

# Ten Years of Working “SMARTer” to Support Student, Family, and School Mental Health



<http://smartcenter.uw.edu>

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University of Washington School of Medicine

UW School Mental Health, Assessment, and Training (SMART) Center



# LAND ACKNOWLEDGEMENT

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The UW SMART Center acknowledges 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.

We are grateful to aim to respectfully live and work on these lands with the Coast Salish and Native people who call this home.



# Overview

1. Schools are an **essential context** for youth mental health service access and delivery
2. For the past 10 years, the SMART Center has been dedicated to ensuring **high-quality student social, emotional, and behavioral supports**
3. SMART's research portfolio engages **multiple system levels** to support implementation
4. **The future is bright!**

# 80% of youth lack access to care

- Few trained clinicians
- Scarce appointments
- Long waitlists
- Inadequate insurance coverage
- Lack of transportation
- Limited information among families
- Insufficient time for appointments
- Social stigma & medical racism
- Distrust of clinical settings
- Low availability of effective treatments

# Schools play a major role in promoting the emotional wellness of our children & youth



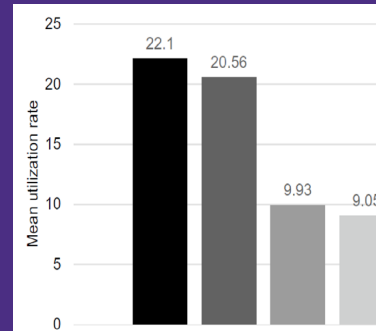
Only 20% of youth who require mental health services receive them



Positive school climate protects youth from external risk factors



Social-emotional learning programs improve achievement by 13% on average



Youth are more likely to receive MH supports in schools than any other setting

SMH improves access to care for underserved youth

## School-based services can be improved

- The majority of attempts to implement and sustain evidence-based supports are unsuccessful (Gottfredson & Gottfredson, 2002; Horner et al., 2018)
- 89% of nationally certified school psychologists “rarely” or “never” use behavioral EBPs (Hicks et al., 2014)
- There is a persistent “**last mile**” problem in which education research fails to reach the individuals for whom it was intended (Schneider, 2020)



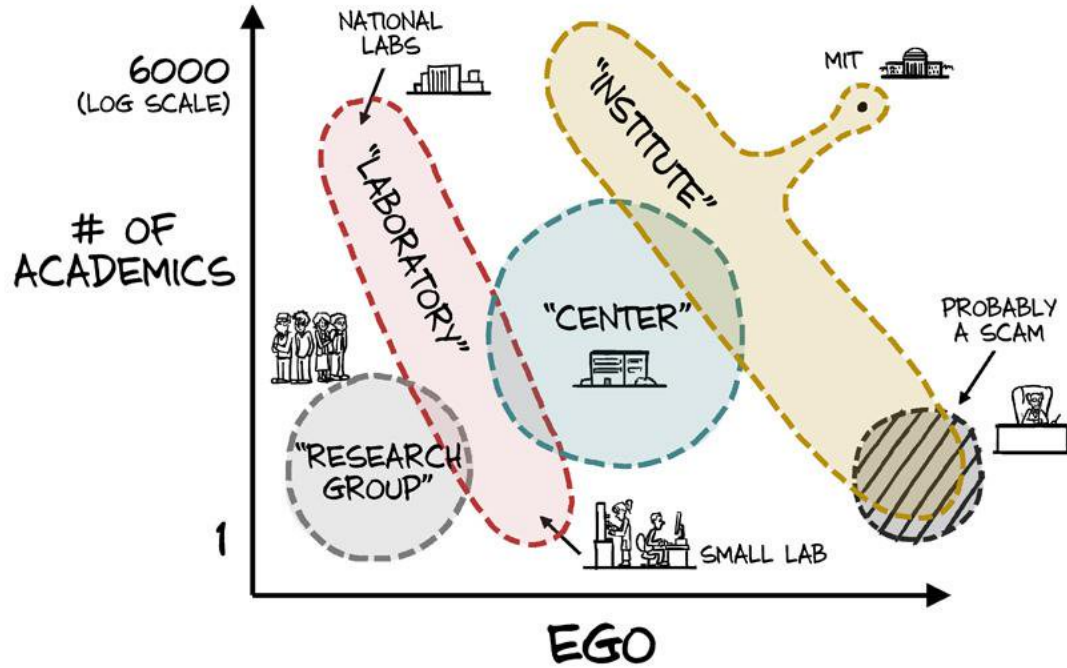


## **SMART'S MISSION:**

To promote high-quality, culturally-responsive programs, practices, and policies to meet the full range of social, emotional, and behavioral (SEB) needs of students in both *general and special education contexts*.



