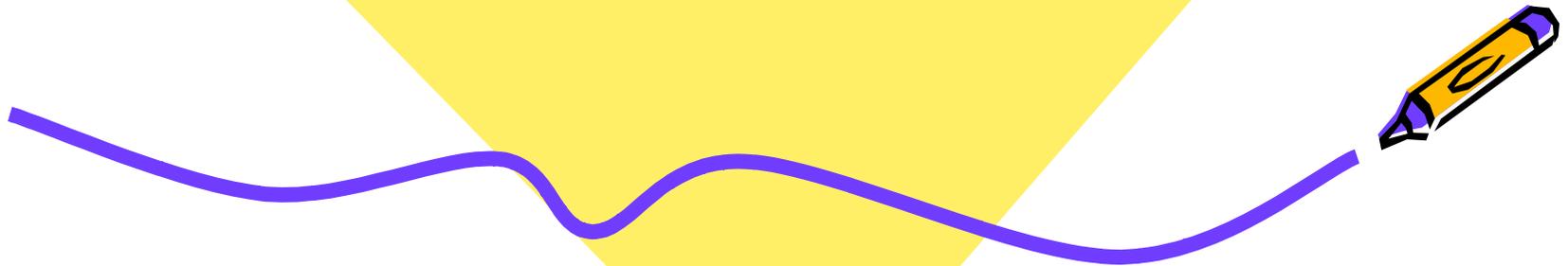
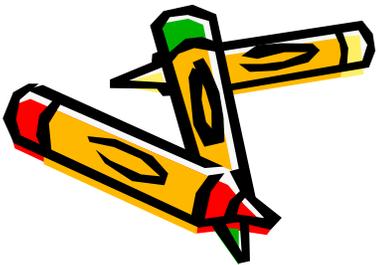


Indicator #11: Are you actively using the evidence-base (practices and programs) of what works in child and adolescent mental health to guide your preventive and clinical interventions?

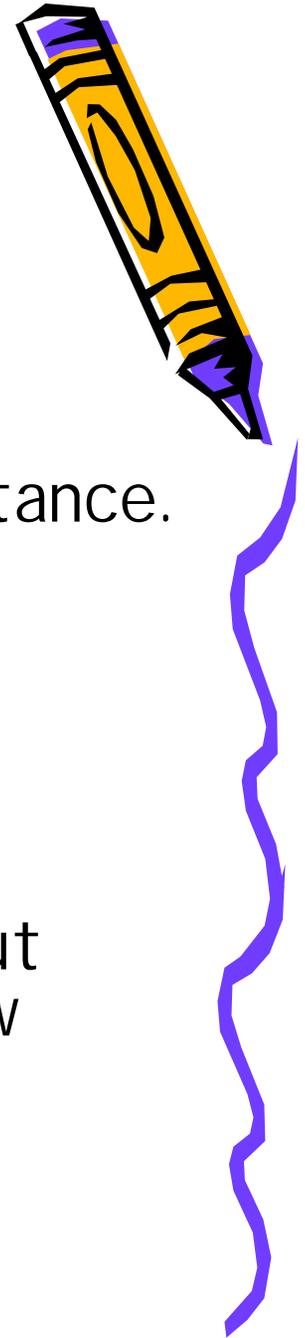


Evidence-Based Practice in Child and Adolescent and School Mental Health

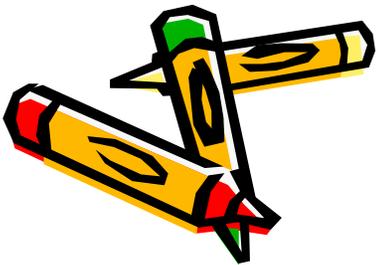
- Probably the most significant issue in research
- Becoming one of the most significant issues in practice
- Research and practice are poorly linked



Challenges in Evidence-Based Practice (EBP) in School Mental Health

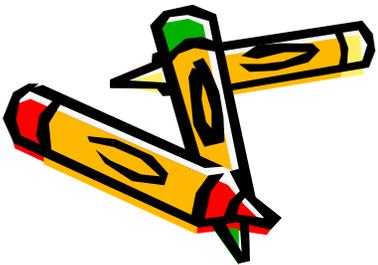
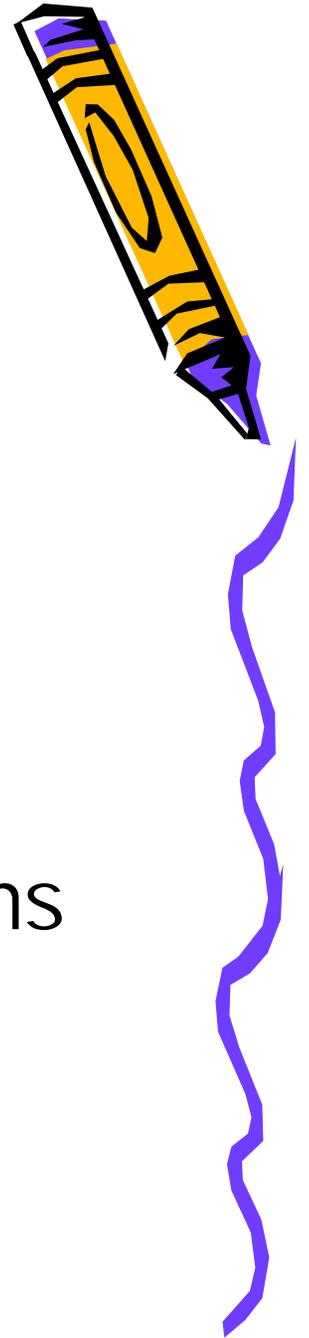


