CASEY FOUNDATION

National Center for School Mental Health

Mission

To strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

Goals

1. Advance high-quality, sustainable comprehensive school mental health systems at school, district, state, regional, and national levels.

2. Conduct research and evaluation on mental health promotion, prevention, and intervention in schools and other aspects related to the planning, delivery, and continuous quality improvement of high quality, sustainable school mental health systems.

3. Train and support diverse stakeholders and a multidisciplinary workforce in understanding, promoting, and advancing child, adolescent, and young adult mental health and wellbeing.

Directors	Nancy Lever, *Ph.D.*, & Sharon Hoover, *Ph.D.*,
Faculty	Tiffany Beason, *Ph.D.*, Jill Bohnenkamp, *Ph.D.*, Elizabeth Connors, *Ph.D.*, Aijah K. B. Goodwin, *Ph.D.*, Britt Patterson, *Ph.D.*, Sam Reaves, *Ph.D.*, Cindy Schaeffer, *Ph.D.*

www.schoolmentalhealth.org   www.theshapesystem.com   f @CenterforSchoolMentalHealth   @NCSMHtweets

Commitment

- Racial and social justice lens

- Cultural responsiveness and equity

- Developing and modeling equitable and anti-racist policies and practices

- Learn, heal, grow together

Upcoming Events

December 12, 2023—2024, 3-4pm ET**:** **School Mental Health Virtual Learning Series**
(*topics & speakers TBD*)

Stay updated: **www.schoolmentalhealth.org/webinars**

Early 2024 (*dates TBD*)**:** **Promoting School Well-Being Learning Community**

INTEREST FORM

![University of Maryland School of Medicine logo]

The 2023 Annual Conference On Advancing School Mental Health

Building Hopeful Futures for All Youth

December 5-7, 2023 · New Orleans, LA

![NCSMH — National Center for School Mental Health logo]

Share and learn about national best practices in school mental health!

- 100+ conference sessions
- 9 conference tracks focused on building effective multi-tiered systems of support (MTSS)
- Poster and networking reception
- School mental health awards

Register and reserve your hotel room today!
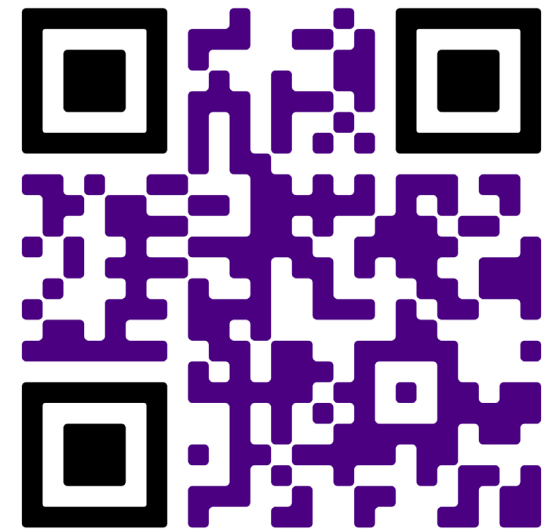
www.SchoolMentalHealth.org

2023 CONFERENCE

Today's Objectives

1 Describe the purpose of Tier 2 mental health interventions in schools

2 Describe five Tier 2 mental health interventions currently being implemented in schools

3 Identify staffing and funding mechanisms to support Tier 2 mental health interventions in schools

Our Presenters

Jessica Schleider, PhD
Founding Director, The Lab for Scalable Mental Health; Associate Professor of Medical Social Sciences & Psychology, Northwestern University

Antonio Polo, PhD
Professor of Child Clinical Psychology, DePaul University

Elizabeth McCauley, PhD, ABPP
Professor of Psychiatry & Behavioral Sciences, University of Washington School of Medicine; Associate Director of Child Psychiatry at UW/Seattle Children's Hospital

Hadia Zarzour, MA, LCPC
Owner & Mental Health Therapist, Healing Zone, Inc.; Researcher, Loyola University Chicago

Eric Bruns, PhD
Associate Director, The School Mental Health Assessment, Research, & Training (SMART) Center; Professor of Psychiatry & Behavioral Sciences, University of Washington School of Medicine

Alicia Lapointe, PhD
Research Scientist, The Centre for School Mental Health; Adjunct Research Professor, Western University

Jessica Schleider
PhD

Dr. Jessica L. Schleider (she/her) is the Founding Director of the Lab for Scalable Mental Health and Associate Professor of Medical Social Sciences and Psychology at Northwestern University. Dr. Schleider's professional mission is to build, test, and disseminate scalable, evidence-based mental health solutions that bridge previously-unfillable gaps in mental health ecosystems, with a focus on *digital* and *single-session interventions* (SSIs) for underserved youth. In support of her work in this area, she has secured >$7 million in federal (NIH, NSF, HRSA), foundation, and industry funding as PI or Project Lead. Dr. Schleider has been recognized via numerous national awards for research excellence and innovation, including the NIH Director's Early Independence Award. Her work has been featured in media outlets such as *The Wall Street Journal* and *The Atlantic*, and she was previously chosen as one of *Forbes' 30 Under 30* in Healthcare. She has published >100 peer-reviewed articles and has created or co-created seven open-access, single-session mental health programs, which have reached >40,000 young people to date. Based on these programs, Dr. Schleider and her colleagues wrote a self-help workbook, *The Growth Mindset Workbook for Teens*. She also co-edited the *Oxford Guide to Brief and Low-Intensity Interventions for Children and Young People* and wrote a nonfiction book, *LITTLE TREATMENTS, BIG EFFECTS* on how single-session interventions can transform mental health. Dr. Schleider completed her PhD in Clinical Psychology at Harvard University in 2018, along with her Doctoral Internship in Clinical and Community Psychology at Yale School of Medicine.

LEVERAGING **SINGLE SESSION INTERVENTIONS** TO BRIDGE GAPS IN SCHOOL MENTAL HEALTH SERVICES

Jessica Schleider, Ph.D.

Associate Professor

Director, Lab for Scalable Mental Health

Director of Digital Services, Center for Behavioral Intervention Technologies

Departments of Medical Social Sciences & Psychology

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Oct 2023

Meaningful expansion of school mental health systems requires reckoning with two realities

Reality 1: Given staff shortages, overburdened systems, and resource-intense nature of existing supports, we will not meet student mental health needs <u>until we radically reimagine</u> *what* support can be, *where* it can be located, and *how* it can be accessed.

Reality 2: Many students will <u>continue to fall through the cracks</u> without <u>sustainable, youth-centered pathways</u> to engaging with effective support.

FEW SCHOOL MENTAL HEALTH SUPPORTS ARE BUILT TO CENTER **STUDENT NEEDS & PREFERENCES**

Youth are disempowered from accessing support on their own terms

*Many onramps to support are <u>driven entirely by adults</u>…yet, **32%** of teens who cannpt access care cite <u>parents</u> as a key barrier (N = 211)*

Supports and onramps aren't located where youth first seek help (mainly, *online* and *anonymously*)

Supports don't fit how youth prefer (or actually *do*) to engage with mental health support (*as needed, flexibly*)

The modal number of mental health sessions is <u>one</u>!

Youth need mental health supports that:

(1) are embedded in spaces where they **already seek help**

(2) **empower youth** to access care *when* **and** *how they want it*

(3) are *quantifiably better than nothing*, per rigorous trials (*many existing supports are not!*)

What are single-session interventions (SSIs)?

"specific, structured programs that **intentionally** involve just **one visit or encounter** with a clinic, provider, or program"

SSIs may be accessed on one *or* many occasions ("*one at a time*"—not "*one and done*");
they may be *self-guided* or *human-facilitated*;
and they may be accessed *within* or *outside* of formal healthcare settings

In all cases, SSIs **drop the (often false) assumption** that clients will return
and instill the belief that **meaningful change is possible** at any moment, however brief.

Source: Schleider et al., 2020, *Journal of Clinical Child and Adolescent Psychology*

Our lab's evidence-based single-session interventions have now served **>40,000** youth, young adults, and parents

9,000+ via grant-funded clinical trials
31,000+ via nonprofit, school, and community partnerships
in **8 languages**: English, Spanish, Turkish, Arabic, Haitian Creole, **Hebrew, Mandarin, German (in process)**
Two SSIs certified by **Blueprints for Healthy Youth Development** as "Dissemination-Ready"
and via **co-designed adaptation** for minoritized youth (e.g. LGBTQ+ teens, Hispanic/Latine teens)
All SSIs are **free**, de-identified trial data are **public**
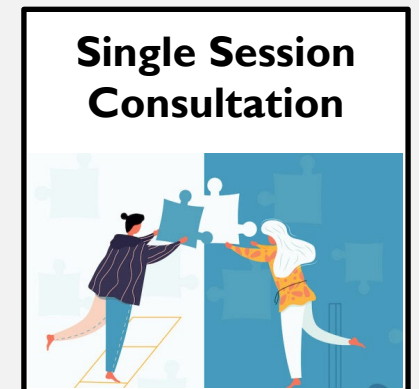
Each SSI targets a **modifiable, short-term belief or behavior**
where *short-term improvements* can spur *upward spirals* of meaningful, long-term change in
depression, anxiety, hopelessness, and **uptake of other supports** 3-9 months later

