# TRAILS:
## A Collaborative Model to Meet the Mental Health Needs of All Students

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Great Lakes Mental Health
Technology Transfer Center
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# Disclaimer

# MHTTC Words Matter

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED/TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhtcorg.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190825-Web.pdf

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A few housekeeping items:

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- If you have questions for the speaker, please put them in the **Q&A section** at the bottom of your screen.
- We will be using automated captioning during the presentation today

# Thank You for Joining Us!

A few more housekeeping items:

- A copy of the power point slides, as well as the recording and handout will be available on the MHTTC website within two weeks.
- You will be directed to a link at the end of the presentation to a very short survey – we would really appreciate it if you could fill it out.  It takes about 3 minutes.
- Certificates of attendance will be sent out to all who attended the full session.  They will be sent via email and take 7-10 days.

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# Presenter



Elizabeth Koschmann, PhD

# TRAILS:
## A Collaborative Model to Meet the Mental Health Needs of All Students

Elizabeth Koschmann, PhD
TRAILS Program Director

**TRAILS**

Transforming Research into Action
to Improve the Lives of Students

**MICHIGAN MEDICINE**
UNIVERSITY OF MICHIGAN

# Gratitude

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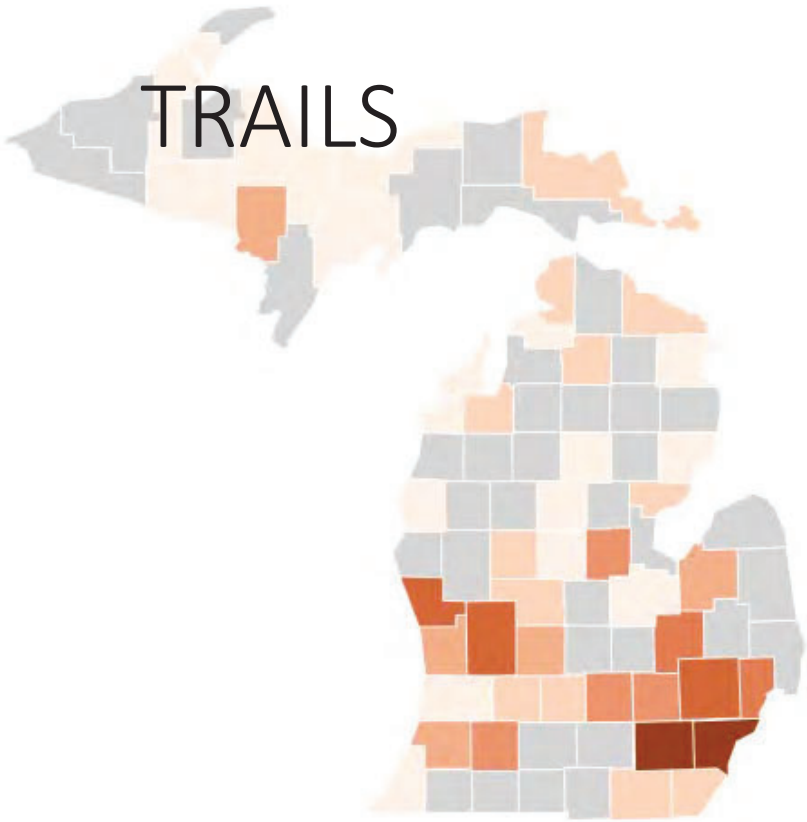
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Effective mental health services, **accessible** in all schools

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# Prevalence of mental illnesses in adolescents

**Exposure to trauma**           **57%**

   physical assault, sexual victimization, abuse or neglect, property victimization, witnessing violence

**Any mental illness:**           **49.5%**

- Anxiety Disorders:           31.9%
- Depressive Disorders:           14.3%
- Substance Use Disorders:           11.4%

Comorbid disorders:           20%

Severe Impairment:           22.2%

Finkelhor, 2015; Merikangas et al., 2010
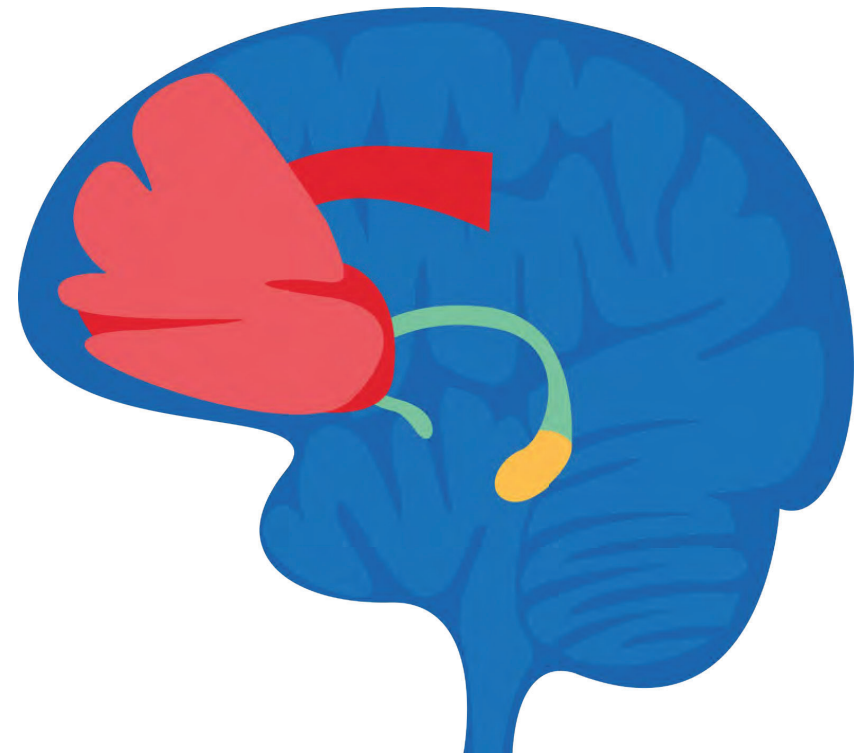
# Treatment access

80% of students with a mental illness receive no care

Young, J., Ramachandran, S., Freeman, A. J., Bentley, J. P., & Banahan, B. F. (2019).
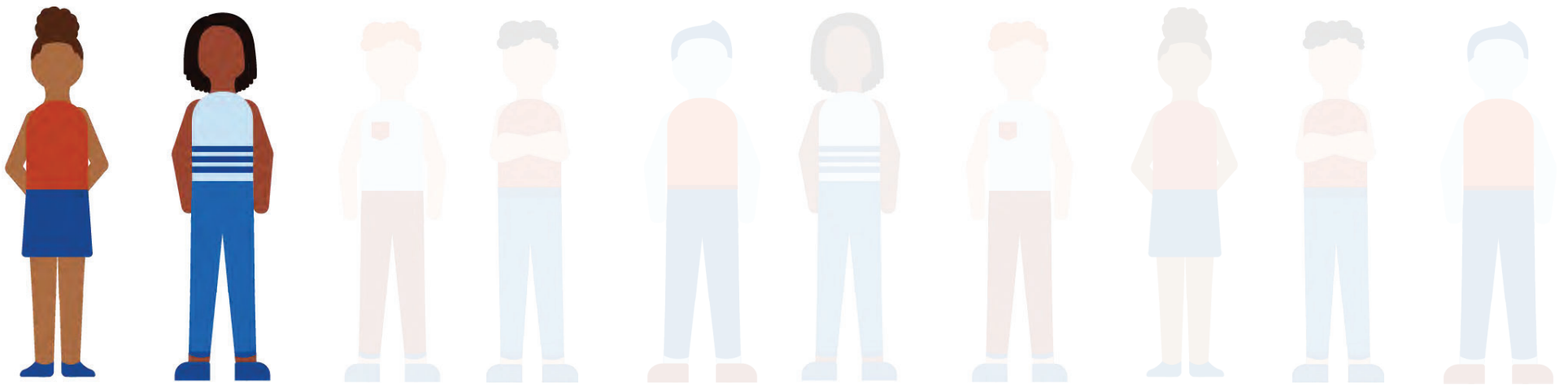
# Numerous Barriers

- Low availability of EBPs
- Few trained clinicians
- Scarce appointments
- Long waitlists
- Inadequate insurance coverage
- High costs
- Lack of transportation
- Limited information among families
- Difficulty scheduling
- Social stigma
- Mistrust / Medical racism

# Student Mental Health During COVID-19

**Pre-COVID Conditions**

- Significant normative stressors

- High rates of trauma exposure

- Numerous barriers to care

- Limited capacity for self-care

- Concerning prevalence of:
  - Depression
  - Anxiety
  - Post-traumatic stress
  - Suicidal ideation & behavior

**Today**

- Stressors are unprecedented

- Exponential increase in exposure to traumatic events
  - Poverty; food and housing insecurity
  - Domestic stress and violence
  - Abuse and neglect

- Media messaging is constant

- Barriers to care are pervasive

- Opportunities for self-care feel non-existent

- Background, daily emotions include:

| | | | |
|---|---|---|---|
| Worry | Grief | Doubt | Hopelessness |
| Despair | Stress | Fatigue | Isolation |

# Disproportionate impact on students of color

- COVID-19 in marginalized communities
- Disproportionate barriers to care
- Structural and systemic racism
- "Dual Pandemic" of BLM Movement

# Impact on educational outcomes

- Poor attendance
- Low engagement
- Poor academic achievement and attainment
- 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

Greenberg et al., (2003), Zins et al., (2004), Bruns et al, (2004), Jennings et al., (2000), Greenberg et al., (2005), Lehr et al., (2004)

# Leading Causes of Death: 2019 Ages 10-24

Cerebrovascular, 202, 1%
Chronic Low. Resiratory Disease, 229, 1%
Diabetes Mellitus, 270, 1%
Influenza & Pneumonia, 251, 1%
Heart Disease, 1006, 3%
Congenital Abnormalities, 526, 2%
Malignant Neoplasms, 1821, 6%