- ESMH staff confront limited resources for training, supervision, ongoing technical assistance. These factors are C R I T I C A L for success.
- Schools can be fluid, generally unsupportive environments for EBP.
- Staff may view manuals as pulling away from “normal, realistic practice”.
- Tailoring materials in manuals some is OK, but tailoring too much is not OK (when is it a new program?).



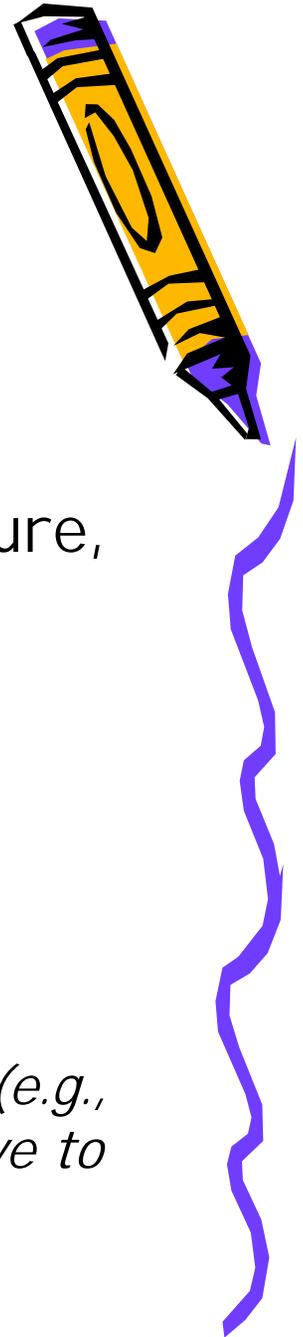
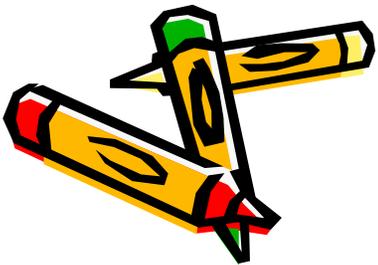
A Four-Pronged Approach to Evidence-Based Practice in School Mental Health

- Decrease stress/risk factors
- Increase protective factors
- Train in validated skills
- Implement manualized interventions



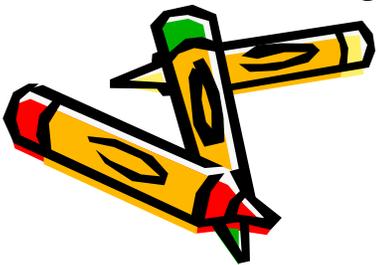
Examples of Modifiable Stress/Risk Factors

- Individual
 - low commitment to school, early school failure, association with acting out peers
- Family
 - marital discord, poor family management
- Community
 - poor housing, community disorganization
 - *All of these factors can be a focus of intervention (e.g., helping to change friendships from negative to more positive, assisting students in coping with family conflict).*



Examples of Modifiable Protective Factors

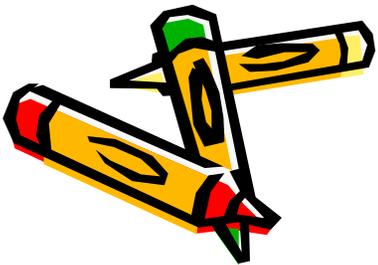
- Individual
 - social competence, internal locus of control, reading for pleasure
- Family
 - routines and rituals, parenting skills, parental responsiveness
- Community
 - good schools, positive relationships with adults
 - *Again, all can be a focus in treatment (e.g., helping youth to get reconnected to libraries, promoting positive family and adult relationships).*