B.E.S.T. elements of SSIs
for youth mental health

Brain science to <u>normalize</u> concepts and <u>strengthen buy-in</u>

Empower youth to <u>helper/expert</u> role

Saying-is-Believing exercises to <u>solidify learning</u>

Testimonials from <u>valued others</u>

Aligns with **self-determination theory**, wherein
competence, autonomy, relatedness underlie *motivation and behavior change*

Short-term in these factors help explain clinical change across multiple SSI trials

Schleider, Dobias, Sung, & Mullarkey, 2020
Yeager & Walton, 2011
Deci & Ryan, 2008
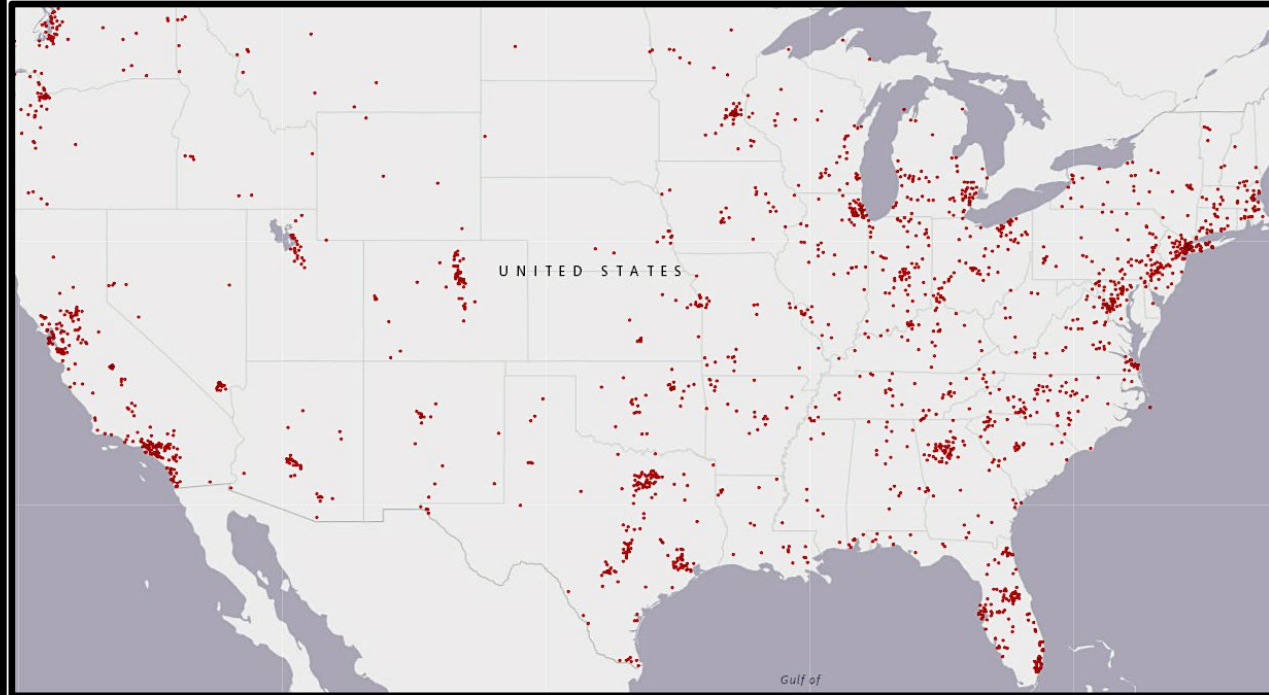
In an NIH-funded RCT (*N* = **2,452 teens**, 80% LGBTQ+, 50% racial/ethnic minoritized youth),
we tested whether two online SSIs (one teaching *growth mindset*, one teaching *behavioral activation*)
reduced depression, anxiety, trauma symptoms, and restrictive eating versus a supportive control
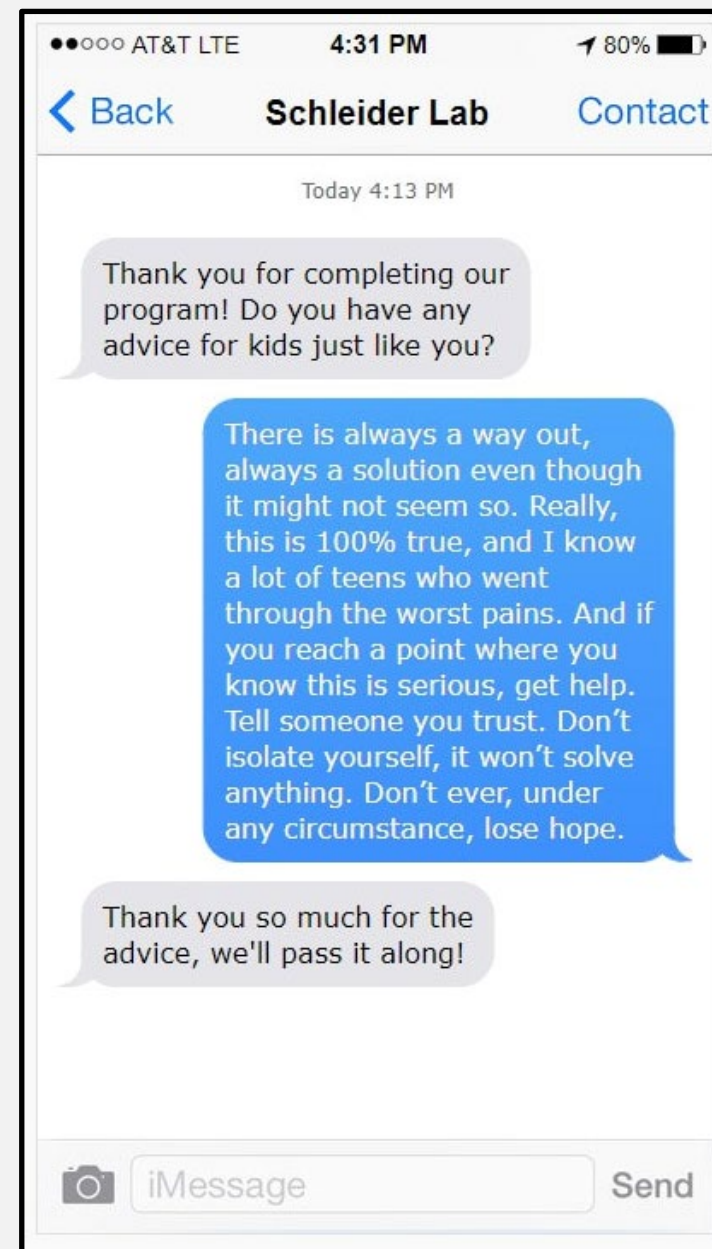
www.schleiderlab.org/yes

Project YES has 3 steps:

1) CHOOSE AN ACTIVITY. Pick any of three 20-minute online activities.

2) TELL US WHAT YOU THINK. Before and after each activity, we'll ask you some questions about your mood, your thoughts, and what you thought of the activity.

3) SHARE YOUR ADVICE. Share your best advice for other kids and teens who may be struggling—and see it **posted on this page** for others to learn from.

●●○○○ AT&T LTE   4:31 PM   ⬆ 80% ▇

‹ Back   **Schleider Lab**   Contact

Today 4:13 PM

Thank you for completing our program! Do you have any advice for kids just like you?

There is always a way out, always a solution even though it might not seem so. Really, this is 100% true, and I know a lot of teens who went through the worst pains. And if you reach a point where you know this is serious, get help. Tell someone you trust. Don't isolate yourself, it won't solve anything. Don't ever, under any circumstance, lose hope.

Thank you so much for the advice, we'll pass it along!

◻️ iMessage   Send

www.schleiderlab.org/yes

FREE, ANONYMOUS ONLINE SINGLE SESSION INTERVENTIONS

A Digital Single-Session Intervention Platform for Youth Mental Health: Cultural Adaptation, Evaluation, and Dissemination

Akash Shroff [1]; Chantelle Roulston [1]; Julia Fassler [1]; Nicole A Dierschke [2];
Jennifer San Pedro Todd [2]; Ámbar Ríos-Herrera [2]; Kristen A Plastino [2];
Jessica Lee Schleider [1]

City-Wide **Project YES** Adaptation & Dissemination

1. Included San Antonio teens' **own narratives and voices** into YES

2. Translated YES into **Spanish** to broaden accessibility

3. Found **acceptability & feasibility** of updated YES in >1K San Antonio teens in San Antonio public schools

Single-Session Consultation (SSC)

Can a provider-delivered, Solution-Focused Brief Therapy SSI
reduce hopelessness, increase agency, and **prevent symptoms from worsening** in clients on **therapy waiting lists**?

1. Establish shared purpose for being here
2. Identify client's top problem
3. Identify client's top hope
4. Pose the miracle question
5. Create scale based on miracle question
6. Explore exceptions to the problem
7. Make an action plan
8. Write your client a note of confidence

Provider training lasts
90 minutes total

SSC itself lasts
30 – 60 minutes total

Single-Session Consultation (SSC)

N = 65 young people on waiting lists received SSC via longer-term therapy

Hopelessness showed an **85.18%** chance of **decreasing** ($p < .001$, $d = 1.04$)

Readiness for change showed an **80.87%** chance of **increasing** ($p < .001$, $d = 0.83$)

Anxiety decreased ($d = .32$) and **depression** decreased ($d = .20$) 2 weeks later
(*increases* in symptoms while waiting for care are the norm!)