Homicide, 4775
17%

Unintentional Injury,
12736
44%

Suicide, 6807
24%

Sources: WISQARS / CDC: https://wisqars-viz.cdc.gov:8006/lcd/home
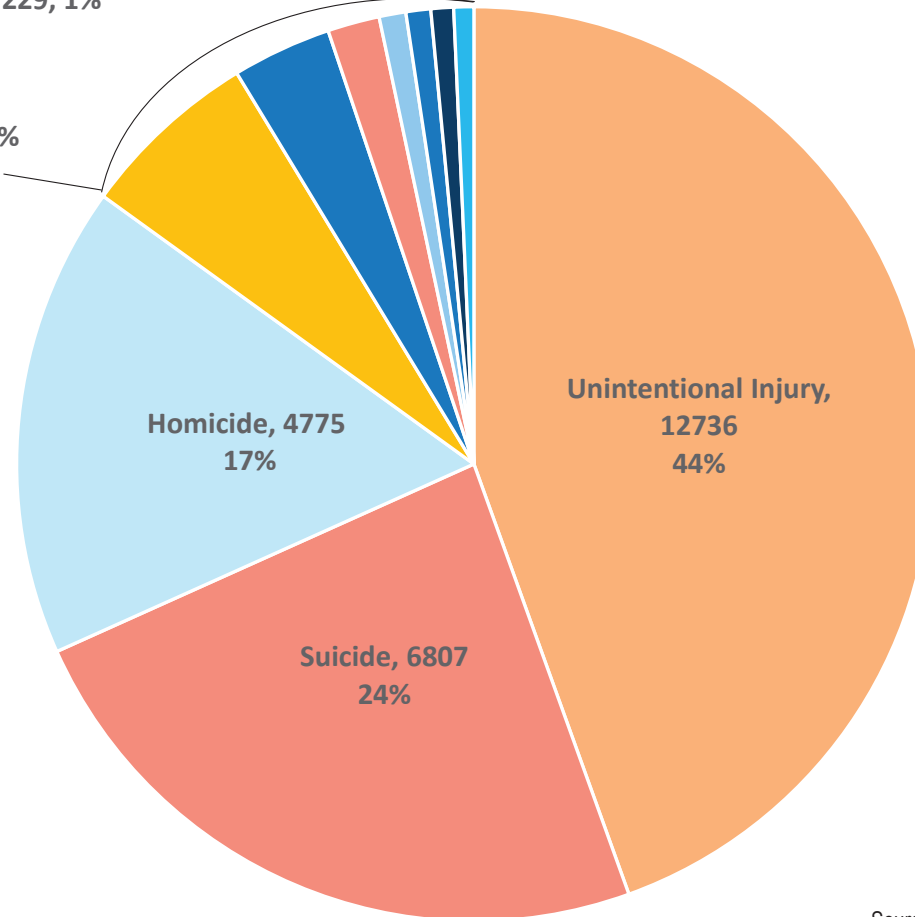
# Schools as a source of mental health services

"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

Photo credit: Getty Images/cyan066

Schools can not do this work alone.

"We need more staff, more resources, training, and equipment to effectively respond. My colleagues and I are stretched so thin that all we can really address are crises. There is no time for prevention planning.

**-DPSCD Staff Member**

**Tier 3: Crisis Management**
- Services for students at risk of suicide
- Training for select school mental health professionals

**Tier 2: Early Intervention**
- Programming for students impacted by mental health concerns
- Training for school mental health professionals

**Tier 1: Wellness Promotion**
- Programming for all students
- Training for all staff

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# Evidence-Based Mental Health Practices

Cognitive Behavioral Therapy

Mindfulness
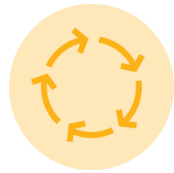
Strongest empirical support

Skills-based

Strength and solution focused
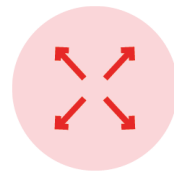
Impact on meaningful outcomes

Health

Academic performance

Social skills

Personal wellbeing

**Tier 3**

- Student risk identification and management

- Training and tools to improve care coordination across settings

**Tier 2**

- Targeted interventions for students experiencing symptoms of stress, depression, or anxiety

- Coping with COVID-19 brief intervention

**Tier 1**

- Staff self-care to address stress, vicarious trauma, and burnout
- Social and emotional learning for the classroom to promote resiliency and core competencies in all students
- Universal student mental health screening

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## Social and Emotional Learning

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20 short lessons grounded in CBT and Mindfulness

- Materials include:
  - Lesson plans
  - Handouts, activities
  - Videos & websites
  - Family letter (lesson summary, tips for home)
- Tools to use independently
- Tips for classroom integration
- Tools for local adaptation
- Comprehensive assessment
- Scaffold for local sustainment

# Social and Emotional Learning

Significantly improves:

- academic performance
- school engagement
- classroom behavior
- self-regulation skills
- emotional health



**Self-Management**
Managing emotions and behaviors to achieve one's goals

**Self-Awareness**
Recognizing one's emotions and values as well as one's strengths and challenges

**Social Awareness**
Showing understanding and empathy for others

**Social & Emotional Learning**

**Responsible Decision-Making**
Making ethical, constructive choices about personal and social behavior

**Relationship Skills**
Forming positive relationships, working in teams, dealing effectively with conflict

CASEL

# Modules

5 CASEL core
SEL competencies

| Module | Lessons |
|---|---|
| Self-Awareness | 01 Introduction |
| | 02 Mindfulness |
| | 03 What is CBT? |
| | 04 Emotions |
| | 05 Thoughts |
| | 06 Unhelpful Thoughts |
| Self-Management | 07 Managing Strong Emotions |
| | 08 Getting Active |
| | 09 Relaxation |
| | 10 Self-Care |
| Social Awareness | 11 Identifying My Supports |
| | 12 Empathy |
| | 13 Diversity |
| Relationship Skills | 14 Establishing Relationships |
| | 15 Clear Communication |
| | 16 Dealing with Conflict |
| | 17 Maintaining Relationships |
| Responsible Decision-Making | 18 Problem Solving |
| | 19 Values |
| | 20 Goals |

# Lessons

20 classroom
lessons

3-6 lessons
per module

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# TRAILS SEL Curriculum

| Modules | Lessons | Self-Awareness | Self-Management | Social Awareness | Relationship Skills | Responsible Decision Making | Psychoeducation | Relaxation | Mindfulness | Cognitive Coping | Behavioral Activation | Exposure | Problem Solving |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Self-Awareness | 01 Introduction | X | X | X | X | X | X | | | | | | |
| | 02 Mindfulness | X | X | X | X | X | | X | X | | | | |
| | 03 What is CBT? | X | X | X | X | X | X | | X | X | | X | |
| | 04 Emotions | X | | X | | | X | | X | | | X | |
| | 05 Thoughts | X | | | | | X | | X | X | | | |
| | 06 Unhelpful Thoughts | X | | | | | | | X | X | | | |
| Self-Management | 07 Managing Strong Emotions | | X | | | | | | X | | | X | |
| | 08 Getting Active | | X | | | | | | X | | X | | |
| | 09 Relaxation | | X | | | | | X | X | | | | |
| | 10 Self-Care | X | X | | | X | | X | X | | X | | |
| Social Awareness | 11 Identifying My Supports | | | X | | | X | | X | | | | |
| | 12 Empathy | | | X | | | | | X | X | | | |
| | 13 Diversity | | | X | | | X | | X | | | | |
| Relationship Skills | 14 Establishing Relationships | | | | X | | X | | X | | | | X |
| | 15 Clear Communication | | X | X | X | | X | | X | X | | | X |
| | 16 Dealing with Conflict | | | | X | | | | X | | | | X |
| | 17 Maintaining Relationships | | X | | X | | | | X | X | | | X |
| Responsible Decision-Making | 18 Problem Solving | | | | | X | | | X | | | | X |
| | 19 Values | X | | | | X | X | | X | X | X | | |
| | 20 Goals | X | X | | | X | X | | X | | X | | |

# SEL Program Training



TRAILS SEL Training for Implementers:
- 2-2.5 hours
- Intro to SEL: rationale, evidence
- Theoretical foundations (CBT)
- Skills / lesson demonstrations
- Live practice with feedback
- CEUs / SCHEHs available
- **In-person or virtual format**

*"I have been working with TRAILS since to 2013 and I am so grateful for all of the work that has gone into supporting social emotional needs in our community. I use some form of TRAILS in everything I do!"*

*"The adaptations for virtual instruction are very helpful. The slide deck is awesome. Thank you!"*

# Facilitator Materials



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Lesson 1:

## Introduction to Social and Emotional Learning

Estimated Time: 30 minutes

### Lesson Objectives
- Introduce social and emotional learning (SEL)
- Establish norms for discussing and practicing social and emotional skills
- Identify SEL areas of strength and growth

### Competencies
- Self-Awareness
- Self-Management
- Social Awareness
- Relationship Skills
- Responsible Decision-Making

### Manual Information
Grades 9-12
Social and Emotional Learning
20 Lessons

### Materials and Preparation

Download all of the resources linked in this lesson at once from the online curriculum and access the accompanying lesson slides. See Supplemental Materials for suggestions for adapting this lesson for virtual delivery.

Print:
☐ Check-In Sheet
☐ Strengths Bingo

Preview and Load:
☐ What and Why? Social-Emotional Learning (2:54)

Prepare:
☐ Paper for Mindful Check-Out

### TEACHER TIP
Alternatively, students can create a Reflection Journal in which to keep all of their SEL work, including their mindful check-out reflections.

### Lesson Overview
1. Introduction to TRAILS Social and Emotional Learning (SEL)
2. Establishing Norms for SEL Lessons
3. Defining SEL Skills
4. Strengths Bingo
5. Wrap-Up and Mindful Check-Out

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## Mindful Check-In
(2 minutes)

**Do:** Prompt students to individually complete the Check their current emotions and intensity. If time allows, enco responses with the larger group.

## Emotions and Behavior
(8 minutes)

**Do:** Review the CBT Model (Think-Feel-Do Cycle), noting how we feel and how we behave.

**Explain:** We are learning skills to interrupt and change th how to interrupt this cycle by looking at our thoughts, an changing our behaviors. Changing our behaviors can ma

**Ask:** "Can anyone remember back to our previous lesson on emotions and identify what the following emotions might make us want to do?"

- **Fear:** avoid, hide, get reassurance, fight, etc.
- **Anger:** attack, yell, fight, insult, etc.
- **Sadness:** withdraw, isolate, lay on the couch, etc.

**Ask:** "What are some situations where acting on strong emotions is helpful? Unhelpful? What happens if we always do what our emotions tell us to do?"

**Explain:**

**Acting on our emotions:** Sometimes it makes sense to act on our emotions.

- For example, if we are really in danger and feel af order to protect ourselves. If we are watching a s feel good to cry or reach out for a hug.