Examples of Assets from the Search Institute

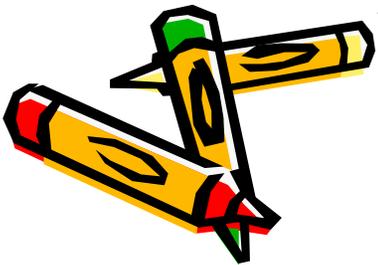
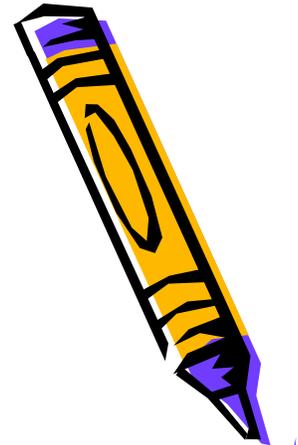
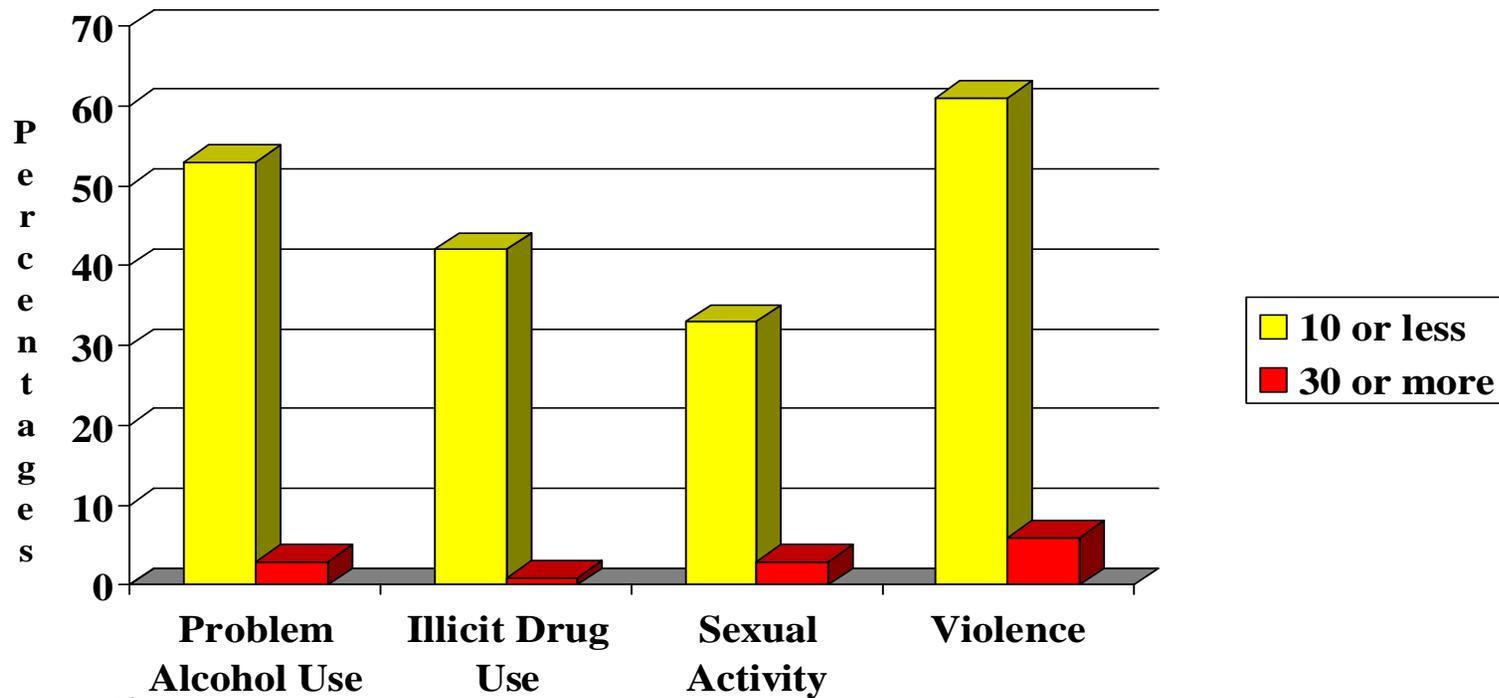


- Receive Support
- Neighbors Encourage
- Feel Safe
- Adult Positive Models
- Feel Valued
- Family has Standards
- Parents feel that the school helps
- Want to do well
- Read for Pleasure
- Stand up for Beliefs
- Accept Responsibility
- Resist Peer Pressure
- Optimistic
- Life has Purpose



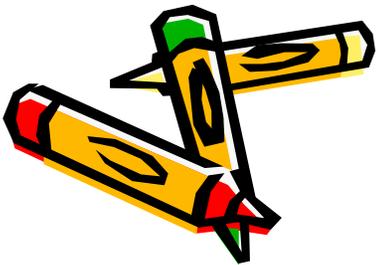
Assets - Protective Functions

Source: The Asset Approach: Giving Kids What They Need to Succeed (Search Institute, 1997)



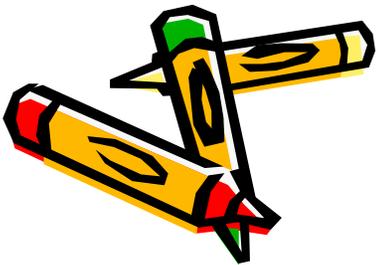
Social Skills and Resilience

- Bernard (1991) found that resilient youth had these qualities: “responsiveness, flexibility, empathy, communication skills, a sense of humor, and other prosocial behavior”.
- This highlights the importance of social skills training (SST) but SST is hard work, involving therapist education, modeling, practicing together and homework.
- Some therapists are not used to such active approaches in therapy and will need a lot of coaching and support to do them.