The SSC is being delivered to **youth, young adults, and parents on waitlists, schools, in primary care, EDs
in at least ten US states and five countries,** by **professional and lay providers**

Writing an SSC Therapist Guide for Oxford University Press

YOUTH EMPOWERMENT & SUPPORT IN SCHOOLS (YESS) PROJECT

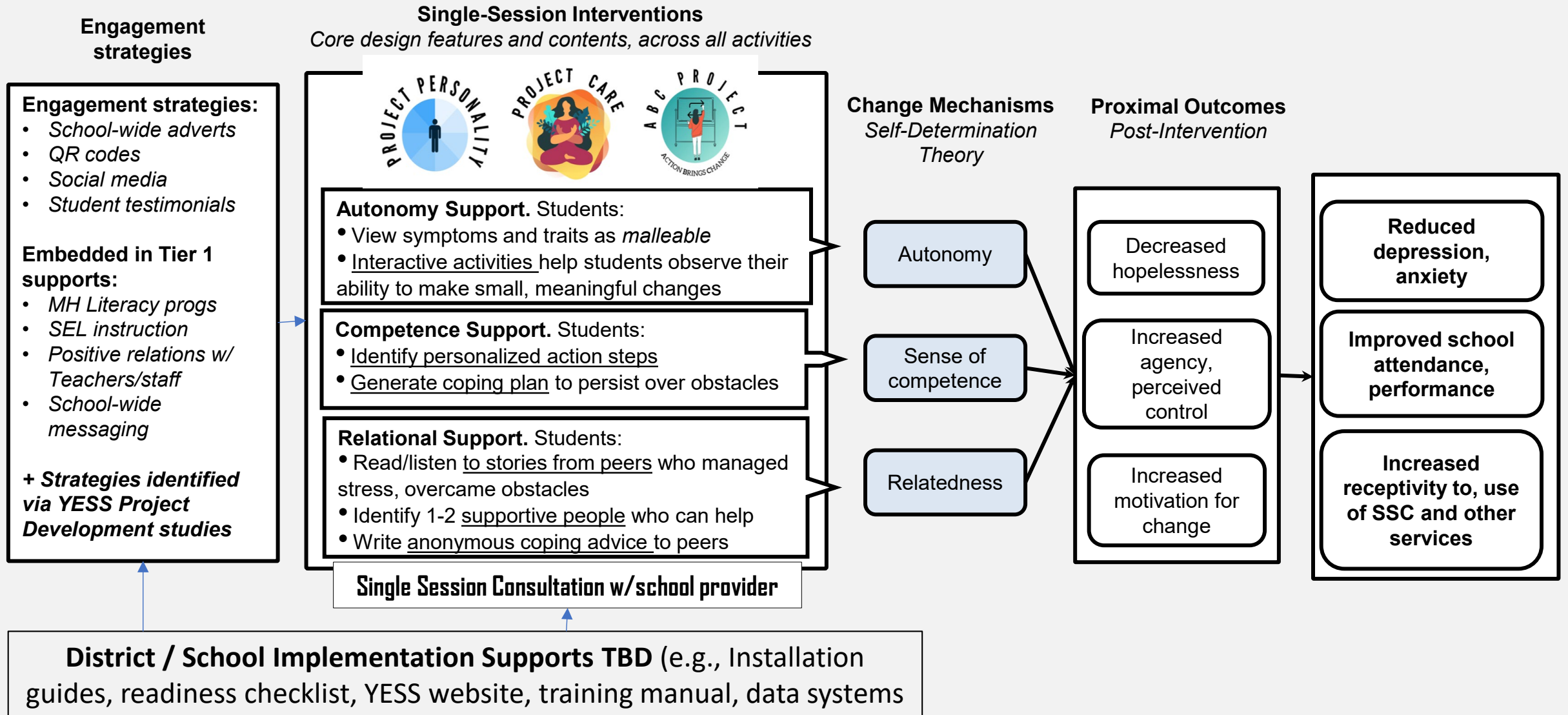DEVELOPMENT & INNOVATION GRANT SUBMITTED TO **INSTITUTE OF EDUCATION SCIENCES**
CO-PIS: ERIC BRUNS & JESSICA SCHLEIDER
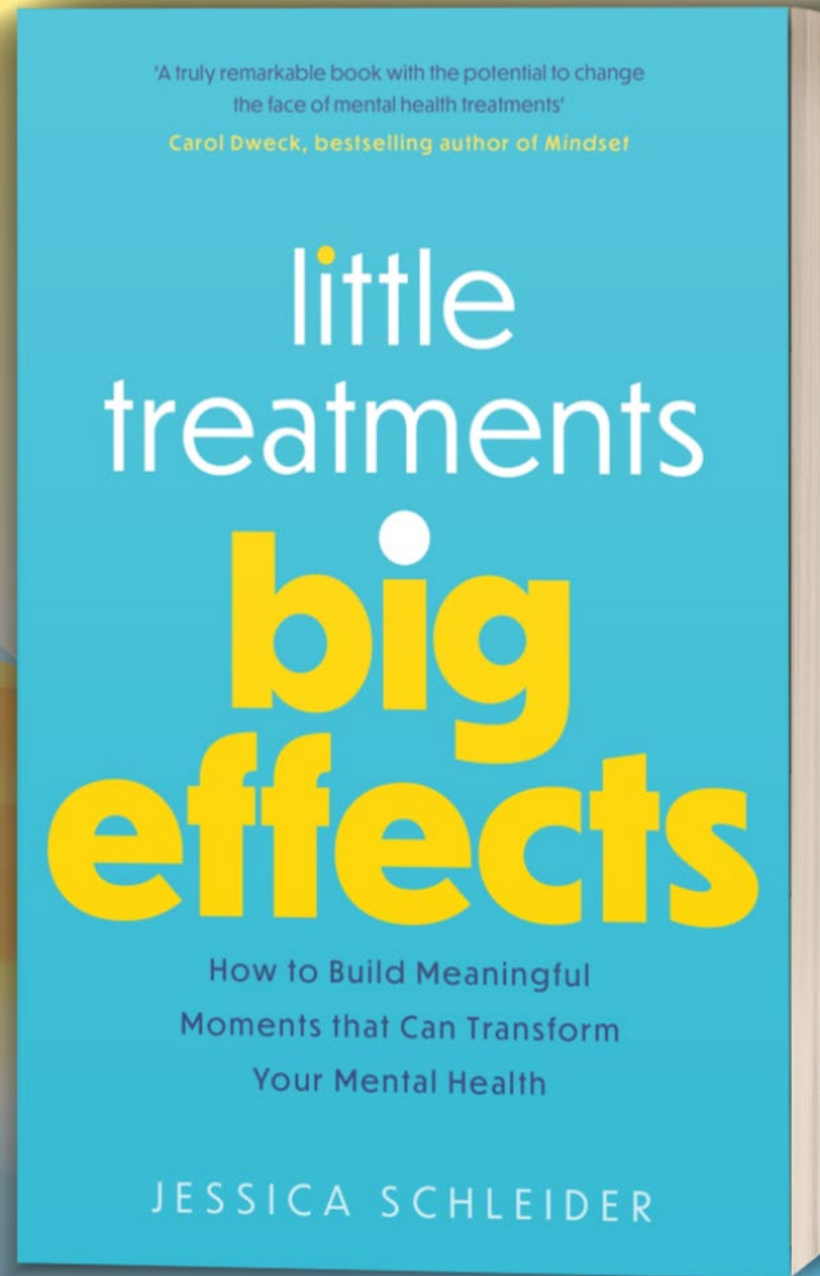
YOUTH EMPOWERMENT & SUPPORT IN SCHOOLS (YESS) PROJECT
DEVELOPMENT & INNOVATION GRANT SUBMITTED TO INSTITUTE OF EDUCATION SCIENCES
CO-PIS: ERIC BRUNS & JESSICA SCHLEIDER

Engagement strategies

Single-Session Interventions
Core design features and contents, across all activities

Change Mechanisms
Self-Determination Theory

Proximal Outcomes
Post-Intervention

Engagement strategies:
- *School-wide adverts*
- *QR codes*
- *Social media*
- *Student testimonials*

Embedded in Tier 1 supports:
- *MH Literacy progs*
- *SEL instruction*
- *Positive relations w/ Teachers/staff*
- *School-wide messaging*

+ Strategies identified via YESS Project Development studies

PROJECT PERSONALITY   PROJECT CARE   ABC PROJECT ACTION BRINGS CHANGE

Autonomy Support. Students:
- View symptoms and traits as *malleable*
- Interactive activities help students observe their ability to make small, meaningful changes

Competence Support. Students:
- Identify personalized action steps
- Generate coping plan to persist over obstacles

Relational Support. Students:
- Read/listen to stories from peers who managed stress, overcame obstacles
- Identify 1-2 supportive people who can help
- Write anonymous coping advice to peers

Single Session Consultation w/school provider

Autonomy

Sense of competence

Relatedness

Decreased hopelessness

Increased agency, perceived control

Increased motivation for change

Reduced depression, anxiety

Improved school attendance, performance

Increased receptivity to, use of SSC and other services

District / School Implementation Supports TBD (e.g., Installation guides, readiness checklist, YESS website, training manual, data systems

'A truly remarkable book with the potential to change the face of mental health treatments'
Carol Dweck, bestselling author of *Mindset*

little treatments · big effects

How to Build Meaningful Moments that Can Transform Your Mental Health

JESSICA SCHLEIDER

Integrates **clinical science, lived experience narratives,** and **self-help activities** to introduce SSIs for youth *and* adults to people worldwide

Thank you!
Questions?