# WHAT TO CALL YOURSELF IN ACADEMIA:



JORGE CHAM © 2015





UNIVERSITY of  
WASHINGTON

**UW Medicine**  
DEPARTMENT OF PSYCHIATRY  
AND BEHAVIORAL SCIENCES

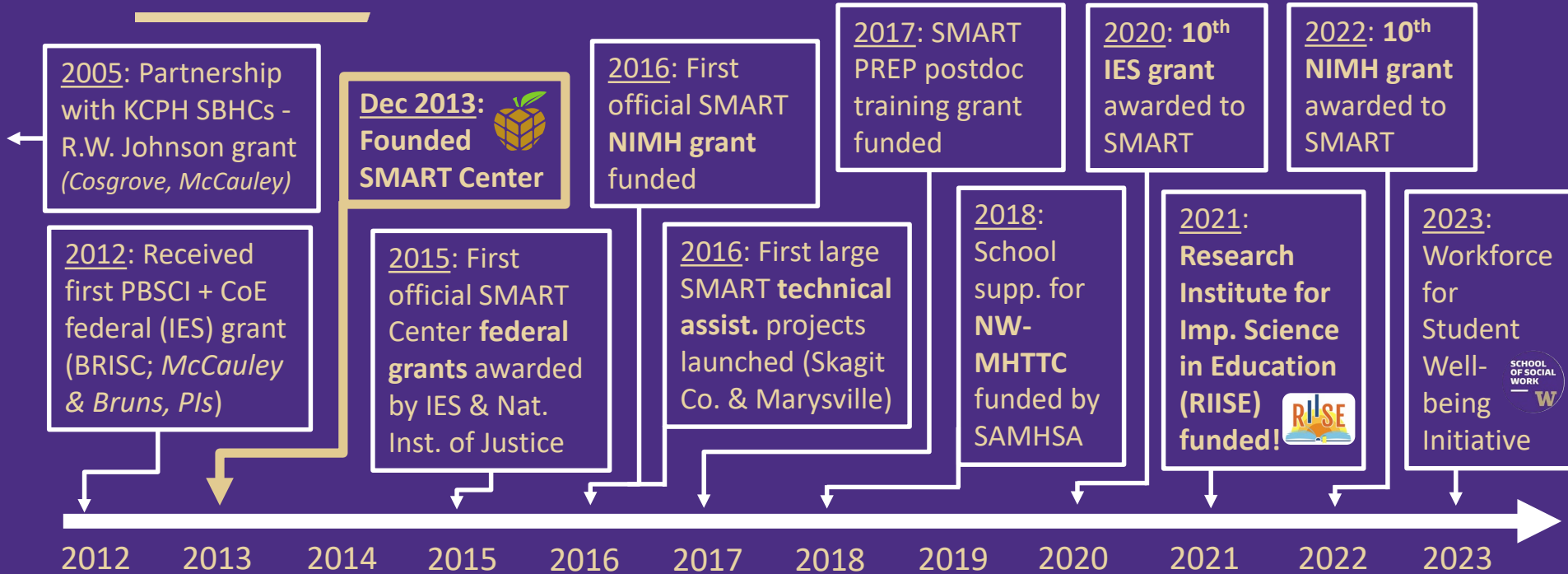


**SCHOOL OF SOCIAL WORK**  
UNIVERSITY of WASHINGTON



**COLLEGE OF EDUCATION**  
UNIVERSITY of WASHINGTON

# An Incomplete History of SMART Milestones



## SMART's current activities, "by the numbers"

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Active projects in...