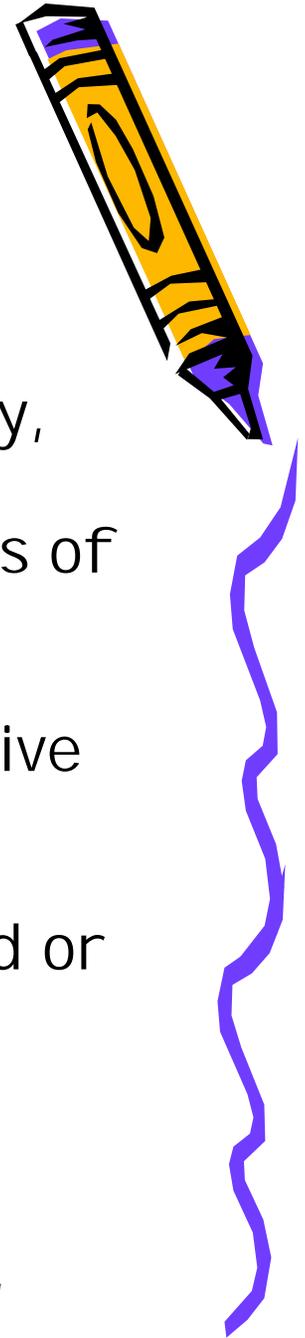


Critical Parenting Processes

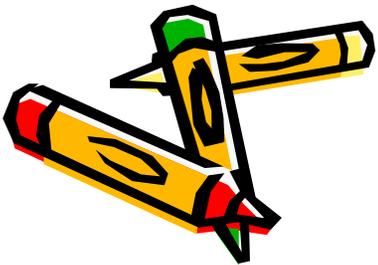
- Consistent, fair discipline
- Careful monitoring and supervision of children's activities, peer associates, and whereabouts
- Positive family management
- Involvement in the child's daily life
- Training in problem-solving (Patterson, Reid, & Dishion, 1992)
- *These skills account for a lot of the variance in child behavior problems. Are you routinely training these skills to the parents you work with in a way that respects and empowers them?*



Cognitive Behavioral Skills that Have Been Shown in Many Studies to be Important for Youth

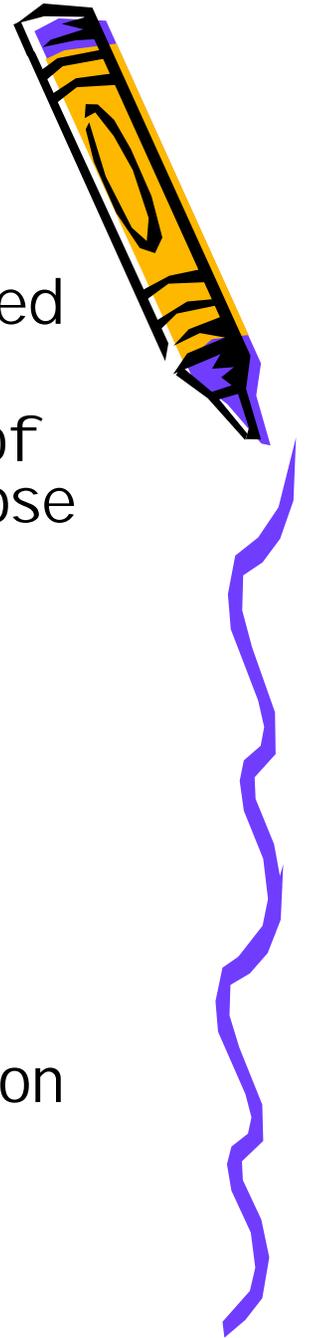


- Relaxation training (e.g., deep breathing, imagery, progressive muscle relaxation)
- Problem solving (e.g., weighing costs and benefits of alternatives before acting)
- Cognitive restructuring (e.g., teaching youth an “internal dialogue,” replacing negative with positive thoughts)
- Self-control training (e.g., identifying situations associated with problems and strategies to avoid or handle them)
- Social competence and resistance training (e.g., appropriately refusing requests from peers to get involved in negative behavior) (see Christophersen & Mortweet, 2001)