**Acting on intense emotions:** However, sometimes our e uncomfortable, or are making us want to do things that

- For example, if we hit someone because we are a consequences at school, like being suspended or team; if we hide from something that makes us a avoiding a presentation), we can miss out on important life experiences, or there may be consequences like failing an assignment or class.

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## Supplemental Materials

### Classroom Integration Suggestions

- In situations that may evoke strong emotions (e.g., before a test or athletic event), encourage students to consider which individual strengths they may draw on (within themselves and through support from others) to manage the situation.
- Build a daily feelings check-in time and practice into your classroom utilizing the Check-In Sheet daily or other anonymous system for students to notice and report (if desired and appropriate) their current feeling(s) each day.
- Provide a way for students to identify and display the personal strengths they can offer to the classroom (e.g., good at math, sense of humor, effective problem-solver) for students to utilize as they individually may seek help from classmates or work in groups.

### Lesson Extension Activities

1. Collect individual strengths identified in Strengths Bingo into a classroom poster or document to provide a visual representation of class strengths and supports that each student can offer in the class.
2. Discuss the importance of practice to become effective and proficient at using these skills. Utilize an example (e.g., when you felt a strong emotion or tried to make a new friend as a young child) of how we learn social and emotional skills. What did it look like when you were young? What skills do you now use that you didn't have before? How did you learn them? We have to practice these skills like anything else we learn in order to use them regularly.
3. Students will review Character Strengths to continue identifying their strengths and areas in which they would like to grow.

### Additional Resources

**For Instructional Staff:**
- Article: Why Social and Emotional Learning Is Essential for Students

**For Students:**
- Article: Why It's Important To Know Your Strengths And Weaknesses
- Video: Why Social Emotional Intelligence Matters in Schools: TedxYouth (8:47)

**For Caregivers and Families:**
- Video: SEL for Parents
- Article: CASEL Core SEL Competencies
- Video: Social-Emotional Learning: What is SEL and Why SEL Matters (2:54)

# Student Materials



## Feeling Faces Chart

CHECK-IN AND WARM-UP \ PSYCHOEDUCATION: FEELINGS
Feeling Faces Chart

angry • guilty • peaceful • aggressive • impatient • hopeful

disappointed • determined • joyful • ashamed • humiliated • withdrawn

grieving • excited • nervous • confident • frightened • regretful

apologetic • grateful • hopeless • lonely • annoyed • jealous

surprised • hurt • proud • calm • enraged • happy

## Practici

Practicing empathy is using
someone is feeling. It is "pu
may make them feel. Even
understand how others fee

Let's practice empathy!

What do you notice in these p
What do you think each stude
What might be in each stude
What do you think each stude
What aren't they feeling the s

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## My Values

SELF-AWARENESS / RESPONSIBLE DECISION-MAKING
My Values

Values are what is important to us in life. Values guide our decisions and help us remember what is important. Everyone has their own special set of values, and values can change as we grow. Often, we feel happier when our behaviors match what we value. Spend a moment reading the examples of values below. Then, circle your top three values.

### Healthy Body
Eating healthy foods
Exercising
Sleeping enough

### Family
Spending time with family
Helping family

### Learning
Doing my best in school
Trying new things

### Activities I Enjoy
Joining school activities
Music, sports, art, theatre

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## Winston's Feelings Thermometer

PSYCHOEDUCATION: FEELINGS
Winston's and Cleo's Feelings Thermometers

Name your feeling

Rate the strength of your feeling

This is the strongest I've *ever* felt this way — 10
— 9
This feeling is very strong — 8
— 7
— 6
The intensity of this feeling is very average — 5
— 4
— 3
This feeling is pretty mild — 2
— 1
This feeling is barely noticeable — 0

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3-5

# Local Champion Training & Materials

## SEL Champion Checklist

As you initiate and support implementation of TRAILS SEL in your school, [use this] checklist to track and complete SEL Champion tasks. For more informati[on on] implementing SEL, see the TRAILS SEL Implementation Guide.

### Pre-Implementation Tasks

- Create an SEL workgroup to plan for implementation with representation [from] administrator, one school mental health professional, one parent, one st[udent,] instructors representing both general and special education.
- Survey staff readiness for SEL instruction and implementation
- With SEL workgroup, create a specific SEL implementation plan including
  - Frequency and pacing of TRAILS SEL lesson instruction
  - Expectations for SEL classroom integration beyond formal instru[ction]
  - Observation and feedback opportunities for instructors
  - Data collection
  - strategies for integrating TRAILS SEL programming with existing
- Work with administrators and instructional staff to identify and/or recrui[t staff] delivering TRAILS SEL lessons
- With SEL workgroup and other key staff, create a communication plan re[garding] launch and roll-out of TRAILS SEL programming
- Coordinate with staff and school professionals across tiers of service to strengthen referral systems and communication as needed
- Advocate for protected staff time for continuing education and self-care
- Coordinate SEL curriculum training attendance and completion of pre- a[nd post-] measures
- Assist with ensuring each implementing staff member has access to the[material on] the TRAILS website
- Connect with each implementing staff member to identify any questions [they] might have and identify how you can help them prepare
- With SEL workgroup, brainstorm and problem solve anticipated barriers
- Organize and provide TRAILS SEL Lesson Planning Table to implementin[g staff]
- Host a SEL Information/ Q&A session for parents

### Regular Tasks to Support Implementation

- Track TRAILS SEL champion work utilizing TRAILS SEL Champion Track[ing Tool]
- Support Instructional Staff
  - Responding to questions and concerns
  - Directing staff to additional TRAILS support as needed (support [and] resources, TRAILS-SELsupport@med.umich.edu, etc.)
  - Assisting staff in developing strategies for overcoming barriers
  - Providing practical assistance when able: copying, printing, disse[minating] resources to utilize for lessons
  - Sending home parent and family information, including editing an[d sending] TRAILS letters home for each SEL unit
  - Advocating for and organizing staff SEL and self-care opportuniti[es]

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- Observe implementation of TRAILS SEL lessons periodically to ensure fidelity and refine instructor skills
  - Collect and provide feedback to instructors considering:
    - Fidelity to lesson/material
    - Understanding of and clarity of delivery of lesson content
    - Adaptation to specific classroom, classroom/community culture, developmental age of students
    - Teacher-reported comfort and enjoyment of lesson/lesson content
- Advocate for SEL implementation at staff meetings, planning meetings, etc.
- Advocate for protected staff time for continuing education and self-care for staff
- Assist TRAILS in collection of feedback from instructors on lesson content, lesson delivery, feasibility (timing, topics, developmental age, adaptations made, etc.)
- Assist TRAILS in collection of data related to implementation and outcomes
- Provide updates and reports to school/district administrators and key stakeholders
- Review and incorporate monthly school initiatives into SEL lessons
  - Brainstorming with instructors strategies for including other health initiatives, school goals, and/or themes (e.g. Black History Month) into SEL lessons to customize and increase relevancy of lessons
- Organize SEL workgroup meetings within your building/district monthly
  - Problem solve barriers
  - Review and encourage adult SEL through self-care strategies
  - Discuss curriculum feedback, including adaptations and modifications to the curriculum appropriate for your student population and context
  - Review TRAILS SEL material and skills for instructors as needed
  - Plan for data collection and reporting
- Provide regular updates to school administrators regarding SEL implementation
- Attend TRAILS SEL Champion Support Calls
- Review the TRAILS SEL curriculum with new staff members utilizing TRAILS provided PowerPoint and Talking Points
- Offer refresher presentations on aspects of the TRAILS SEL curriculum based on the needs of your school's instructors
- Communicate any major feedback themes to TRAILS

### Post-Implementation Tasks

- Assist TRAILS in collection of feedback from instructors on lesson content, lesson delivery, feasibility (timing, topics, developmental age, adaptations made, etc.)
- Assist TRAILS in collection of data related to implementation and outcomes
- Provide data and reports to school/district administrators and key stakeholders
- Meet with SEL work group to discuss lessons learned and plan for next school year's implementation
- Identify any additional staff to receive future TRAILS SEL training

# TRAILS SEL Assessment

# Coordinating between tiers

### Tier 1- SEL

- Universal instruction
- Primarily educational, delivered by teachers
- Goals are prevention and wellness promotion
- Broad and foundational learning of skills
- Improves identification of students who need a higher level of care
- Lessons build SEL competencies

### Tier 2- EI

- Designed for students with elevated symptoms of a mental illness (e.g., anxiety, depression)
- Should be delivered by a trained school mental health professional
- Goals include symptom reduction and improved functioning
- Application for individual concerns
- Out of session practice

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# TRAILS®

# Session 1 Agenda

## Topics Covered this Session

Orientation

Group Assessment

## Manual Information

Grades 9-12
Depression and Anxiety
10 Sessions

## Session Objectives

- Build rapport among group members
- Define the group and its purpose
- Collect pre-assessment measures (as needed)

## Materials and Preparation

Download all of the resources linked in this session at once from the online manual and access the accompanying session slides. See Additional Resources for suggestions for adapting this session for virtual delivery.

**Review**

- ☐ "Who Am I?" Activity

**Print**

- ☐ "Who Am I?" Worksheet
- ☐ PHQ-9T and GAD-7 with Scoring Guidelines (if collecting paper versions during group)

**Gather to Bring**

- ☐ Folders for group members

**Preview and Load**

- ☐ Moana - I Am Moana

## Session Overview

1. Group Leader Introductions
2. Defining the Group — What is this Group About?
3. Baseline Assessment (as needed)
4. Group Icebreaker Activity
5. Wrap-Up

# g Students
# nced Trauma



feels – as safe as possible

ight seem like they will lead to violence:
as needed throughout the school day.
avel to and from school.

Help the student feel a sense of power
feel more successful in the classroom.

be ongoing dangers (e.g., domestic

adult when separated or unable to reach by

turn to, if necessary.

# g Traps

kind of thinking operates in extremes and

's the point of trying out for the play, I'll never

ometimes called "assuming the worst," there

others are thinking)

to talk to me; I'm going to say something
like me.

hat we think must be true.

t; I feel awkward, so other people must think
thing bad is going to happen; I feel lonely.

eing overly broad in the conclusions we
body," and "everybody."

ss things up; I can't do anything right.

ve happened or that you have done and
ttention to only certain types of evidence by

popular kids don't like me; I'm a terrible
othing went right today; I mess up everything.

# ksheet

pset you or made you feel nervous
uation by filling in boxes 1-4.