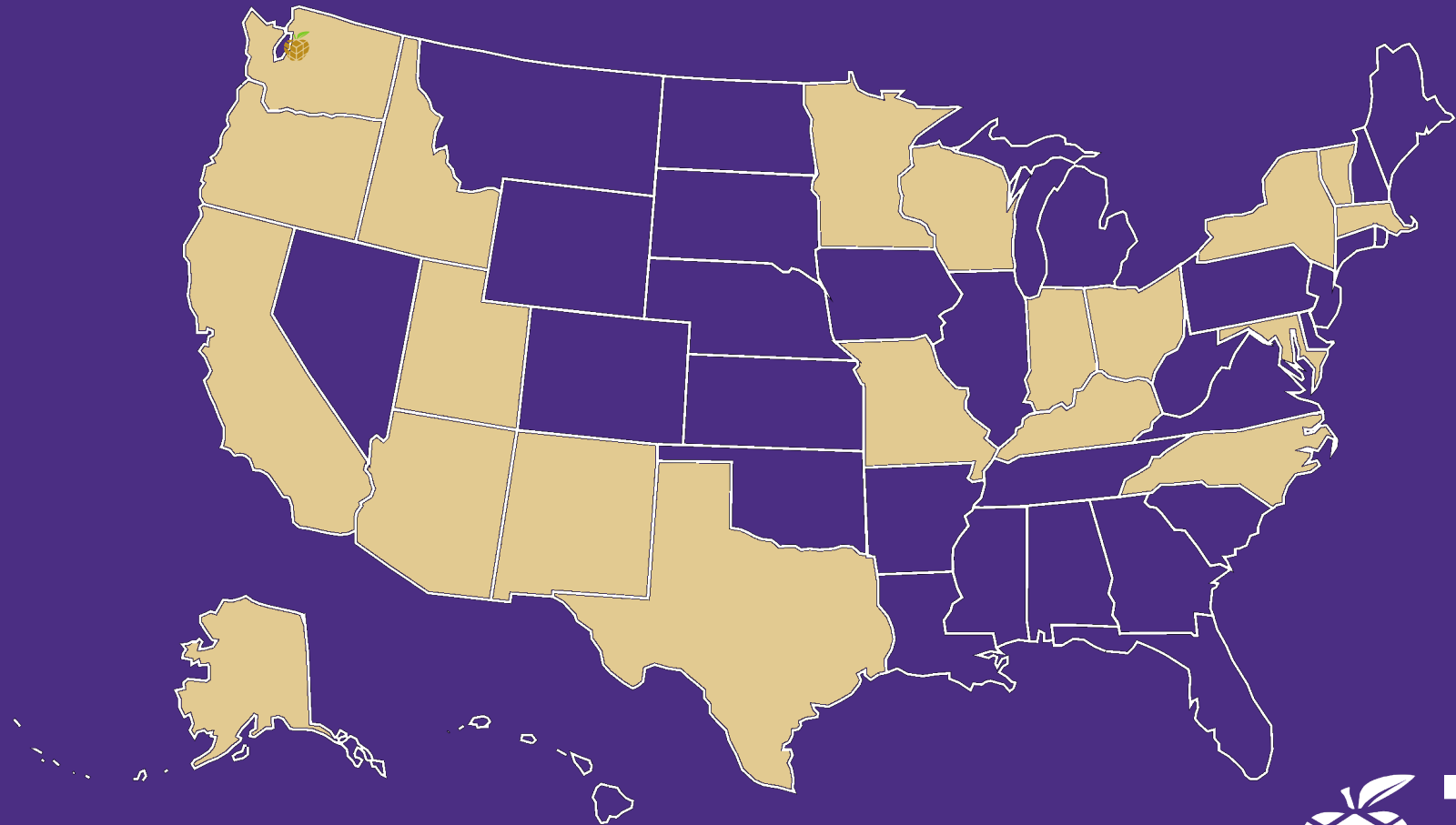
**720** school districts

**~3,600** school buildings