Using Evidence-Based Manuals

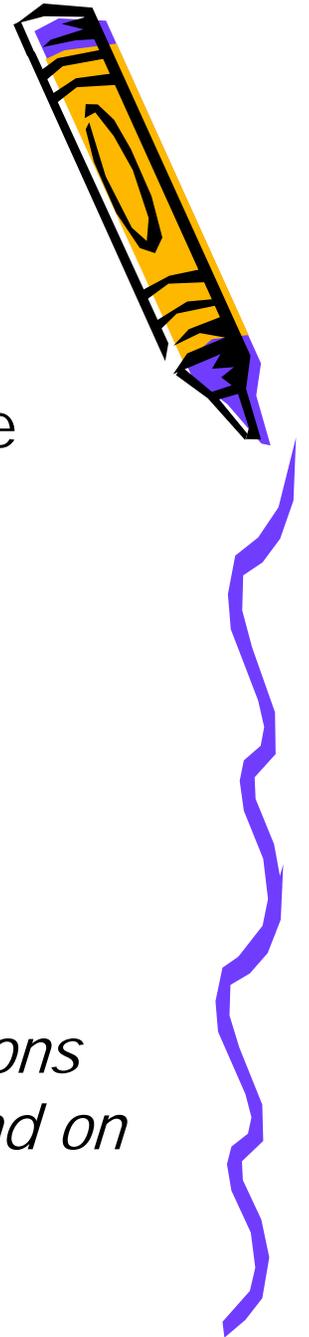
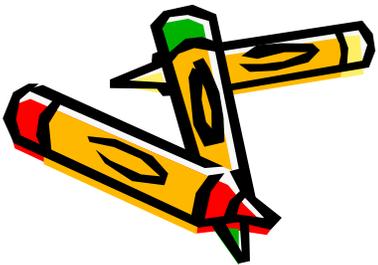
- Evidence-based manuals can (and should be used in ESMH) if the following are done:
- 1) Choose a program that matches the needs of the school and *can be implemented*. Don't choose something too complicated or that's beyond current resources to support.
- 2) Make sure school leaders and other health/mental health/teaching staff have a chance to learn about the program, provide feedback, and ultimately to support its implementation.
- 3) Build structures and mechanisms to ensure strong training, ongoing support, and supervision of EB manual implementation.



CSMHA Review of Evidence-Based Interventions: Universal (for all students)

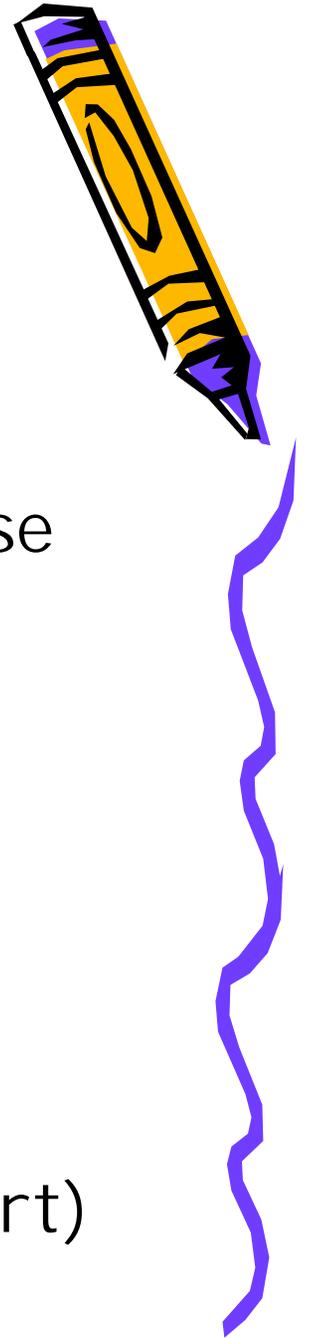
- Promotion of Social and Emotional Competence
 - I Can Problem Solve (Spivak & Shure)
 - Promoting Alternative Thinking Strategies (Greenberg)
- High Risk Behaviors
 - Life Skills Training (Botvin)
 - Project ALERT (Ellickson)
 - *A manual describing all of these interventions*

*and how to obtain them can be found on the CSMHA website
(<http://csmha.umaryland.edu>)*



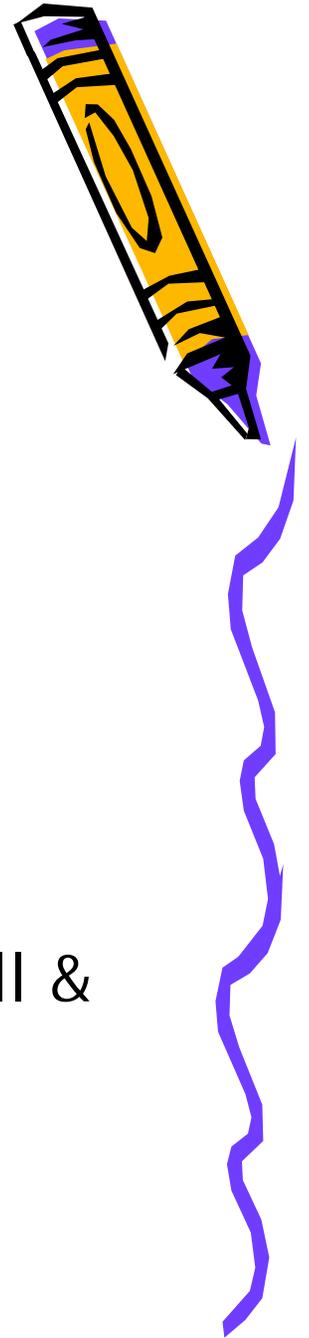
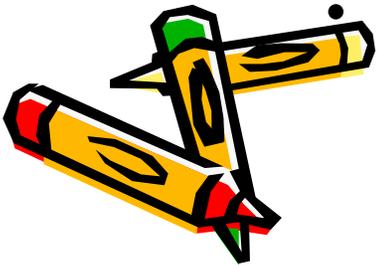
Selective Interventions (for youth at risk or showing early signs of problems)