3. Feelings

es ☐ No

tter ☐ Worse ☐ No Difference

# Coping with COVID-19 Group Manual & Resources

## Example Resources



**Feeling Faces Chart**

angry, guilty, peaceful, aggressive, impatient, hopeful

disappointed, determined, joyful, ashamed, humiliated, withdrawn

grieving, excited, nervous, confident, frightened, regretful

apologetic, grateful, hopeless, lonely, annoyed, jealous

surprised, hurt, proud, calm, enraged, happy

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**Daily Wellness Journal**

Date: ___ / ___ / ___

Intensity of feeling (0-10): ___

...strategies / Today I practiced:
- breathing
- imagery
- ...lness - 5 senses
- ...te mindfulness

...steps:

...for hope:

National Suicide Prevention Lifeline
...suicidepreventionlifeline.org
Phone or chat: 1-800-273-8255

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## Sample Session Agendas

**Session 1: Introduction to Group**

### Manual Information

Grades 3-5
Coping with COVID-19
7 Sessions

### Resources Needed

Download all of the resources linked in this session at once from the online manual.

- Using TRAILS Interactive Group Slides
- TRAILS Slide Deck: CC-19 6-12 Session 1
- Two Minute Mindfulness Breathing Buddies

### Optional Resources
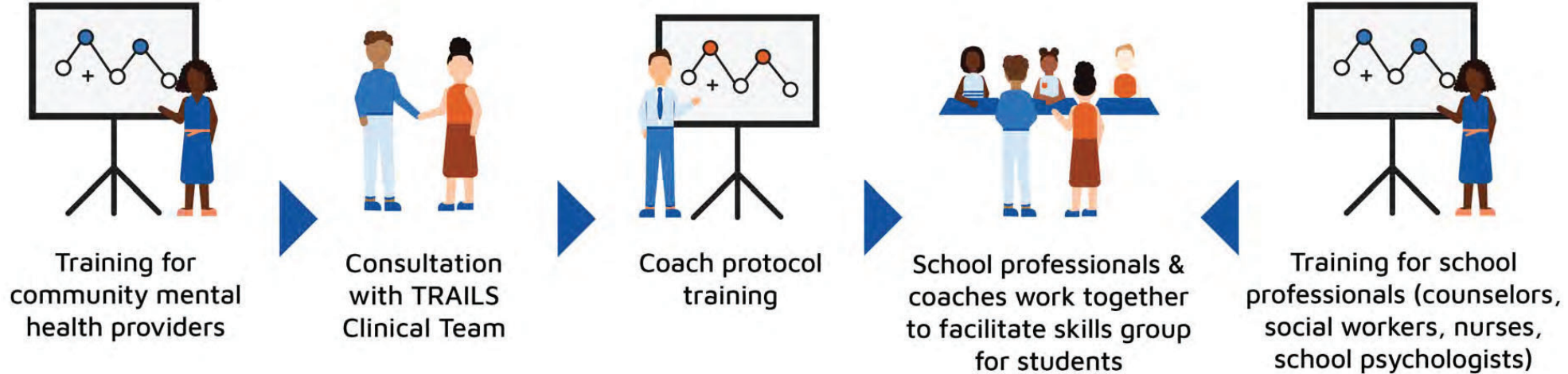
- Coping Skills Toolbox

### Introduction

**Do:** Welcome the group and provide a brief introduction to yourself and the group

**Explain:** Why are we meeting and what this group is about. We are here:
- To learn new skills, we can use to help us get through hard times
- To get to know each other better

**Do:** Encourage students to turn their cameras on if they can, even if their rooms are a mess or they're in sweats or pajamas (although make sure they are appropriately covered). They may need to ask a parent/guardian or sibling to help them. However, it is also okay if ...

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...in this Group?

...when we feel too
...omfortable feelings, in part so

...kills?
...be. Some of us may be
...even died. We may be
...d, too. We may be sad about
...t us or someone we care

...sponse to this discussion
...udents to notice these
...ou can note that everyone
...s, if they want to. But you
...t want to. Take as much
...e given space to really

---

## Sample Google Slide

**Share either:**
- Situations that have triggered worry for you
- Worried thoughts you have been having
- How you have responded to your worries (e.g. what has the worry made you do or want to do)

Students, write your response!

# TRAILS Training Model



Training for community mental health providers → Consultation with TRAILS Clinical Team → Coach protocol training → School professionals & coaches work together to facilitate skills group for students → Training for school professionals (counselors, social workers, nurses, school psychologists)

# Coaching Logistics: Student Skills Groups

- 10-session group manual
- 45-60 minutes

- 8-15 students per group
- 1-3 SPs per group

| SP Responsibilities | Coach Responsibilities |
|---|---|
| • Primary group leader<br>• Student referrals<br>• Scheduling, room reservations<br>• Student attendance<br>• Parent permission<br>• Risk management | • Secondary/Tertiary group leader<br>• Supporting your SP<br>• Be the CBT expert<br>• Modeling / assisting with skills<br>• Answering SP or student questions<br>• Observing SP fidelity |

# How to become a TRAILS coach:

| Clinical Training | Consultation | Coach Training |
|---|---|---|
| • Training on CBT and Mindfulnesss<br><br>• Free 6-hour clinical training (includes CEUs)<br><br>• Communication with TRAILS staff, as needed<br><br>• Register for regional training (free)<br><br>• Selection of practice cases including verbal or written permission from the client/family per agency policy | • Practice CBT and Mindfulness skills with 1-2 pre-identified clients from existing caseload<br><br>• 12 weeks of phone- and web-based support from a TRAILS consultant<br><br>• Up to 2 hours/week | • 1- day<br><br>• By invitation only<br><br>• Introduction to TRAILS coaching model<br><br>• Free 6-hour training (inclues CEUs)<br><br>• Offered regionally to maximize convenience<br><br>• Compensation available for travel/ lodging<br><br>• Food/beverages provided |

# TRAILS Coach Training: Consultation

- 12-15 weeks
- Weekly Session-Planning Meeting
- Weekly session with client
- Session self-evaluations
- Resources provided:
  - Session by session agendas / materials
  - Selecting a case / family permission form
  - Self-evaluation measures
  - Client assessment tools

## Consultation Schedule

TRAILS consultation covers 5 key components: psychoeducation, relaxation and mindfulness, cognitive coping, behavioral activation, and exposure. Consultation is based on adapting TRAILS group manuals for use with 1-2 individual practice cases. While the needs of the trainee and the selected practice case may vary, below is a general schedule for the 12 weeks of TRAILS consultation, detailing the elements of consultation from week to week.

**Week 1**
Orientation

**Week 2**
Psychoeducation: Learning About Emotions

**Week 3**
Psychoeducation: Cognitive Behavioral Theory

**Week 4**
Relaxation & Mindfulness

**Week 5**
Cognitive Coping

**Week 6**
Cognitive Coping

**Week 7**
Behavioral Activation

**Week 8**
Behavioral Activation

**Week 9**
Behavioral Activation or Exposure

**Week 10**
Exposure

**Week 11**
Exposure

**Week 12**
Self-Care & Review

### Week 2
**Psychoeducation: Learning About Emotions**

- Session planning meeting
- Weekly email from consultant
- Client session
- Session self-evaluation via Qualtrics survey

- Structured role plays (5)
- Consultant will attend 2 sessions via teleconference

# Consultation Findings

- 1,053 sessions delivered to >186 clients

- Over 140 CBT sessions directly observed by a TRAILS consultant

- 33% increase in CBT skill scores pre-post training & consultation

- 108 out of 121 trainees recommended by their consultant for invitation to coach protocol training, representing 77 Michigan agencies