**\$48**  
**Million** in  
active  
grants and  
contracts





**W**

# Implementation is a multi-level endeavor

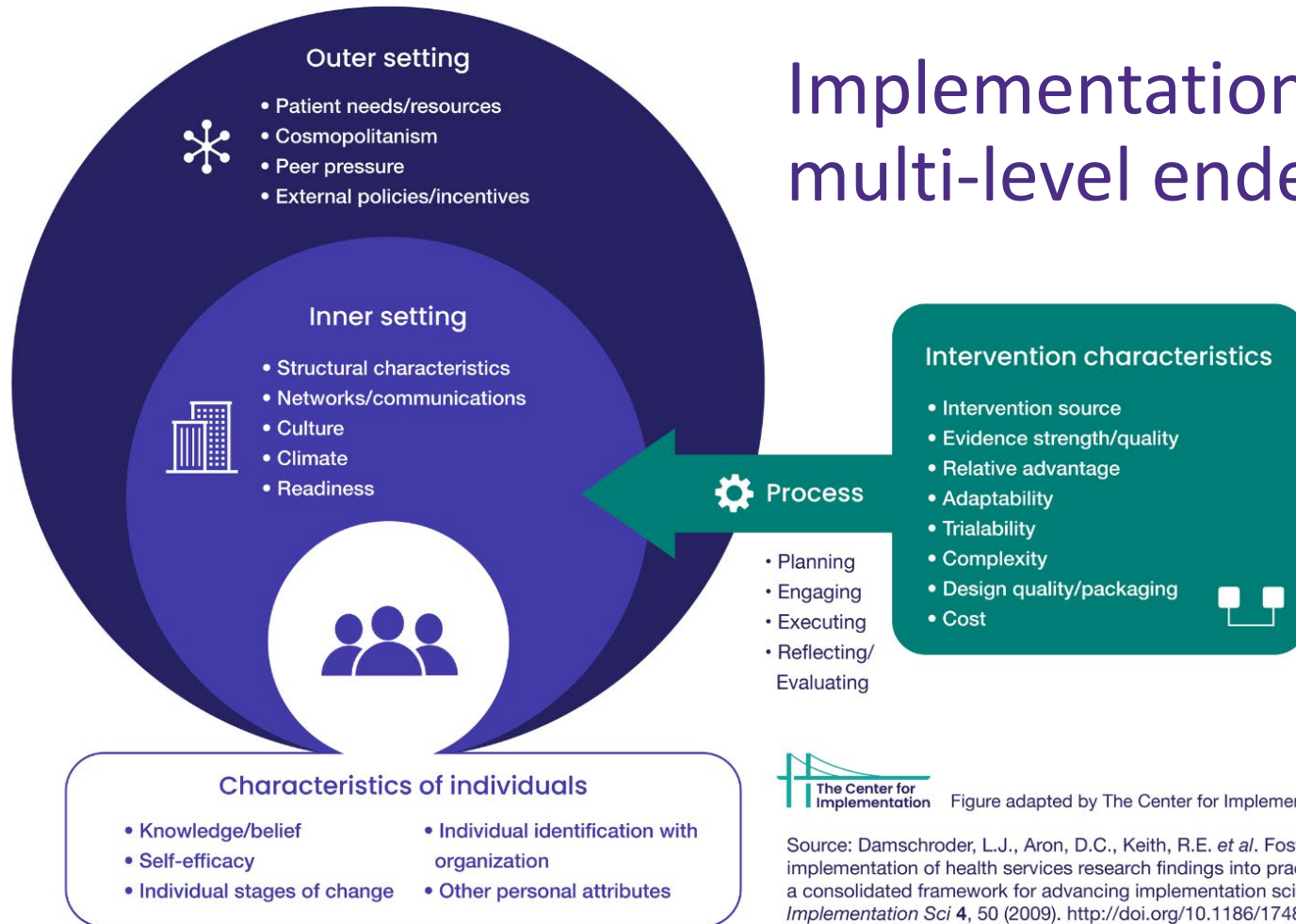
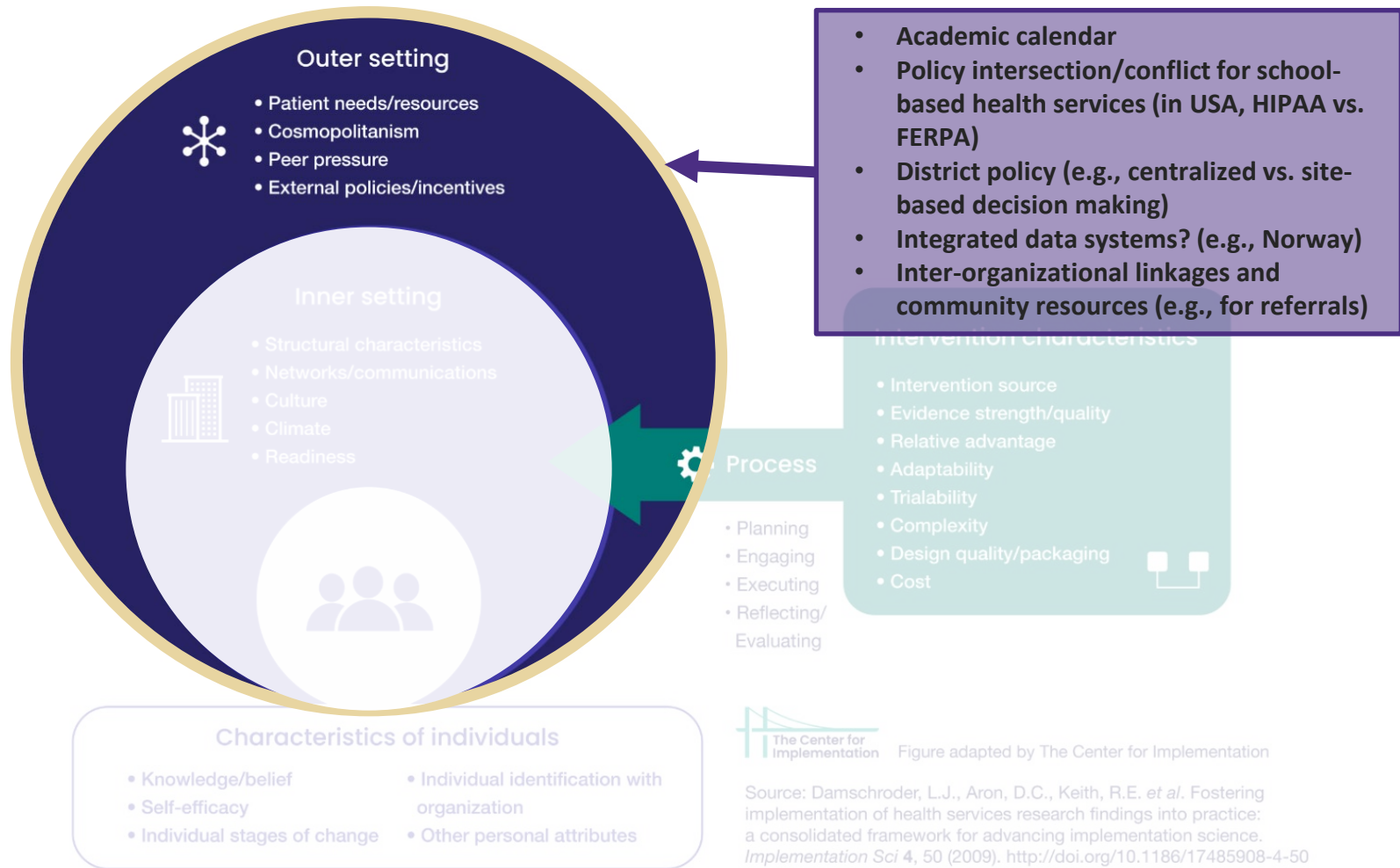