- Depression
 - Adolescent Coping with Stress Course (Lewinsohn)
 - Penn Optimism Program (Reivich)
- Anxiety
 - Friends (Bartlett)
- Aggressive Behavior
 - Coping Power (Lochman)
 - Reconnecting Youth (Herting & Eggert)



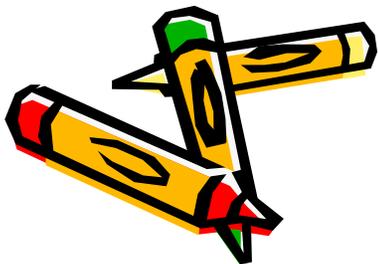
Indicated or Treatment Interventions (for youth with established problems)

- Anxiety
 - Coping Cat (Kendall)
- Depression
 - Adolescent Coping with Depression Course (Lewinsohn)
- ADHD
 - CBT for Impulsive Children (Kendall & Braswell)
- Oppositional and Conduct Disorders
 - Defiant Children (Barkley)



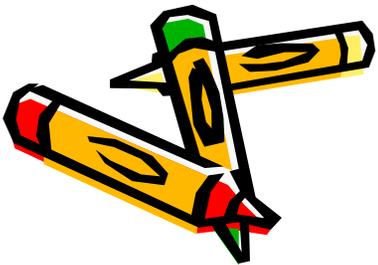
Helpful Hint 1: Build support for Evidence-Based Practices

- In weekly team meetings, ask each member to describe how they are using EB strategies in interventions with youth. Encourage group feedback, and positive support. Create fun competitions (e.g., EB practitioner of the week!).
- Ensure staff have adequate copies of all EB materials.
- Provide pragmatic, helpful support to staff in using manuals (e.g., connecting them to student interns to assist in recruitment, copying materials for groups, and evaluation of group sessions).



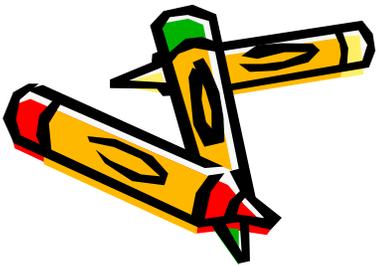
Helpful Hint 2: Choosing the right EB manuals

- Go to the CSMHA website (csmha.umaryland.edu), look at Review of EBPs, and select a few that seem to match the needs of your staff. Acquire the manuals (CSMHA can help). Have small teams (within quality condition) review them. Get school staff to provide their ideas on the manuals. Try out one or two manuals with a lot of group support and encouragement.



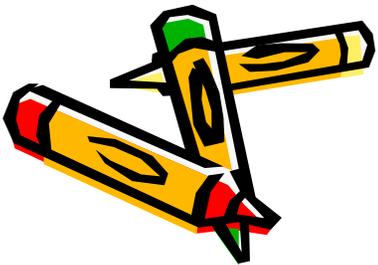
Helpful Hint 3: Integrating a stress and protective framework in intervention

- Use the concept of “life trajectories” in treatment planning.
- Draw a timeline with the beginning representing birth and the middle representing now (e.g., age 15).
- From the middle line to top right corner draw one line, and to bottom right corner draw another. Have students (individually or in groups present their “dream life” at top right, and worst it could be at bottom right).
- Have them present strategies to go to the top right (e.g., study, come to school on time, avoid negative peers) and strategies that will push them to the bottom right (e.g., skipping school, using drugs). Write these on the paper along the appropriate lines. Ask students to list risk/stress factors that push them toward bottom right, and protective factors that push them toward the top right. Write these on the paper.



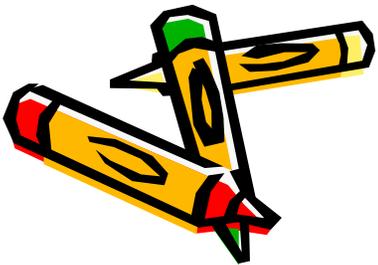
Helpful Hint 3: Integrating a stress and protective framework in intervention

- Have a discussion of ways to minimize risk and enhance protective factors to increase likelihood of success.
- Emphasize that each day choices are made that push them in an upward or downward direction. Emphasize late childhood and early adolescence as the time when their life trajectories (using a rocket metaphor) are being set.