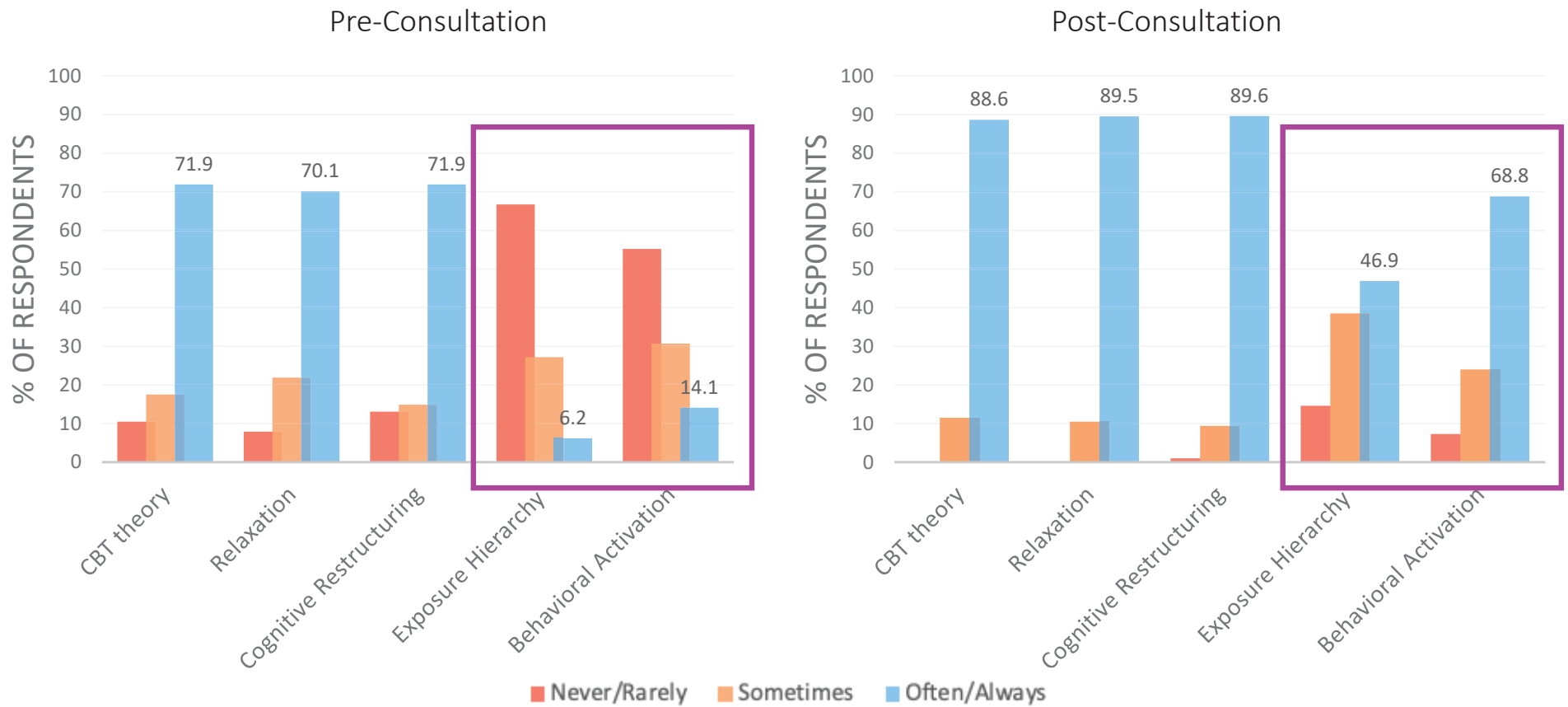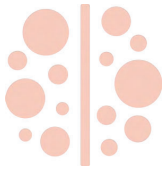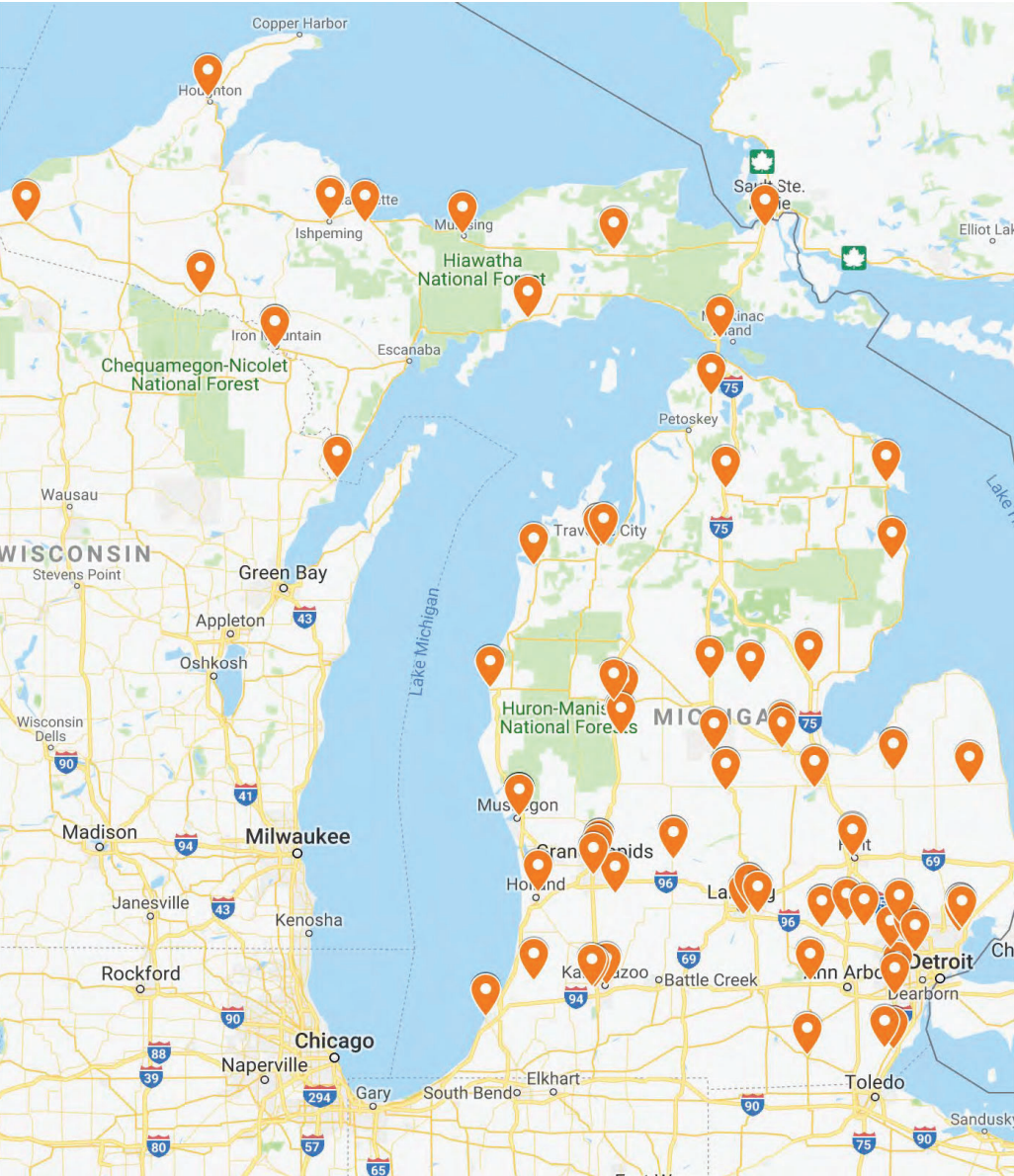**Satisfaction with Consultation (cohort 6 & 7, n=40)**

5%   2%

93%

- Extremely satisfied

- Satisfied

- Neither satisfied nor dissatisfied
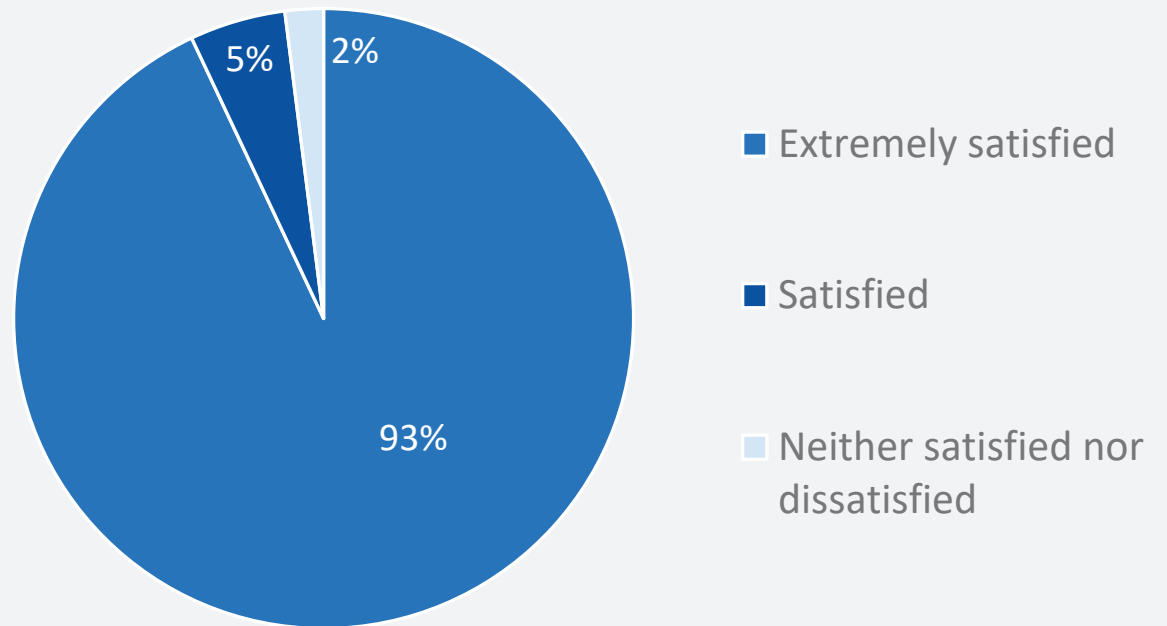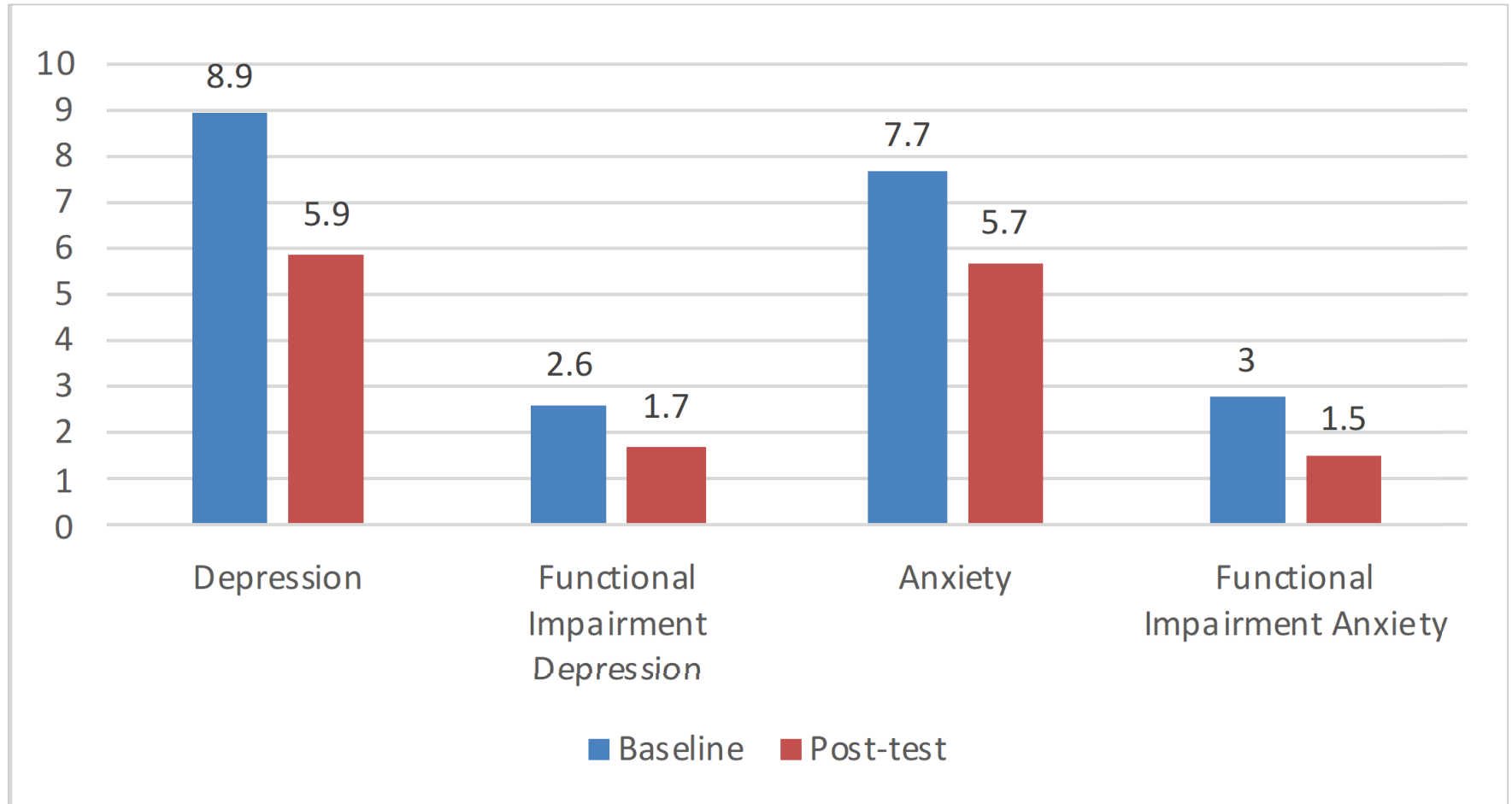
# Coach: Self-Reported CBT Use