Figure adapted by The Center for Implementation

Source: Damschroder, L.J., Aron, D.C., Keith, R.E. *et al.* Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Sci* 4, 50 (2009). <http://doi.org/10.1186/17485908-4-50>



### Outer setting



- Patient needs/resources
- Cosmopolitanism
- Peer pressure
- External policies/incentives

### Inner setting



- Structural characteristics
- Networks/communications
- Culture
- Climate
- Readiness



### Characteristics of individuals

- Knowledge/belief
- Self-efficacy
- Individual stages of change
- Individual identification with organization
- Other personal attributes

- Academic calendar
- Policy intersection/conflict for school-based health services (in USA, HIPAA vs. FERPA)
- District policy (e.g., centralized vs. site-based decision making)
- Integrated data systems? (e.g., Norway)
- Inter-organizational linkages and community resources (e.g., for referrals)

### Process

- Planning
- Engaging
- Executing
- Reflecting/Evaluating

### Intervention characteristics

- Intervention source
- Evidence strength/quality
- Relative advantage
- Adaptability
- Trialability
- Complexity
- Design quality/packaging
- Cost



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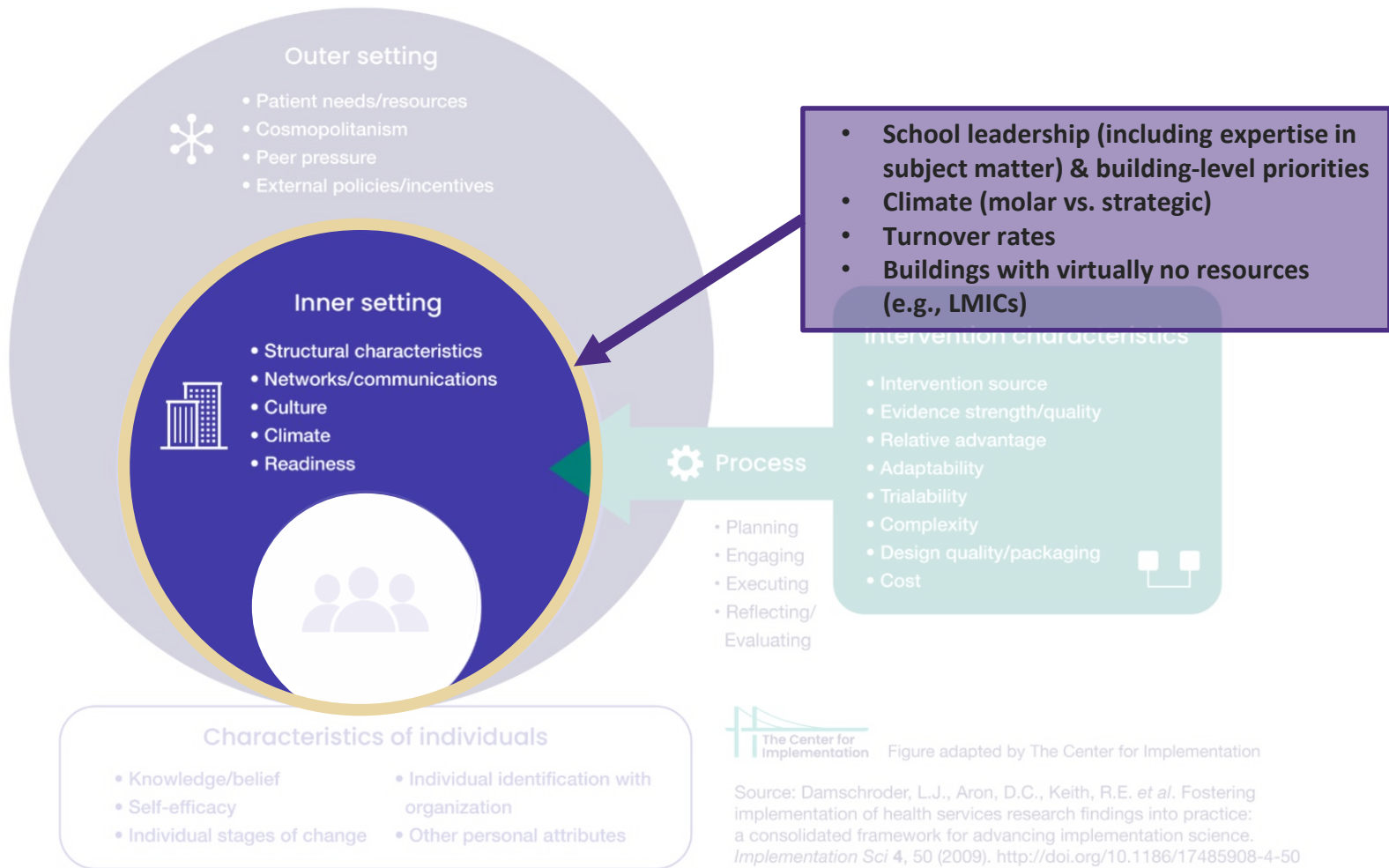


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- **Designed for schools vs. adapted to schools**
- **Interventions often need to be multilevel**
- **Intervention usability / design quality**
- **Plenty of non-evidence-based programs and practices that may need *de-adoption***

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The Center for  
Implementation

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# SMART Research Portfolio: Interventions