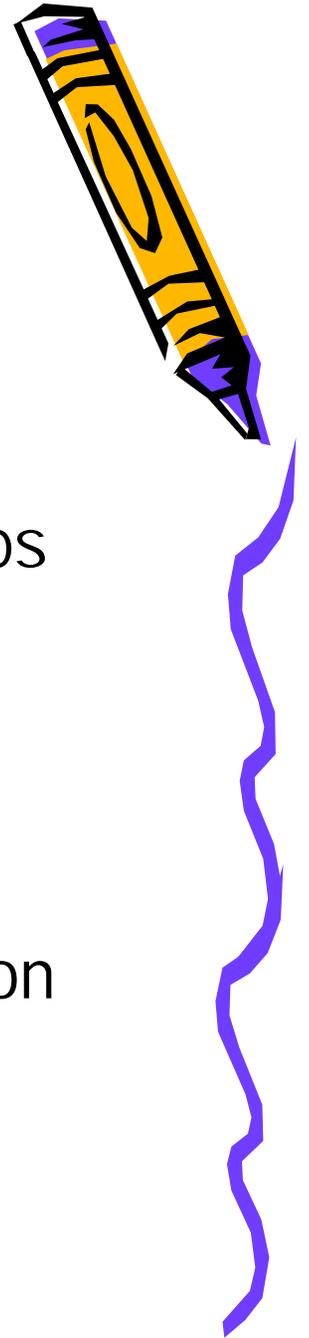
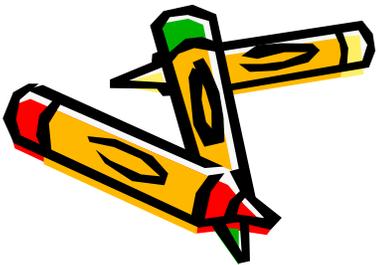
Helpful Hint 4: Using the Assets Checklist

- Administer the Assets checklist with students during intake. Problem solve with them on areas that could be improved that are not presently in place. Pick two of these a week to enhance.



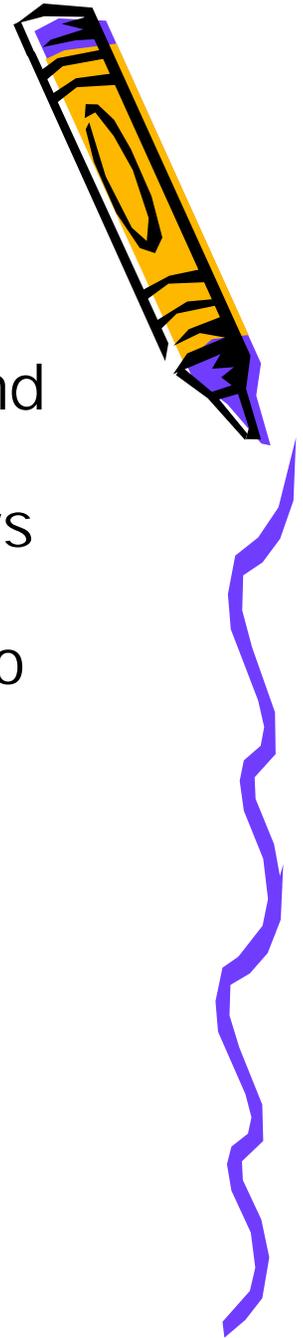
Helpful Hint 5: The power of positive adult relationships

- The Ad Health study (Resnick et al. 1997) emphasizes that positive adult relationships powerfully shape the life trajectories of youth in a positive direction.
- Are you smiling at, encouraging, developing positive relationships with youth in the school? Especially youth AND FAMILIES on your caseload?



Helpful Hint 6: Template Matching

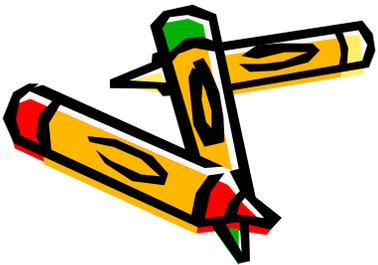
- One way to promote social skills development and problem solving in youth is the concept of *template matching*, in which youth observe peers who are doing reasonably well (e.g., the B plus student, the above average athlete) and learn to basically copy the way they handle various situations. Have youth identify these peers, notice how they handle situations that are difficult for them, then coach them to use the same strategies shown by the other students. Emphasize that in childhood and adolescence a major developmental task is to try on (and discard) various identities through observation of others. Emphasize that identity development can be purposeful.