Our Open-Access Digital SSIs

schleiderlab.org/yes | projectrestore.info/our-programs

SSC manual & Action Plan:

osf.io/xnz2t/

Key Research Funding

- NIH Director's Early Independence Award, **NIH DP5, Office of the Director**
- Small Business Innovation Award (SBIR), **NIMH R43**
- Research Grant, **HopeLab**
- Emergency COVID-19 Competitive Revision Award, **NIMH**
- Bioethics Supplement Award, **NIH Office of Science Policy**
- Systems Enabler Grant, **Upswing Fund for Adolescent Mental Health**
- Service Grant, **City of San Antonio Metropolitan Health District**
- Access to Care Award, **Klingenstein Third Generation Foundation**
- Improving Undergraduate Education Grant, **National Science Foundation**
- Health and Public Safety Workforce Resiliency Training Program, **HRSA**
- John & Polly Sparks Early Career Grant, **APF**

Elizabeth McCauley
PhD, ABPP

Eric J. Bruns
PhD

Dr. Elizabeth McCauley is a Professor at the University of Washington (UW) and Associate Director of Child Psychiatry at UW/Seattle Children's Hospital. Her research focuses on the depression and suicidality in youth and school based mental health service delivery. She has developed and/or tested prevention and intervention strategies in clinical, schools, and primary care settings.

Dr. Eric J. Bruns is Professor of Psychiatry at UW and Associate Director of the UW SMART Center where he leads SMART's Training and Technical Assistance Core and co-leads the SAMHSA-funded Northwest Regional School Mental Health Technology Transfer Center. Dr. Bruns' research focuses on how to inform improvement in public child-serving systems for youth with behavioral health needs and their families, so that all youth and their families can succeed in home, school, and community, and achieve their hopes and dreams. He has served as principal investigator on an array of federal research grants, including multiple Institute of Education Sciences-funded projects devoted to identifying, testing, and implementing "core components" of social, emotional, and behavioral interventions in schools. He is also known for his research on intensive care coordination for youth with complex needs and co-leads the National Wraparound Implementation Center (NWIC; www.nwic.org). Website & Contact Information: https://smartcenter.uw.edu/profiles/eric-bruns-phd/

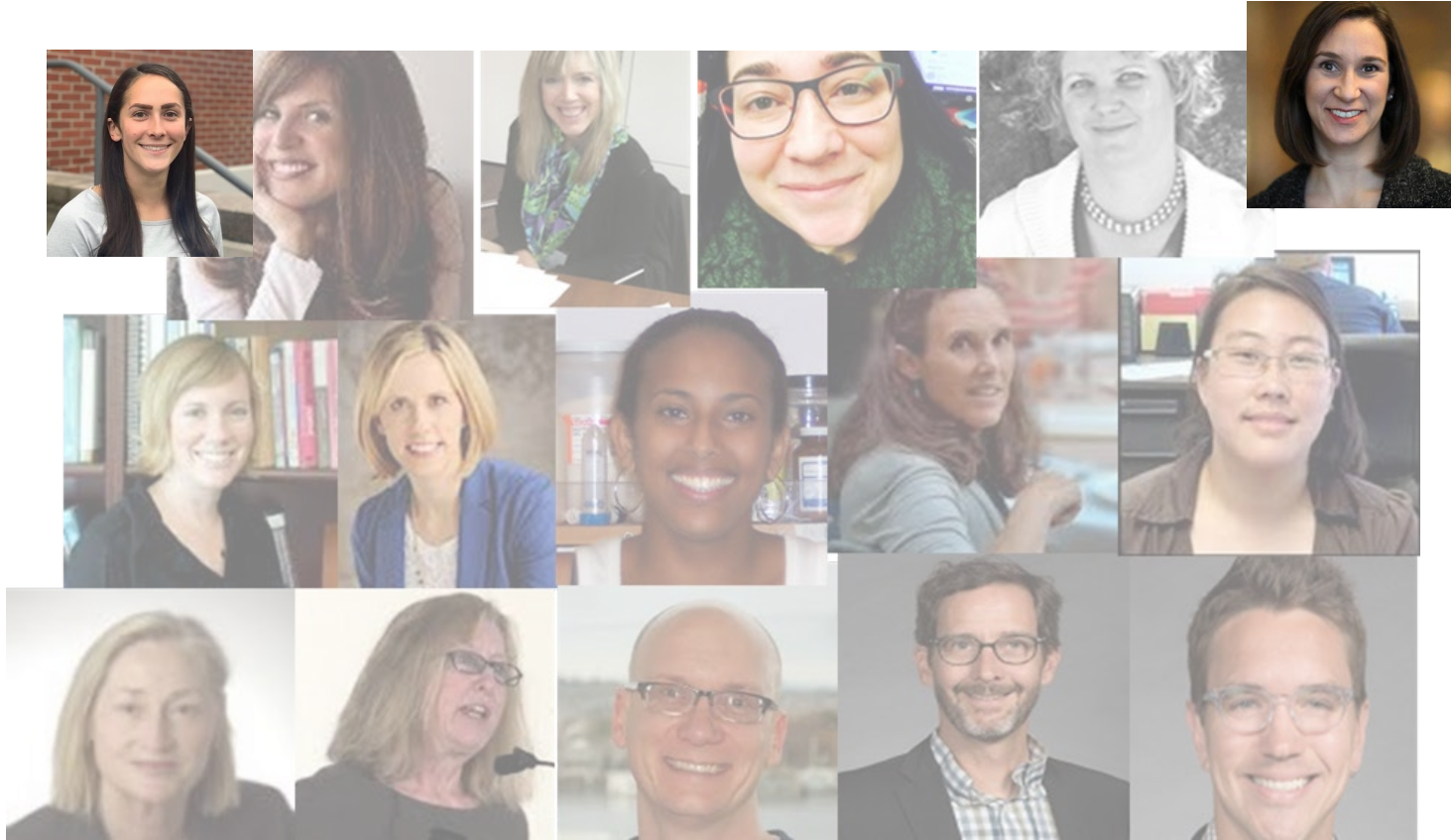# BRISC: Brief Intervention for School Clinicians

Elizabeth McCauley, Ph.D., ABPP

Kristy Ludwig, Ph.D., Ed.M.

Eric Bruns, PH.D.

University of Washington SMART Center//Seattle Children's Hospital

Psychiatry and Behavioral Sciences

Thanks to:
- Seattle Children's Research Institute
- Loeb Family Foundation
- Institute of Education Sciences R305A120128, R305A160111
- School Mental Health Ontario

ACKNOWLEDGEMENTS

Land Acknowledgment

The University of Washington & Seattle Children's acknowledge that we learn, live, and work on the ancestral lands of the Coast Salish people who walked here before us, and those who still walk here.

To investigate more about the living history of this land, visit: https://native-land.ca/

What is BRISC? | Core Assumptions and Elements

BRISC is a:
Research Based Engagement, Assessment, and Triage tool

Designed to:

- Serve as a flexible and efficient method for SMHPs to work with students with a wide array of presenting needs

- Provides a framework for SMHPs to:
    - Understand a student's needs
    - Engage students by focusing on issues they identify
    - Teach problem-solving strategies
    - Determine appropriate next treatment steps within four session