# TRAILS Coach Network 2020

# TRAILS Partner Schools 2020

## Detroit Public Schools Community District
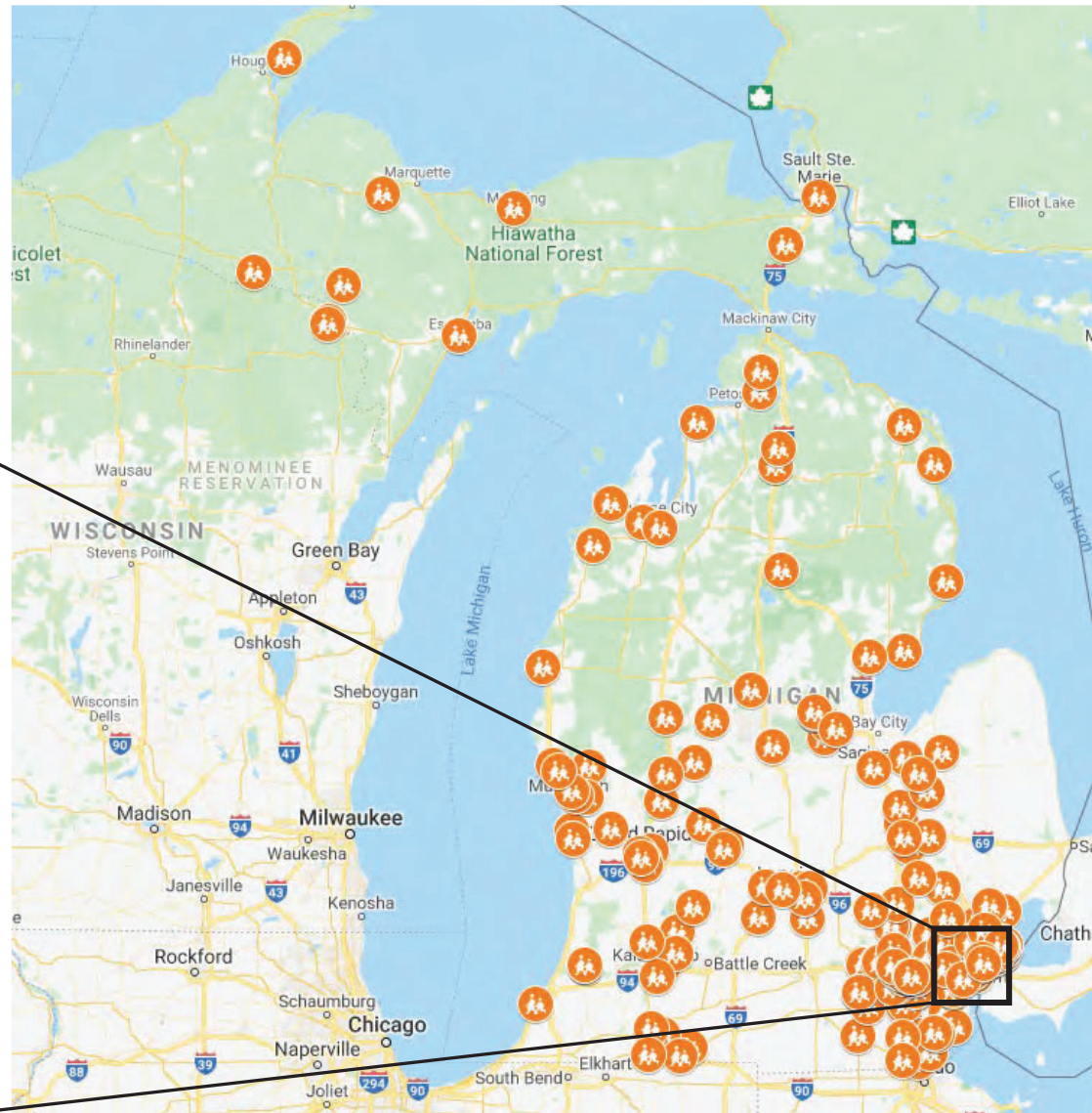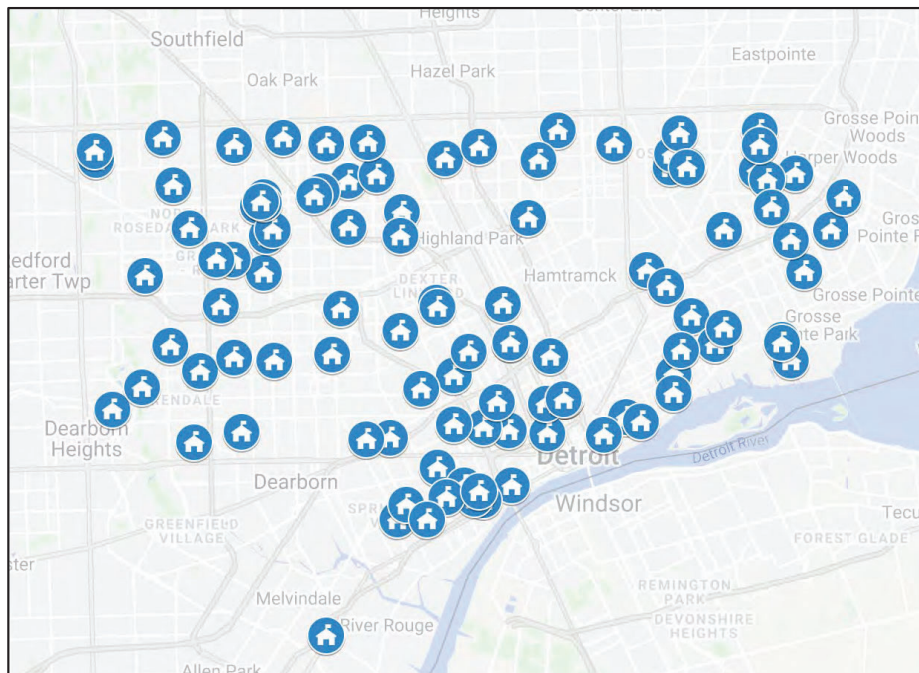
# Research and program evaluation to-date indicate TRAILS has a positive impact on children's mental health

✓ Decreased symptoms of depression and anxiety

✓ Increased awareness of mental health resources & campaigns in school

✓ Increased use of effective self-regulation and coping skills

✓ A good or excellent experience with TRAILS reported by majority of students

# Research and program evaluation to-date indicate TRAILS has a positive impact on children's mental health

**Adaptive School-based Implementation of CBT (ASIC): clustered-SMART for building an optimized adaptive implementation intervention to improve uptake of mental health interventions in schools**

Amy M Kilbourne [1][2], Shawna N Smith [3], Seo Youn Choi [3], Elizabeth Koschmann [3], Celeste Liebrecht [3], Amy Rusch [3], James L Abelson [3], Daniel Eisenberg [4], Joseph A Himle [3][5], Kate Fitzgerald [3], Daniel Almirall [6]

Affiliations + expand

### Abstract

**Background:** Depressive and anxiety disorders affect 20-30% of school-age youth, most of whom do not receive adequate services, contributing to poor developmental and academic outcomes. Evidence-based practices (EBPs) such as cognitive behavioral therapy (CBT) can improve outcomes, but numerous barriers limit access among affected youth. Many youth try to access mental health services in schools, but school professionals (SPs: counselors, psychologists, social workers) are rarely trained adequately in CBT methods. Further, SPs face organizational barriers to providing CBT, such as lack of administrative support. Three promising implementation strategies to address barriers to school-based CBT delivery include (1) Replicating Effective Programs (REP), which deploys customized CBT packaging, didactic training in CBT, and technical assistance; (2) coaching, which extends training via live supervision to improve SP competence in CBT delivery; and (3) facilitation, which employs an organizational expert who mentors SPs in strategic thinking to promote self-efficacy in garnering administrative support. REP is a relatively low-intensity/low-cost strategy, whereas coaching and facilitation require additional resources. However, not all schools will require all three strategies. The primary aim of this study is to compare the effectiveness of a school-level adaptive implementation intervention involving REP, coaching, and facilitation versus REP alone on the frequency of CBT delivered to students by SPs and student mental health outcomes. Secondary and exploratory aims examine cost-effectiveness, moderators, and mechanisms of implementation strategies.

**Adaptive School-based Implementation of CBT (ASIC):** NIMH-funded clinical trial*

- 115 Michigan schools
- 227 school mental health professionals
- Sequential adaptive randomization to 4 conditions:
  > TRAILS training and access to materials
  > TRAILS training and access to materials + TRAILS Coaching
  > TRAILS training and access to materials + TRAILS Facilitation
  > TRAILS training and access to materials + TRAILS Coaching + TRAILS Facilitation
- Preliminary data analysis suggests that all conditions were associated with increases in delivery of CBT to students: CBT session delivery per school professional across ~43 weeks = 95-150 sessions
- Total CBT sessions delivered = 13,000+

*Primary findings to be submitted for publication by July 2021

**Tier 3**
- Student risk identification and management
- Training and tools to improve care coordination across settings

**Tier 2**
- Targeted interventions for students experiencing symptoms of stress, depression, or anxiety
- Coping with COVID-19 brief intervention

**Tier 1**
- Staff self-care to address stress, vicarious trauma, and burnout
- Social and emotional learning for the classroom to promote resiliency and core competencies in all students
- Universal student mental health screening

TRAILS

**Common challenges of student suicide risk management:**

- Low consistency, protocols
- Limited use of screening tools
- Unnecessary referrals to ED
- Poor communication across treatment settings
- Poor care coordination with local service providers

# Supporting High-Risk Students

- Gatekeeper 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
- System-level partnerships to improve care coordination and delivery