Helpful Hint 7: Cognitive Behavioral Therapy (CBT) Skills

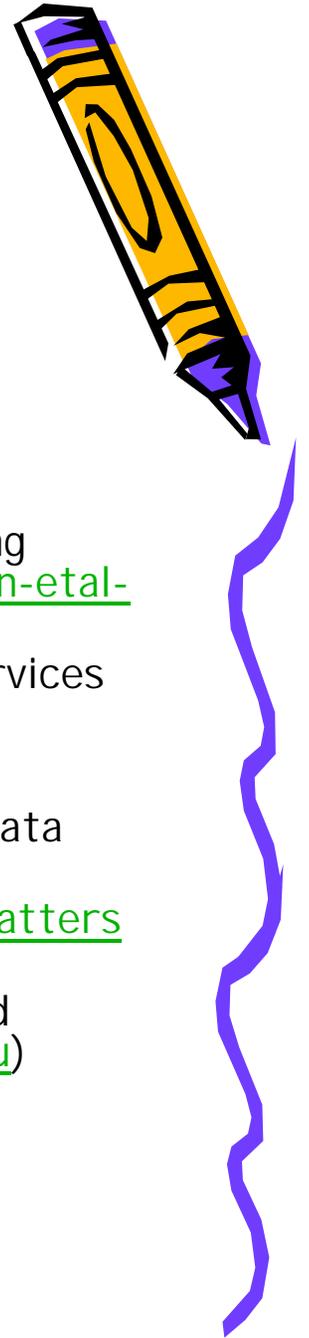
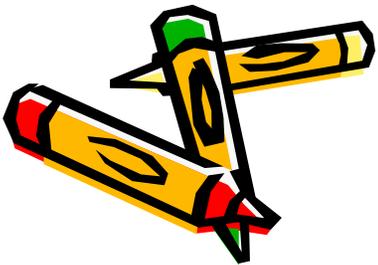


- The literature indicates that CBT skills are the most important for therapists to have to achieve the most and the most powerful positive impacts in their work with students.
- Training in CBT does not invalidate other skills in psychotherapy (e.g., in dynamic formulation), but enhances them.
- Conduct an informal assessment of staff and their views of CBT. Through open dialogue discuss challenges and seek to build support for the approaches.
- Implement consistent training and supervision in CBT for *all* staff, even those who already have a background in it.



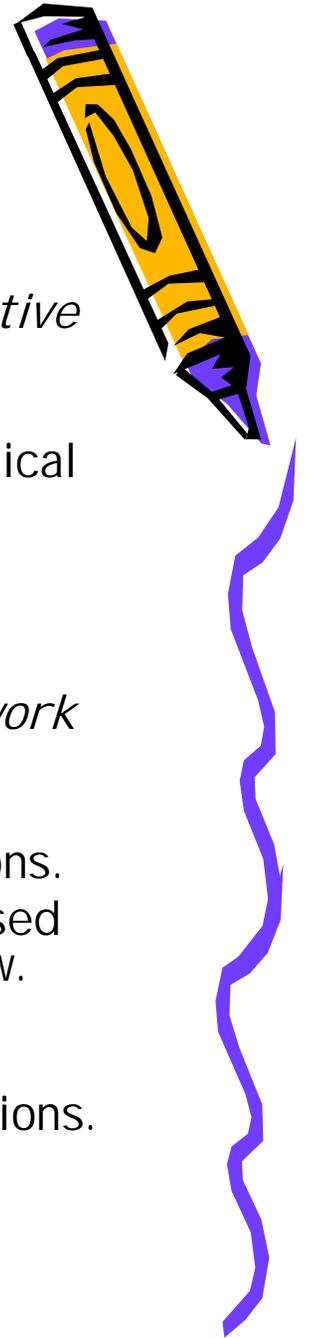
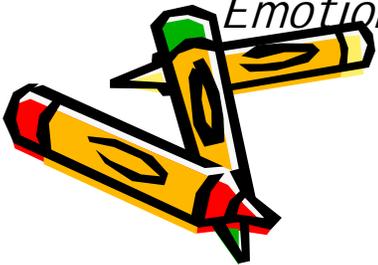
Web Resources

- APA Empirically Supported Treatments (www.apa.org/divisions/div12/rev_est/index.html)
- Center For Substance Abuse Prevention, Model Programs (<http://modelprograms.samhsa.gov/template.cfm>)
- Center for Evidence-Based Practice: Young Children with Challenging Behavior (<http://challengingbehavior.fmhi.usf.edu/resources/fixsen-et-al-may03.html#9>)
- Evidence-Based Practice in Child and Adolescent Mental Health Services
Kimberly Hoagwood, Ph.D.
(<http://psychservices.psychiatryonline.org/cgi/reprint/52/9/1179>)
- Georgetown University Center for Child and Human Development, Data Matters Newsletter
(http://gucchd.georgetown.edu/files/products_publications/datamatters6.pdf)
- Center for School Mental Health Assistance, Empirically-Supported Interventions in School Mental Health (<http://csmha.umaryland.edu>)



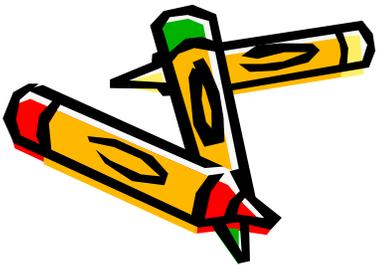
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