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***BE BOUNDLESS***



# Brief Intervention for School Clinicians and Counselors (Bruns & McCauley, 2022)

**Session 1:** Engagement, Informal Assessment and Problem Identification

**Session 2:** Problem Solving

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

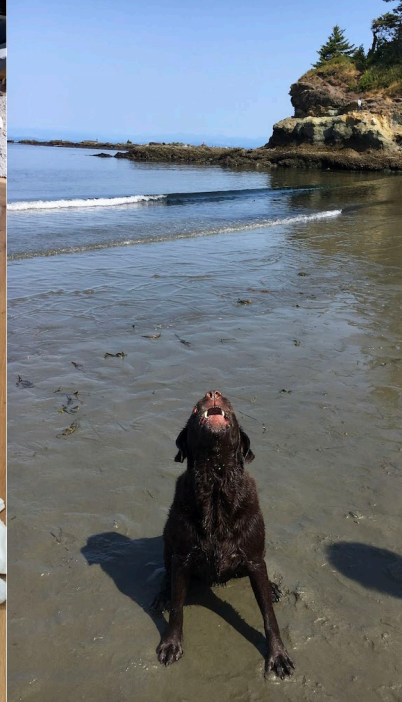
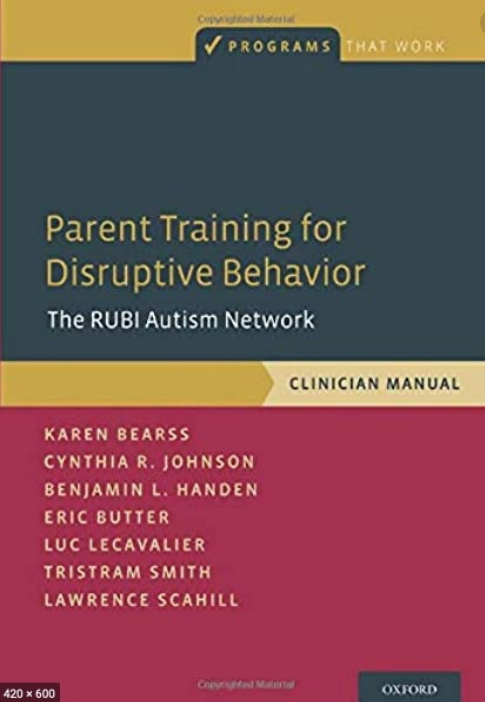
- Stress and Mood Management
- Realistic Thinking
- Communication Skills

**Session 4:** Review Student's Needs & Progress to Triage to Next Steps

**R305A120128, R305A160111**

**(PIs: Bruns & McCauley)**





# RUBI in Educational Settings (RUBIES)

R34MH123598  
(PIs: Locke & Bearss)



# RUBI VS RUBIES

<u>RUBI for PARENTS</u>	<u>Modification</u>	<u>RUBIES for PARAEDUCATORS</u>
	<b>NEW</b>	Autism 101
Behavioral Principles		Behavioral Principles
Prevention Strategies		Prevention Strategies
Daily Schedules		Daily Schedules
Reinforcement 1 & 2	<b>COMBINED</b>	Reinforcement
Planned Ignoring	<b>COMBINED</b>	Planned Ignoring + Functional Communication Training
Functional Communication Training		
Compliance Training	<b>REMOVED PHYSICAL PROMPTING</b>	Compliance Training
Teaching Skills 1 & 2	<b>REMOVED</b>	
Generalization and Maintenance		Generalization and Maintenance
7 Topical Supplemental Sessions	<b>REMOVED</b>	

# Multi Tiered System of School Mental Health Supports (MTSS)

Screening

Progress monitoring

## Targeted/ Intensive

FEW Students

Individual Interventions

### Tier 3 Menu of Individual Supports for a FEW:

- Behavior Intervention Plans
- Cognitive Behavior Therapy
- “Tier 3 Wraparound” teaming

## Selected SOME Students

Small Group &  
Individual Strategies

### Tier 2 Menu of Selected Supports for SOME:

- Behavioral contracting
- Brief Assessment, Treatment, & Triage
- Mentor-based programs
- Group social-emotional skills training