BRISC Integration with Education Based Approach

TIER 3
intensive interventions,
individualized behavior
support plans
TARGETED

TIER 2

targeted interventions, additional
support, behavior change strategies
SELECTIVE

TIER 1
core instruction, behavioral expectations, positive
support and consequences
UNIVERSAL
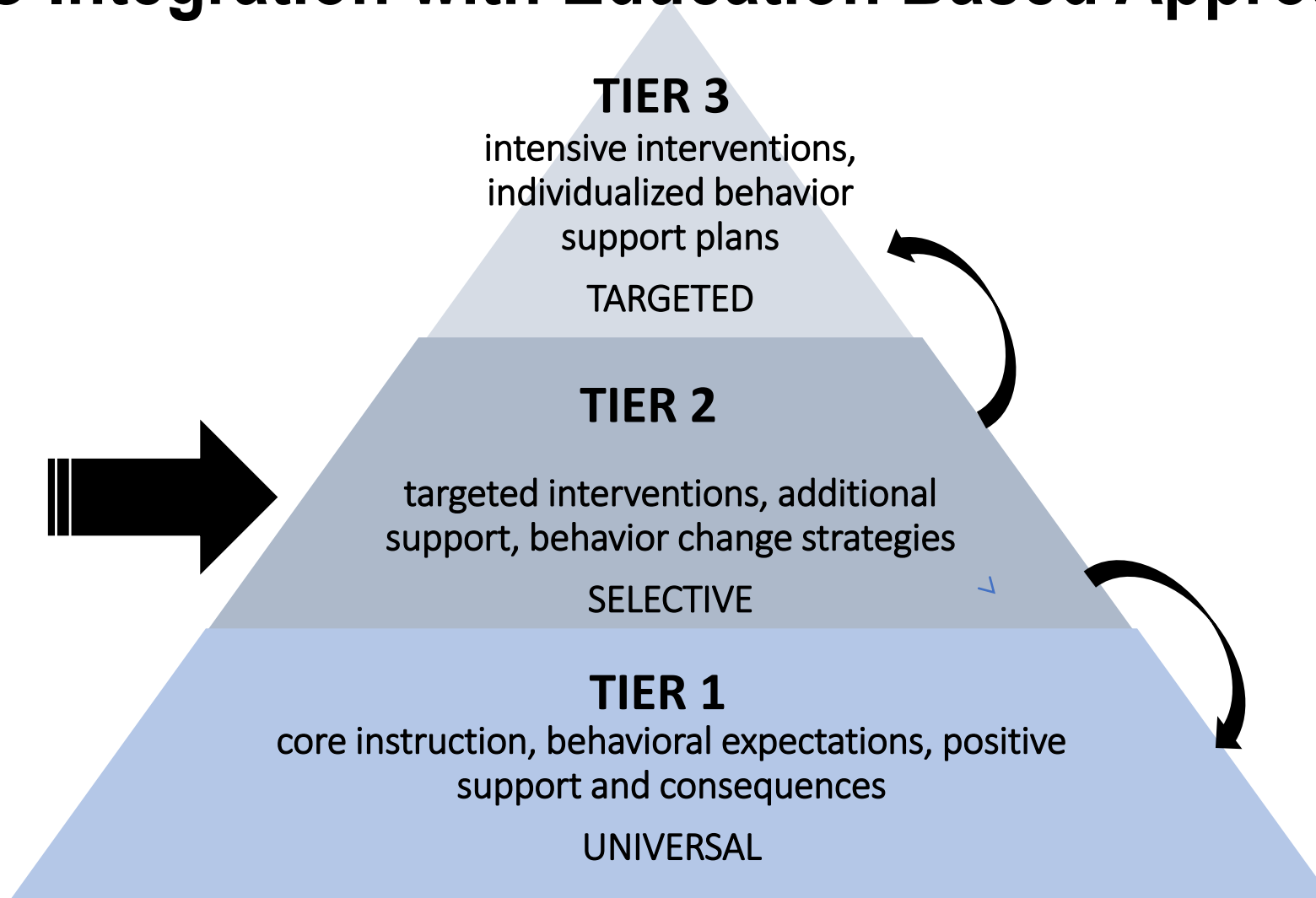
BRISC Protocol Overview

Session 1: Engagement, Informal Assessment "What's Up?", and Problem Identification

Session 2: Problem Solving

Session 3: Continued Problem Solving – teaching skills as needed:

Stress and Mood Management

Realistic Thinking

Communication Skills

Session 4: Review Student's Needs & Plan for

Next Steps

- Target Group:
  - All students in need of more support than offered at Tier 1 level
  - Triage tool to determine scope and focus of need
- Staffing:
  - Behavioral health providers working in schools
  - MH, School Counselors, Social Workers
  - School Nurses, Psychologists
  - Delivery: Individual approach, small group in development
- Funding:
  - Initial development and testing funded by IES
  - Training now offered for a fee, community covers costs of providers
    - Training: eLearning, practice and implementation day, 4 ½ hour consultation meetings as folks try approach with students

- Challenges: Change is HARD
  - Most SBMH providers trained for community settings—most comfortable with long term supportive therapy with limited focus on use of measures, treatment goals
  - Students have complex problems: Hard for providers to connect students with needed services in the community
  - No matter how often said---hard to convey that BRISC is an entry point—to determine what is need, not proposing that it if ALL that ALL students need
- Considerations:
  - System READINESS
    - Need for partnership organizational leadership—school personnel, clinical supervisors
    - Need to set clear expectation of support that SBMH providers will need to get skilled
    - Need to accept focus on empowering student to identify problem

- Successes: Partnership with School Mental Health Ontario
  - Close to 1000 SBMH providers trained
  - Collaborative work led to 1st PPM related to mental health from Ontario Ministry of Education (BRISC, STRONG) re adoption of brief, EB, interventions is schools
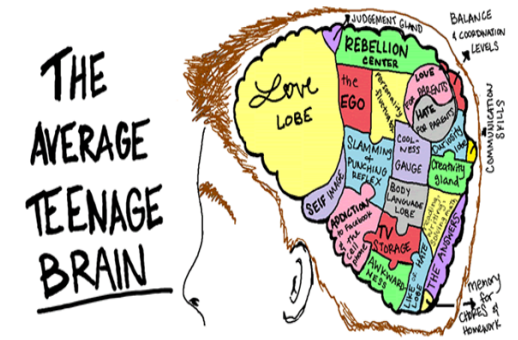
Antonio Polo
PhD

Dr. Antonio Polo (He, Him, Él) is a Professor of Child Clinical Psychology at DePaul University. His research interests concentrate on three primary areas. The first focuses on expanding our understanding about the mental health of youth of Latinx and African American backgrounds and families of immigrant and linguistic minority backgrounds. He is interested in cultural influences and risk and protective factors that help explain the patterns and levels of distress and maladjustment within and across ethnic groups. A second research area is the prevention and treatment of depression and anxiety in youth, centering on developing interventions that are evidence-based, transportable, culturally-informed, and effectively implemented in school and other community settings. A third and related interest is in tracking and reporting on the diversity of samples enrolled in published clinical trials as well as documenting and building evidence of the efficacy of interventions for underserved populations. Finally, he is interested in developing educational strategies and programs for individuals to become actively involved in educational and mental health systems. This research includes developing interventions to help individuals become collaborative partners with their providers in order to identify and receive the best possible services.

What is Act & Adapt and Project AIM?

Act & Adapt is:

- Engaging, video-guided program
- Delivered in groups
- Teaches coping skills through
  - Vignettes, activities, & tailoring
- Focus is on youth showing signs of depression

Project AIM in Chicago:

- Partners with the Office of Social and Emotional Learning - Chicago Public Schools
- 4th Largest District in the United States
- Supports the delivery of services in high need schools by School Counselors, School Social Workers, and School Psychologists

ACT Skills

1. Problem Solving

2. Activity Scheduling / Behavioral Activation

3. Relaxation Training

4. Positive Self-Presentation

ADAPT Skills

1. Identify and challenge negative, unrealistic thoughts

2. Increase social support

3. Selective Attention

4. Distraction

Act & Adapt Program Components

Weekly 50 min. meetings	• Structured format
Therapist Manual	• Detailed guidelines • Co-therapy flexibility
Student Practice Book	• In-session worksheets • Practice assignments
Video	• Relatable characters/events • Skill implementation
Group activities	• Concrete, engaging examples
Points and rewards	• Increase participation • Track progress
Evaluated in schools	• Primarily low-income ethnic minorities

PASCET

Act & Adapt is based on the Primary and Secondary Control Enhancement Model [1]

- Addresses skill deficits and other vulnerabilities associated with youth depression
- Cognitive-Behavioral Therapy techniques and coping skills

Emotions

Thoughts

Behavior
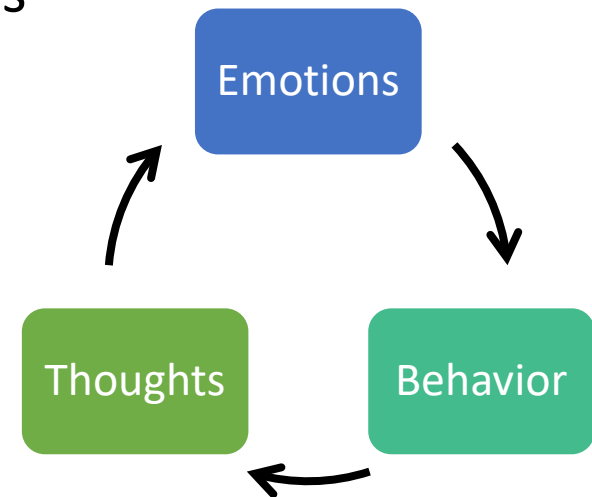
[1]Weisz, Rothbaum, & Blackburn, 1984

PASCET

Primary control: *INFLUENCE* objective conditions [targets are people, objects, events, circumstances, problems]

Secondary control: *ADAPT TO* objective conditions, to influence their subjective impact [targets are our wishes, expectations, goals, beliefs, attitudes]

[1]Weisz, Rothbaum, & Blackburn, 1984

50

Staffing and Funding

DePaul University - Department of Psychology

- Culture and Evidence Based Practice Team
- PhD Students in Clinical Psychology
- Post-BA/BS Project Coordinators
- Paid Research Assistants
- Undergraduate Volunteers

Project funding has included:

- Annie E Casey Foundation
- Chicago Public Schools
- Department of Education
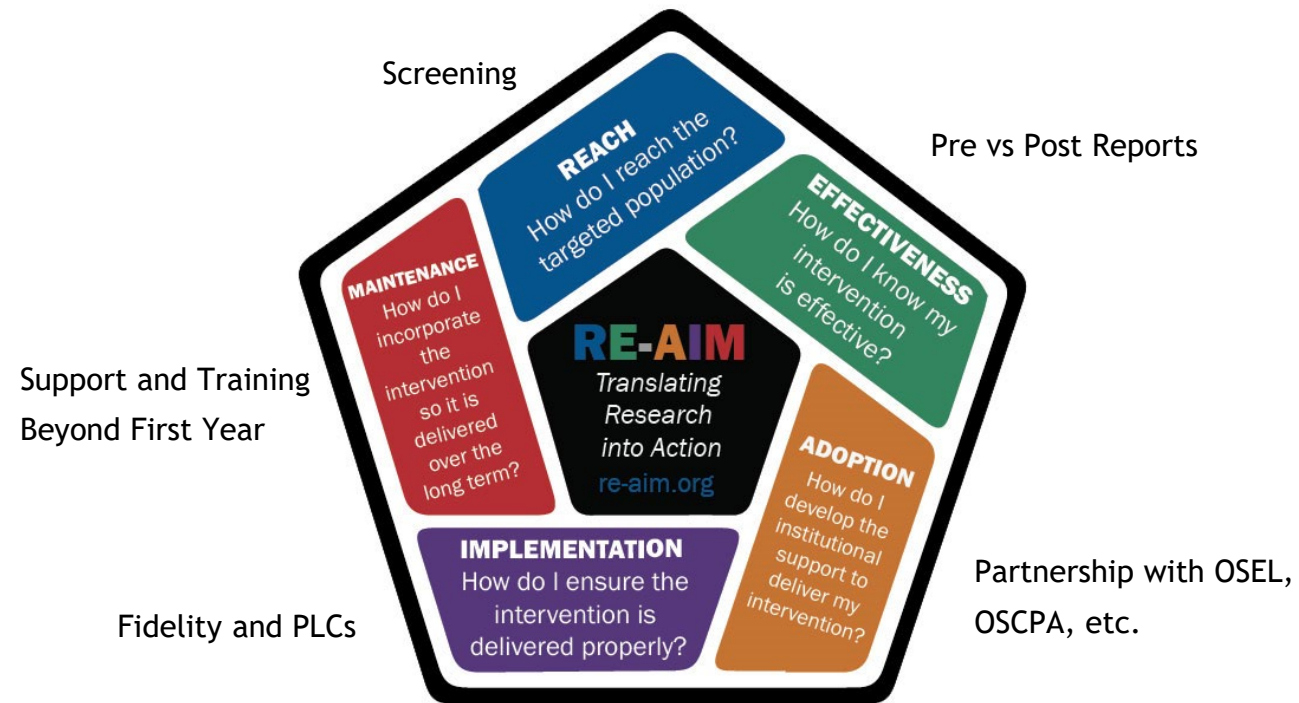- SAMHSA

Supports

Staff Training

Therapist Manuals, Student Practice Books, and All Session Materials

Assessment and Group member Prizes

Recruitment / Engagement Trackers and Resources and Tools for Implementation

Scoring and Reports

PLCs

Screening

Pre vs Post Reports

Support and Training
Beyond First Year

Partnership with OSEL,
OSCPA, etc.

Fidelity and PLCs

REACH
How do I reach the
targeted population?

EFFECTIVENESS
How do I know my
intervention
is effective?

MAINTENANCE
How do I
incorporate
the
intervention
so it is
delivered
over the
long term?

RE-AIM
Translating
Research
into Action
re-aim.org

ADOPTION
How do I
develop the
institutional
support to
deliver my
intervention?

IMPLEMENTATION
How do I ensure the
intervention is
delivered properly?

Reach - Ethnicity

CPS District Enrollment

- African American – 35.6%
- Latinx – 48.6%
- European American – 10.2%
- Asian American – 3.9%
- Multi-Racial – 1.1%
- Other – 0.6%

Students Assessed for Act & Adapt

- African American (only) -33.9%
- Latinx (only) – 42.7%
- European American (only) – 3.8%
- Asian American (only) – 1.9%
- Mixed AfA/Lat – 6.5%
- Mixed Lat/EU – 6.2%
- Other/Other Mixed – 4.9%
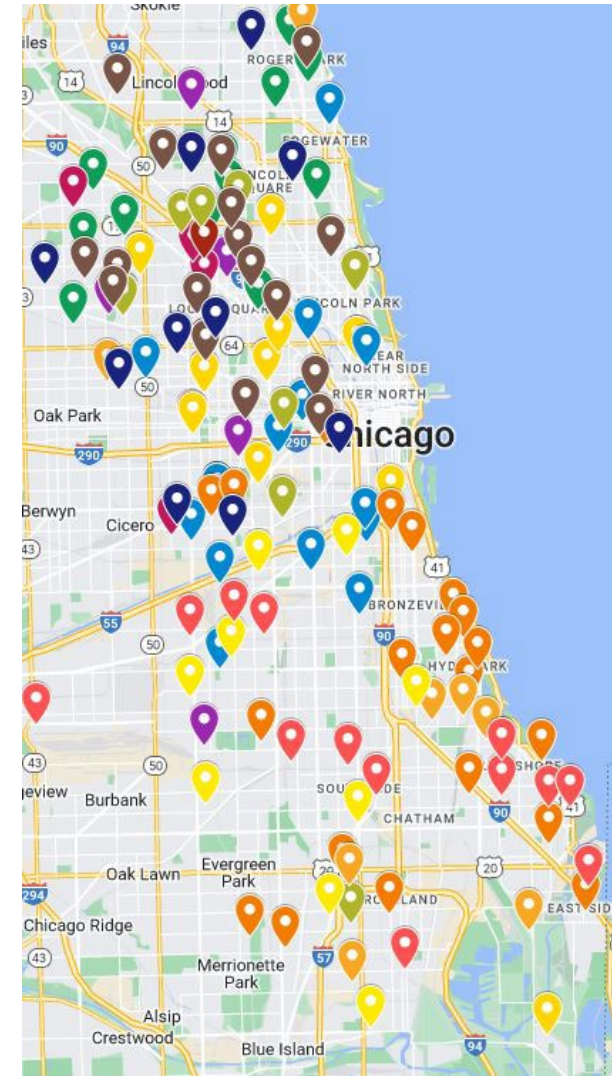
Depression Score Changes – First Time Delivery
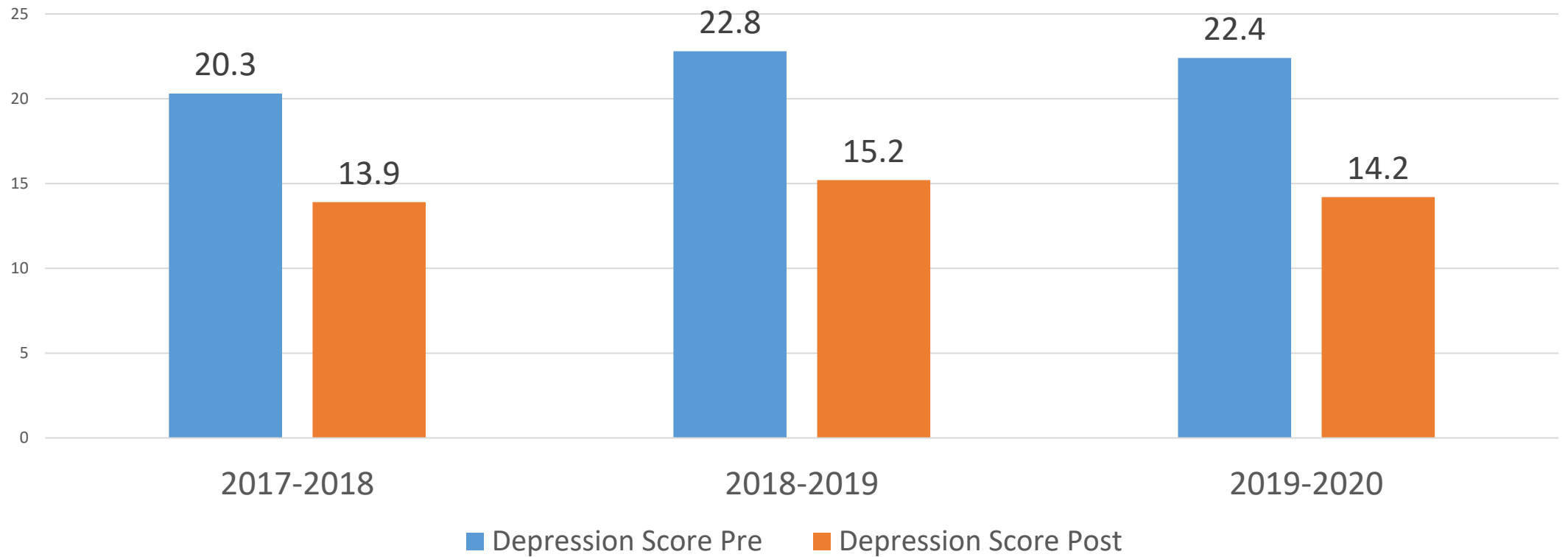
Project AIM
Schools – Chicago
(2017)
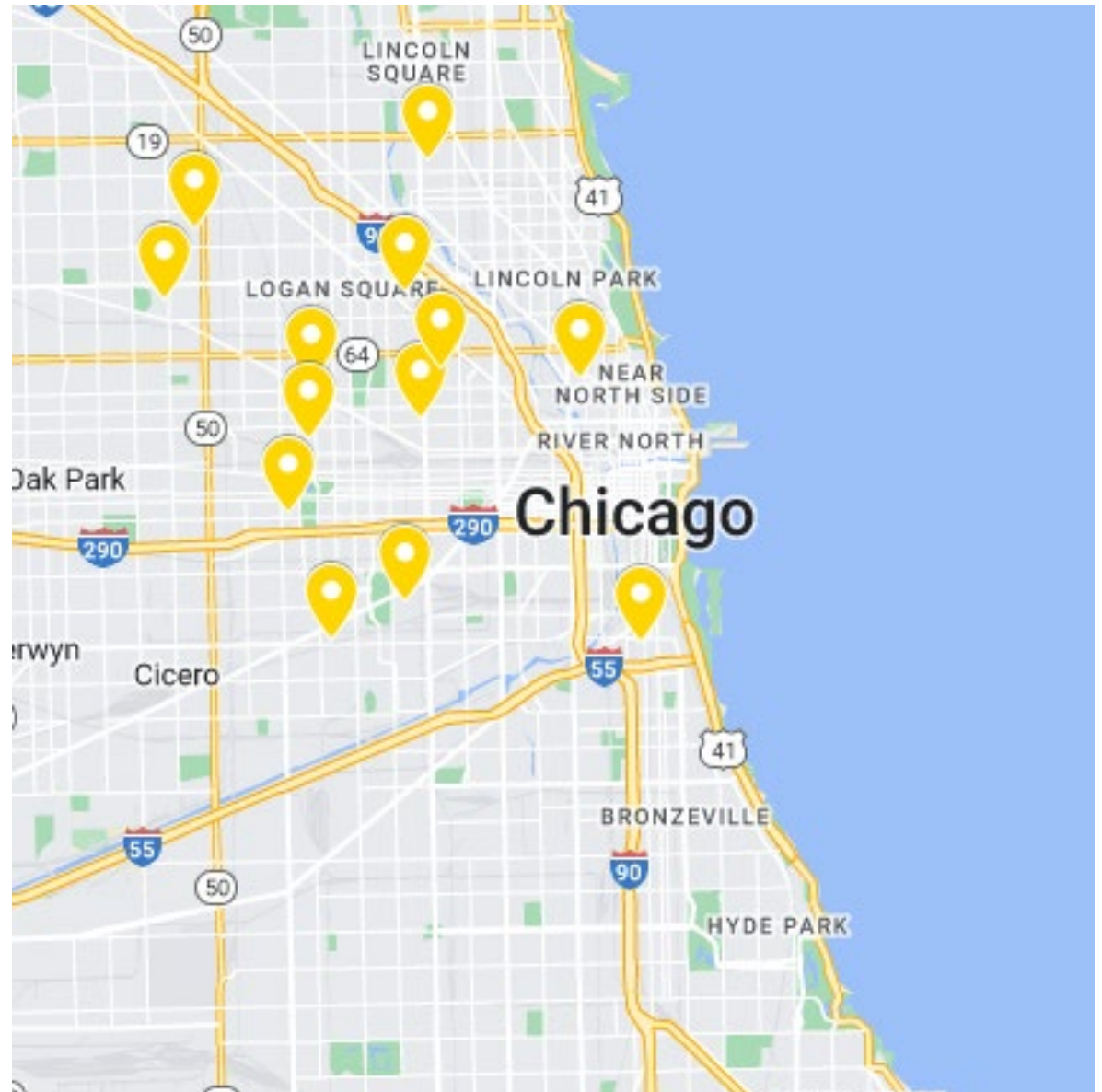
Project AIM Schools – Chicago (2023)