**TRAILS**
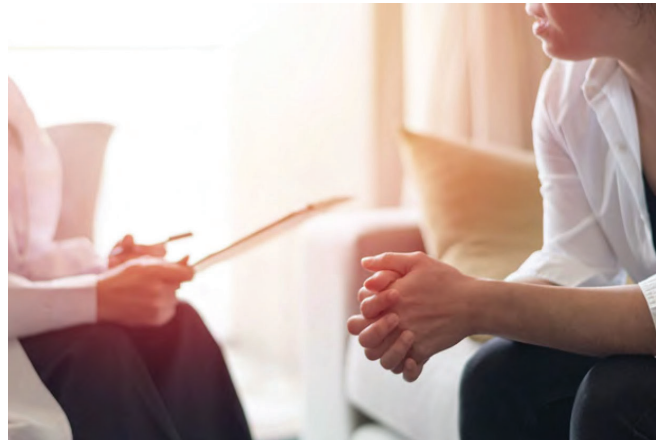
# Student Suicide Risk Management Protocol

☐ (Optional) Contact the 24-Hour Washtenaw CMH Crisis Team to seek support or consultation (734-544-3050)

☐ Complete the Columbia SSRS

☐ Determine if a referral to PES is needed (seek consultation as needed)

☐ If yes, complete the top half of the referral worksheet

☐ Contact the family (unless contraindicated)

☐ Call PES (734-936-5900) and alert them that you are referring a student and will be faxing a school referral and communication worksheet

☐ Fax the worksheet to PES (734-763-7204)

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**TRAILS**

## PES 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):
☐ Self-report of attempted suicide                   ☐ Severe and persistent suicidal ideation
☐ Self-report of a planned suicide                   ☐ Suicidal or severe self-harm behavior
☐ Third person report of an attempted or planned suicide   ☐ Homicidal plan or intent

Further details/information: _____

Referring school professional(s): _____

Daytime contact phone: _____          After-hours contact phone: _____

Contact fax: _____  ☐ May receive confidential health information   Email: _____

Consulted w/ 24-hour Washtenaw Community Mental Health Crisis Team (734-544-3050):  ☐ Yes  ☐ No

If yes, name of Crisis Team contact: _____          Phone: _____

UM Psychiatric Emergency Services: Phone: 734-936-5900, Fax: 734-763-7204          St. Joe's Hospital: Phone: 734-712-3000
UM Emergency Dept: 1500 E Medical Dr., Ann Arbor, MI 48109          5301 McAuley Dr., Ypsilanti, MI 48197

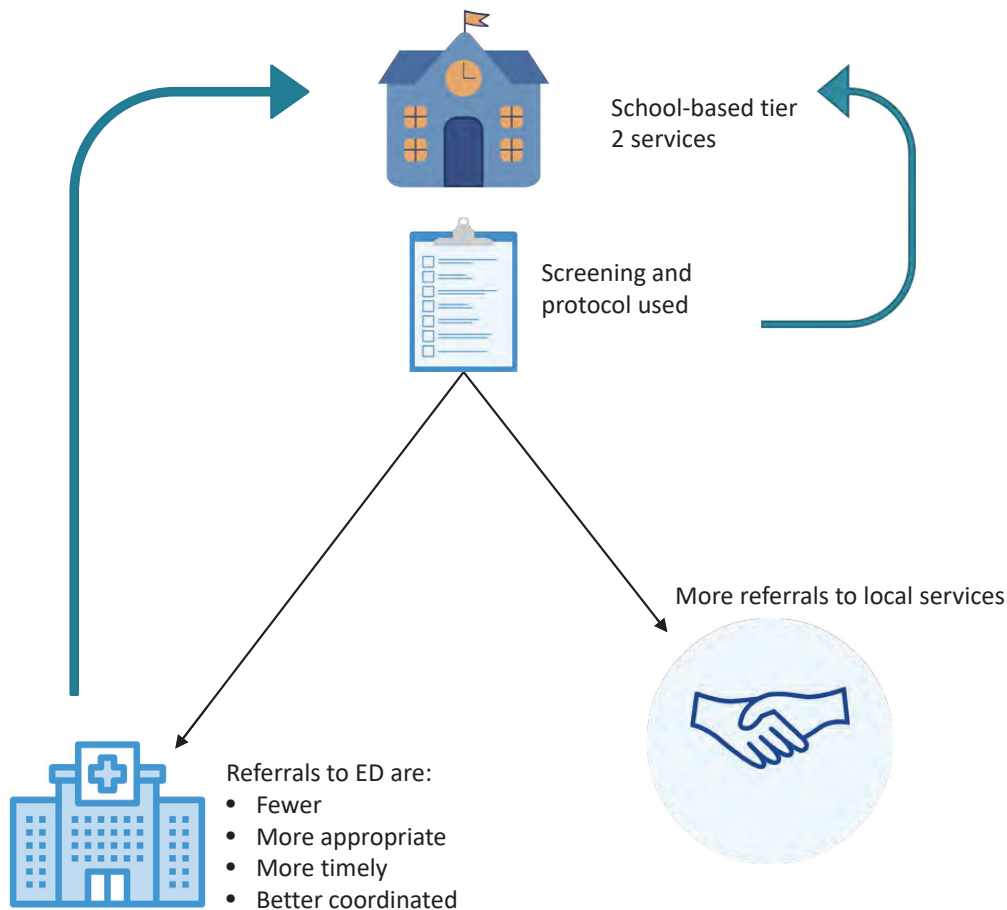**PES Recommendations**          Date: _____

☐ Admitted to inpatient unit – further information to follow at discharge
☐ Enroll in a partial day program. Referral made to: _____
☐ Follow up with outpatient mental health care provider
  ☐ Referral provided to family for new outpatient treatment
     Agency/Provider name: _____          Date of scheduled appointment: _____
  ☐ Continue with established provider
     Provider name: _____          Phone: _____
☐ Review safety plan with a school counselor or school mental health care provider
  Copy of plan provided to:     ☐ Family     ☐ School
☐ Referral to school-based CBT (if available)
  ☐ Primary depression          ☐ Primary anxiety          ☐ Other: _____
☐ 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. Please check the box of the school district this form should be returned to:

☐ AAPS – Paul DeAngelis          ☐ YCS – Carloz Lopez          ☐ LCS – Robert Williams
   Fax: 734-994-2955                 Fax: 734-221-1214               Fax: 734-484-7047

**Parent/Guardian Signature:** _____          Date: _____

Last edited: 02/05/2020

# Improved care coordination:

School-based tier 2 services

Screening and protocol used

More referrals to local services

Referrals to ED are:
- Fewer
- More appropriate
- More timely
- Better coordinated

- Improved suicide risk awareness
- Increased use of standardized tools
- More appropriate referrals
  - To in-school supports
  - To local services
- Improved care coordination
- Fewer students "boarding" at the ED

TRAILS

**Tier 3**

- Student risk identification and management

- Training and tools to improve care coordination across settings

**Tier 2**

- Targeted interventions for students experiencing symptoms of stress, depression, or anxiety

- Coping with COVID-19 brief intervention

**Tier 1**

- Staff self-care to address stress, vicarious trauma, and burnout
- Social and emotional learning for the classroom to promote resiliency and core competencies in all students
- Universal student mental health screening

**TRAILS**

**Teacher Training**
Training for teachers in the
TRAILS SEL curriculum

**SEL Delivery**
Teachers deliver SEL
lessons in the classroom

**Local Champion Training**
Training to help select teachers
provide TRAILS SEL support

# MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

# School Mental Health Resources

Here we highlight some of our MHTTC school mental health resources, followed by a collection of school mental health news articles, reports, and more from other reputable organizations.

Advancing Comprehensive School Mental Health Systems
Guidance From the Field

September 2019
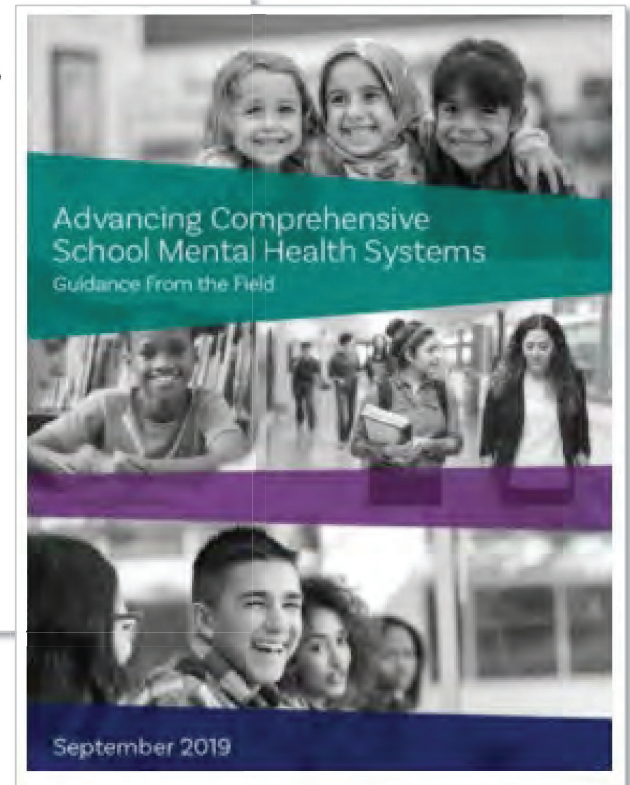
# All resources free and publicly available at: www.TRAILStoWellness.org

- **1 million+** April 2020– April 2021
- **1000+ resources downloaded daily**
- Users represent:
  - All 83 Michigan counties
  - All 50 U.S. states
  - 125 countries globally
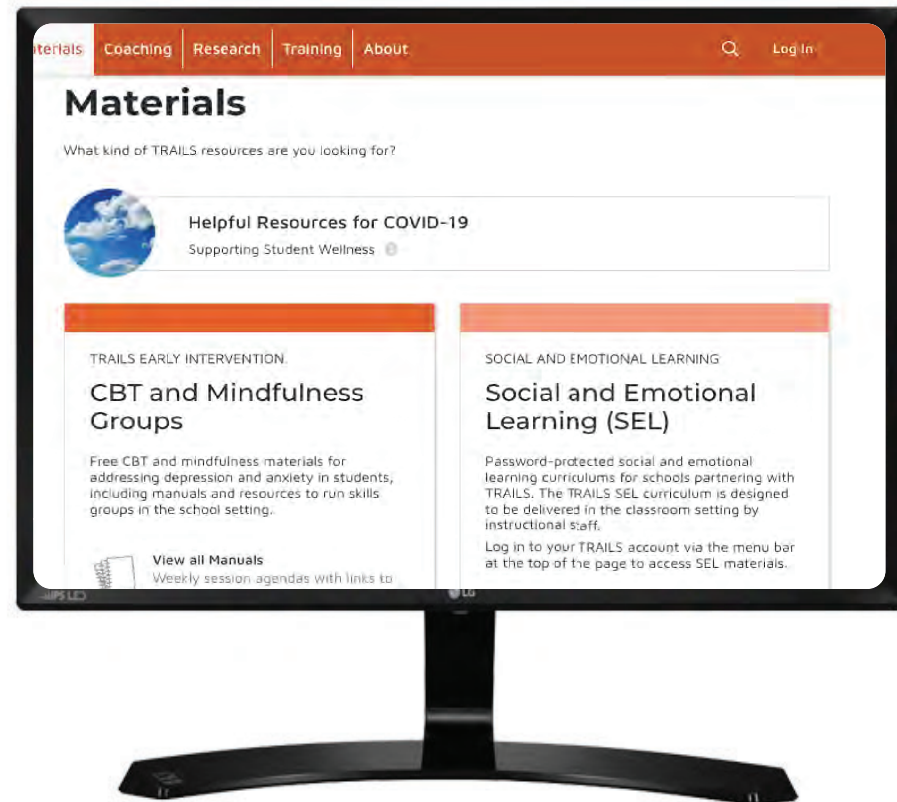
# Michigan Expansion Timeline

- 56 ISDs
- 560 schools
- 336,000+ students

2023-2024

- 30 ISDs
- 300 schools
- 180,000+ students
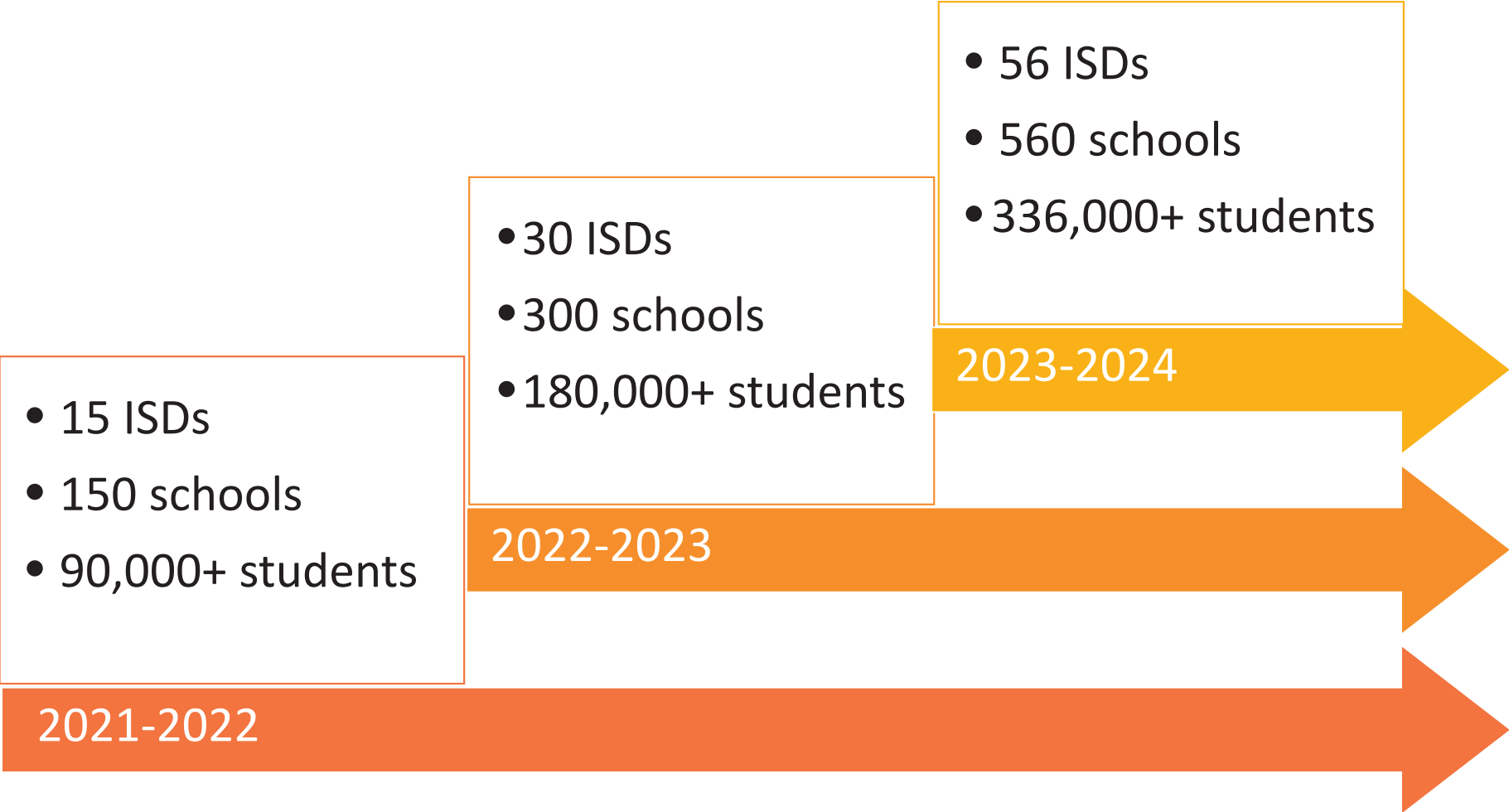
2022-2023

- 15 ISDs
- 150 schools
- 90,000+ students

2021-2022

# TRAILS has committed to significant expansion and improvement in the next few years

Expand to reach an additional 300K students and all Intermediate School Districts by 2025

State-funded pilot implementation in Colorado, with evaluation provided by state and national partners

Pilot implementation in a statewide school mental health network, reaching 50+ new schools in FY21-22
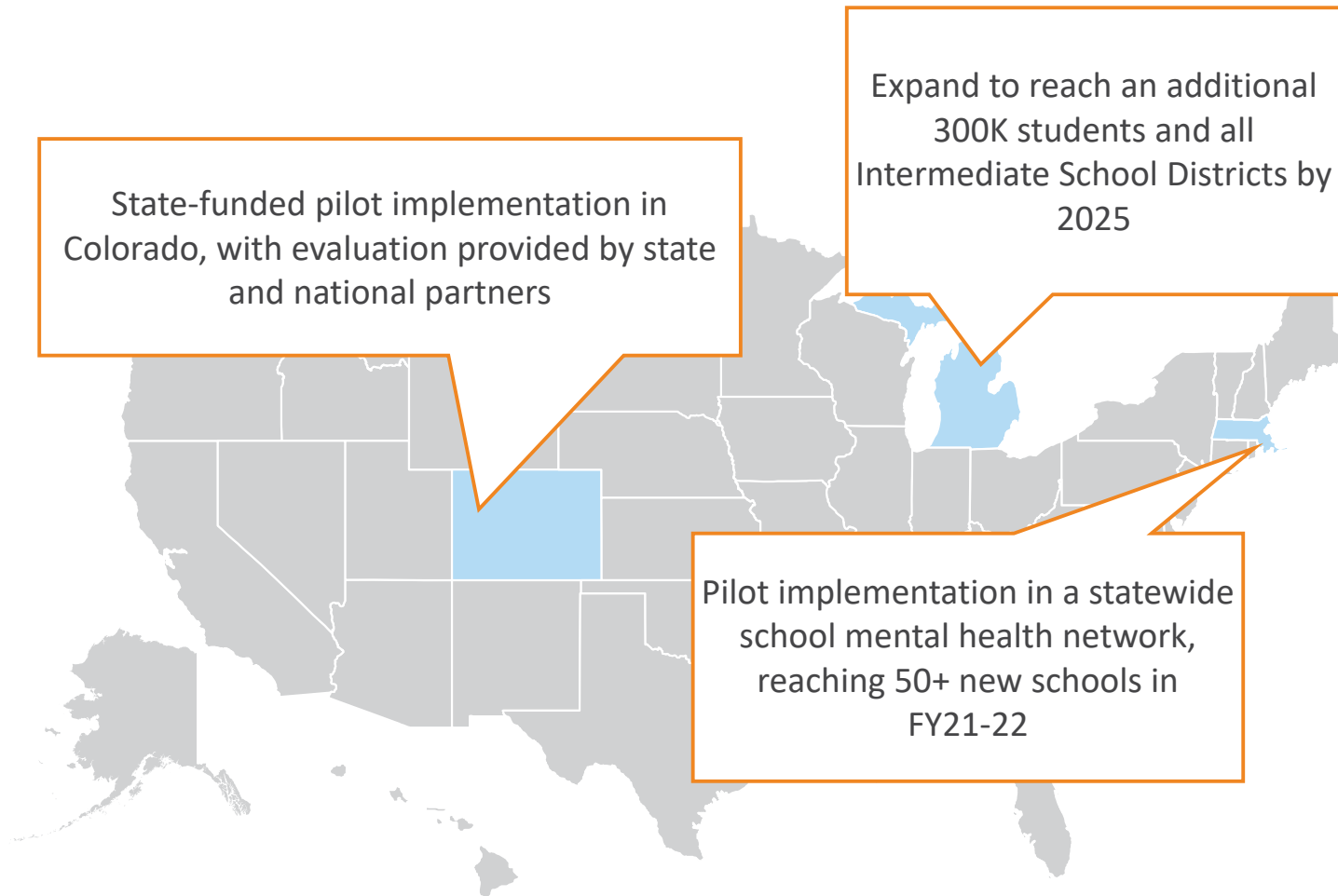
# TRAILS has developed a strategy to focused on five initiatives that are vital to realizing this vision

**Priority** | **Key objectives**

**1** Grow TRAILS reach
- Reach nearly 1 million students in 5 years
- Operate in at least three states

**2** Expand the evidence base
- Prove the TRAILS model effectiveness across contexts
- Establish a TRAILS-centered research community at UM

**3** Build a strong organization
- Transition to a Michigan Medicine affiliated 501c3
- Recruit an executive team to lead strategic growth

**4** Strengthen the funding model
- Secure regional philanthropy to fund demonstrations
- Secure state appropriations for scale in MI, CO, and MA

**5** Pilot innovations on the model
- Test tech-centered model to reduce costs
- Explore innovations that are aligned with core TRAILS strategy and fully funded by philanthropy

**A commitment to racial equity is woven through each of the strategic priorities**

Note: See appendix for barriers to TRAILS' ability to scale and racial equity best practices TRAILS will employ

# Bring TRAILS to your community!

For information on how to bring TRAILS to your school community, please contact our team!

thank you