- Cohort A (2017-2023)
- Cohort B (2018-2023)
- Cohorts C and D (2019-2023)
- Cohorts E and F (2020-2023)
- Cohorts G and H (2021-2023)
- Cohorts I and J (2022-2023)
- Cohorts K & L (2023-2024)

Hadia Zarzour
MA, LCPC

Hadia Zarzour is a Licensed Therapist who came to the US in 2009 on a Fulbright Scholarship to pursue her Masters in Community Counseling at Loyola University. Since then, she has been working with refugees, immigrants and the underserved from all parts of the globe. She is certified in Global Refugee Trauma from Harvard University. Hadia co-founded nonprofit organizations, Insan and Syrian Community Network, which support the Syrian refugees locally and internationally. In 2017, Hadia joined the trauma training team at the Center for Children Resilience of Lurie Children's Hospital. In 2019, Hadia led the trauma team responding to the Christ Church Shooting in New Zealand and supporting survivors and their families. In addition to her non-profit work, Hadia established her private practice, Healing Zone, in 2020 where she works with adults, teenagers and families. Hadia received her Bachelors degree in Psychology and her Masters degree in Education from Damascus University, Syria, after which she spent eight years teaching psychology at Arab International University in Damascus.

STRONG

Supporting Transition Resilience of Newcomer Groups

https://www.strongforschools.com/

What is STRONG?
Supporting Transition Resilience of Newcomer Groups

- Evidence-informed, school-based intervention for newcomer students, K-12th grades

- Aims to build resilience and address psychological distress associated with newcomer experience

- Culturally contextualized lens

Acknowledgements

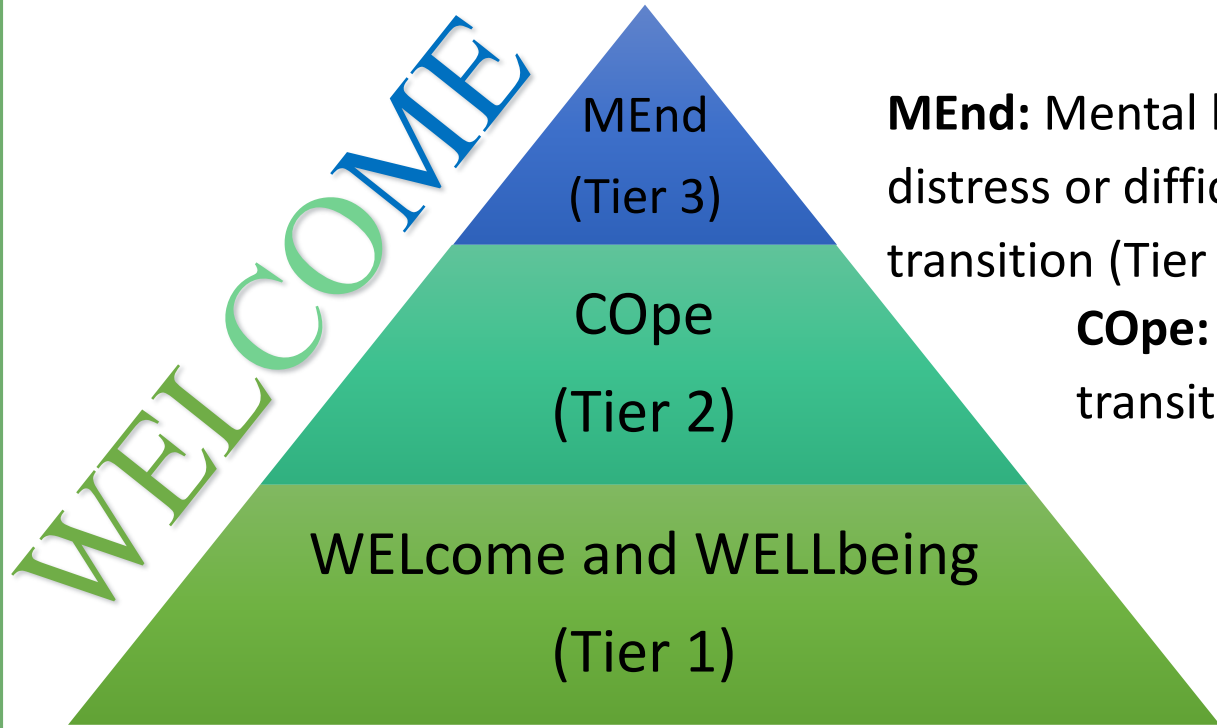**School Mental Health Ontario**

Santé mentale en milieu scolaire Ontario

STRONG was co-developed and reviewed by members of the newcomer community and several experts in the fields of education and mental health, with specific expertise in school mental health, adversity and trauma, immigrant and refugee mental health, and resilience.

Center for Childhood Resilience
Resilient Kids. Stronger Communities. Brighter Futures.

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Western Centre for School Mental Health
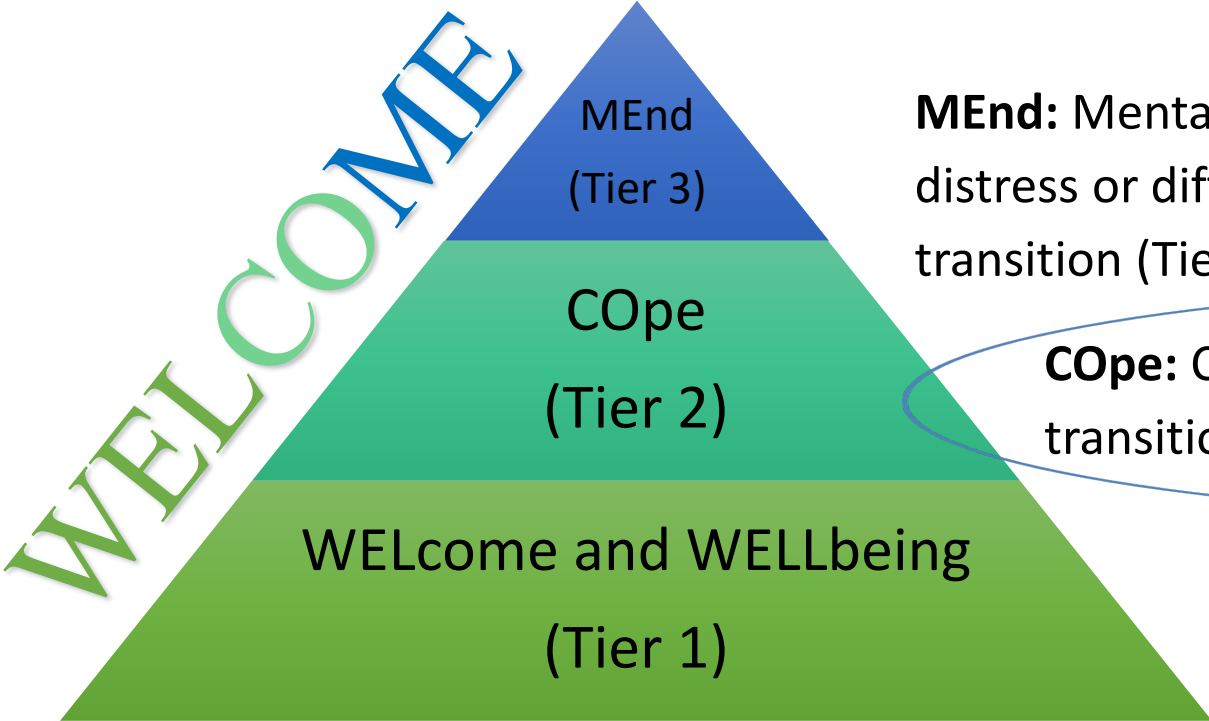
MTSS for Newcomer Students

MEnd: Mental health interventions for students experiencing distress or difficulties related to the newcomer experience and transition (Tier 3).

COpe: Coping and resilience skills to support students as they transition to a new school and community (Tier 2).

WELcome and WELLbeing: School staff and student peer strategies for welcoming all newcomer students (Tier 1).

Where does STRONG fit in a MTSS?

MEnd: Mental health interventions for students experiencing distress or difficulties related to the newcomer experience and transition (Tier 3).

COpe: Coping and resilience skills to support students as they transition to a new school and community (Tier 2).

WELcome and WELLbeing: School staff and student peer strategies for welcoming all newcomer students (Tier 1).

STRONG Whiteboard Video
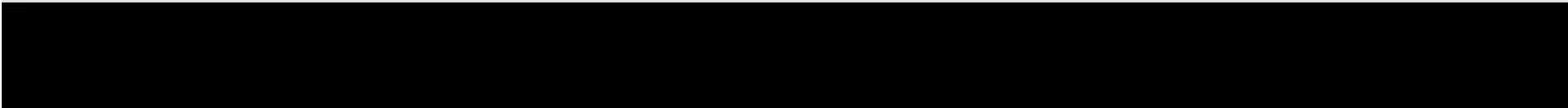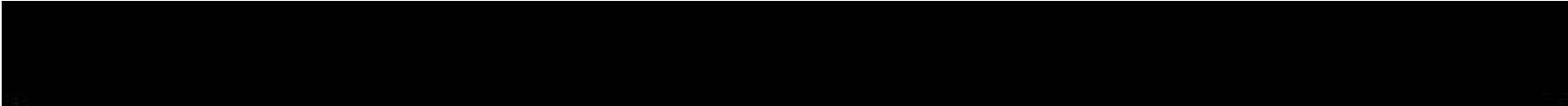
Resilience and Strength

> I don't speak English, but I speak 6 other languages.

- Capacity of individuals and communities to cope with stress and adversity.

- Newcomer youth can leverage their internal strengths and the collective strengths of their community and culture.

- **Assets and resources to promote resilience:**

  - Strong bonds and connectedness with parents and caring adults

  - Positive experiences in the community (school, church, neighborhood)

  - Positive cultural identity

  - Personal qualities, coping resources, courage, leadership
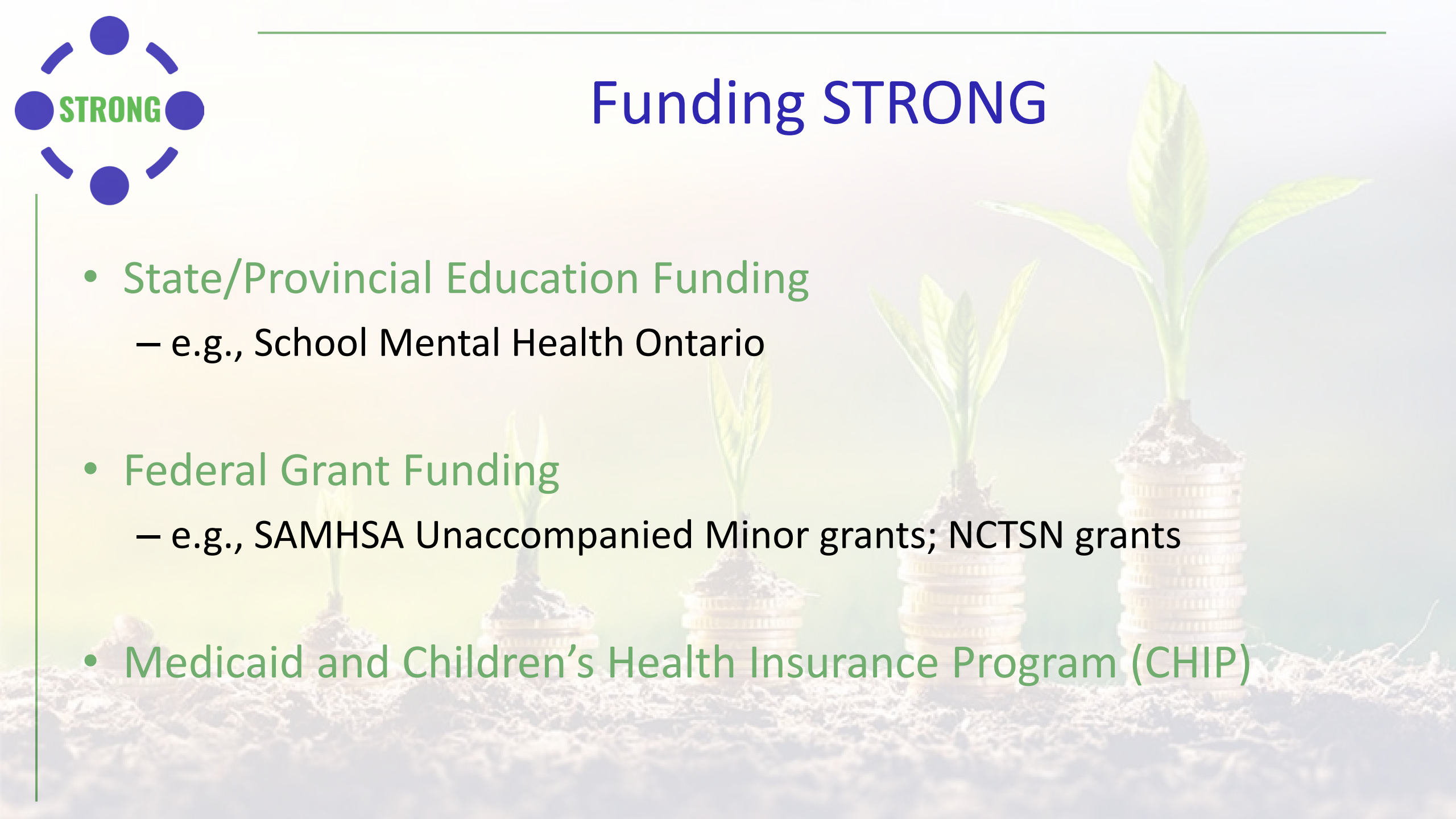
Implementation Sites

STRONG

Supporting Transition Resilience of
Newcomer Groups

Funding STRONG

- **State/Provincial Education Funding**
  - e.g., School Mental Health Ontario

- **Federal Grant Funding**
  - e.g., SAMHSA Unaccompanied Minor grants; NCTSN grants

- **Medicaid and Children's Health Insurance Program (CHIP)**

STRONG

Supporting Transition Resilience of Newcomer Groups

https://www.strongforschools.com/

Alicia Lapointe
PhD

Dr. Alicia Lapointe resides in treaty 6 and 7 territory - colonially known as London, Ontario, Canada - where they work as a Research Scientist for the Centre for School Mental Health, Faculty of Education, Western University. Alicia oversees the delivery and evaluation of the Healthy Relationships Program for Two-Spirit and Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, and Asexual (2S/LGBTQIA) Youth. Alicia also serves as a policy and procedure consultant for a variety of school boards and ministries of education, and facilitates anti-oppressive professional development for pre/in-service teachers and administrators.
Twitter: @alapoint13 Email: alapoint@uwo.ca

HRP for 2S/LGBTQIA+ Youth

Program Focus

- Affirms, validates, and celebrates 2S/LGBTQIA+ identities/ways of being, expressions, and experiences

- Builds a caring and supportive community

- Explores stressors unique to 2S/LGBTQIA+ youth

- Promotes healthy coping strategies

- Encourages student-led dialogue