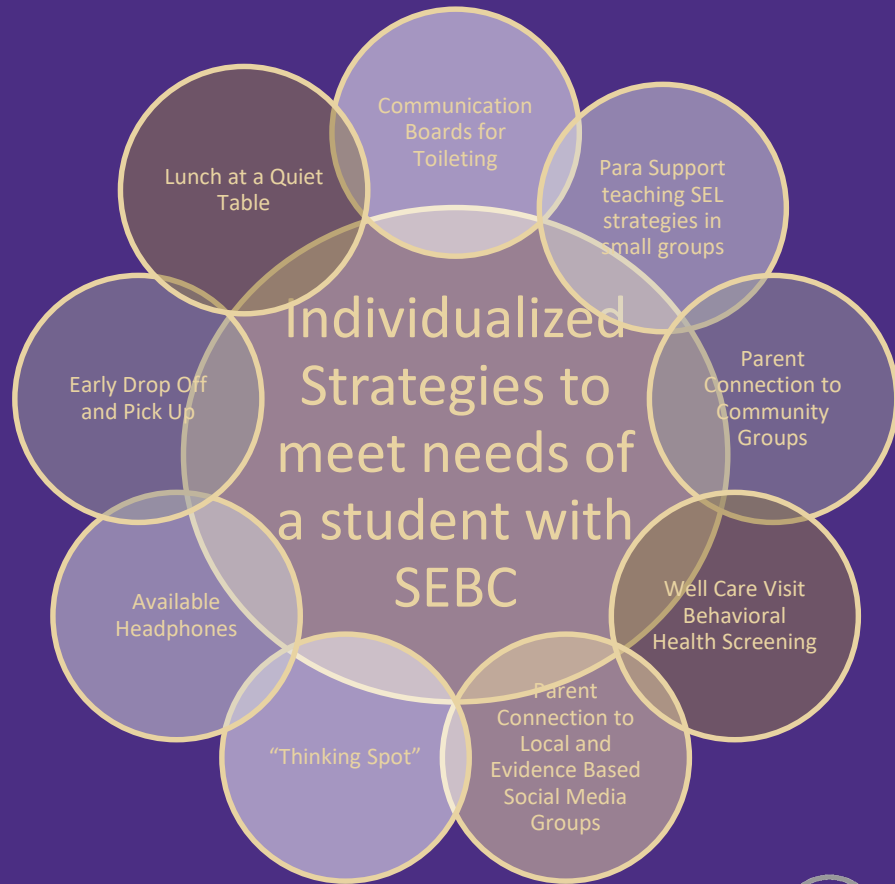
## Universal

ALL Students

School/class-wide,  
Culturally Relevant  
Systems of Support

### Tier 1 Menu of Supports for ALL:

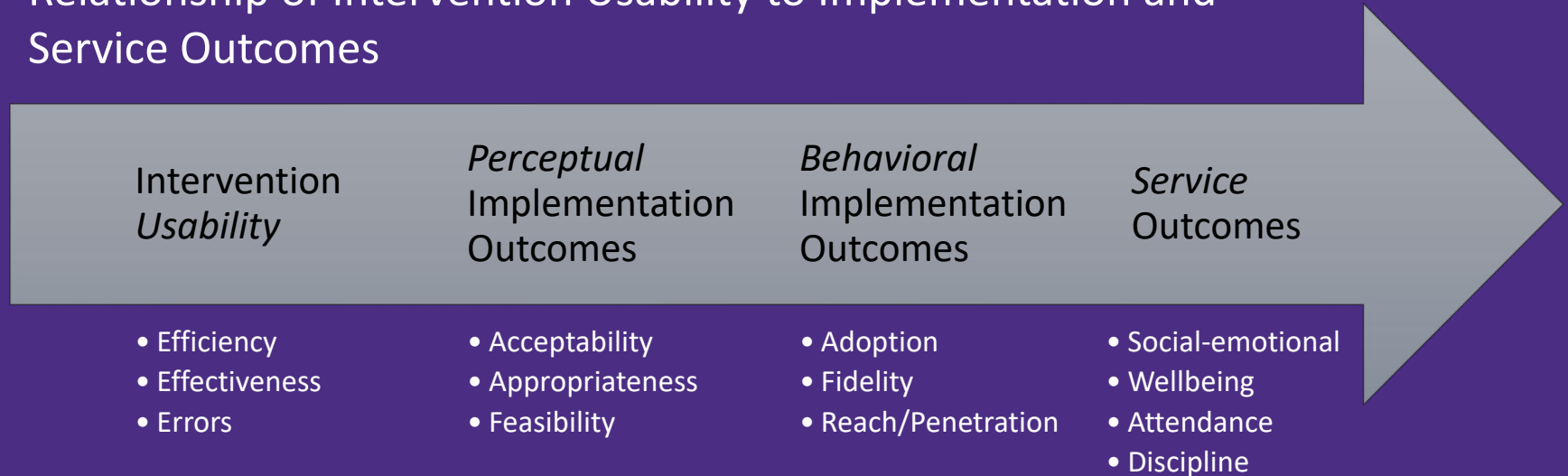
- School-wide PBIS
- Positive relationships with all students
- Social-emotional learning (SEL)
- Evidence based prevention  
E.g., Good behavior Game
- Effective Classroom Practices



# USABILITY

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## Relationship of Intervention Usability to Implementation and Service Outcomes

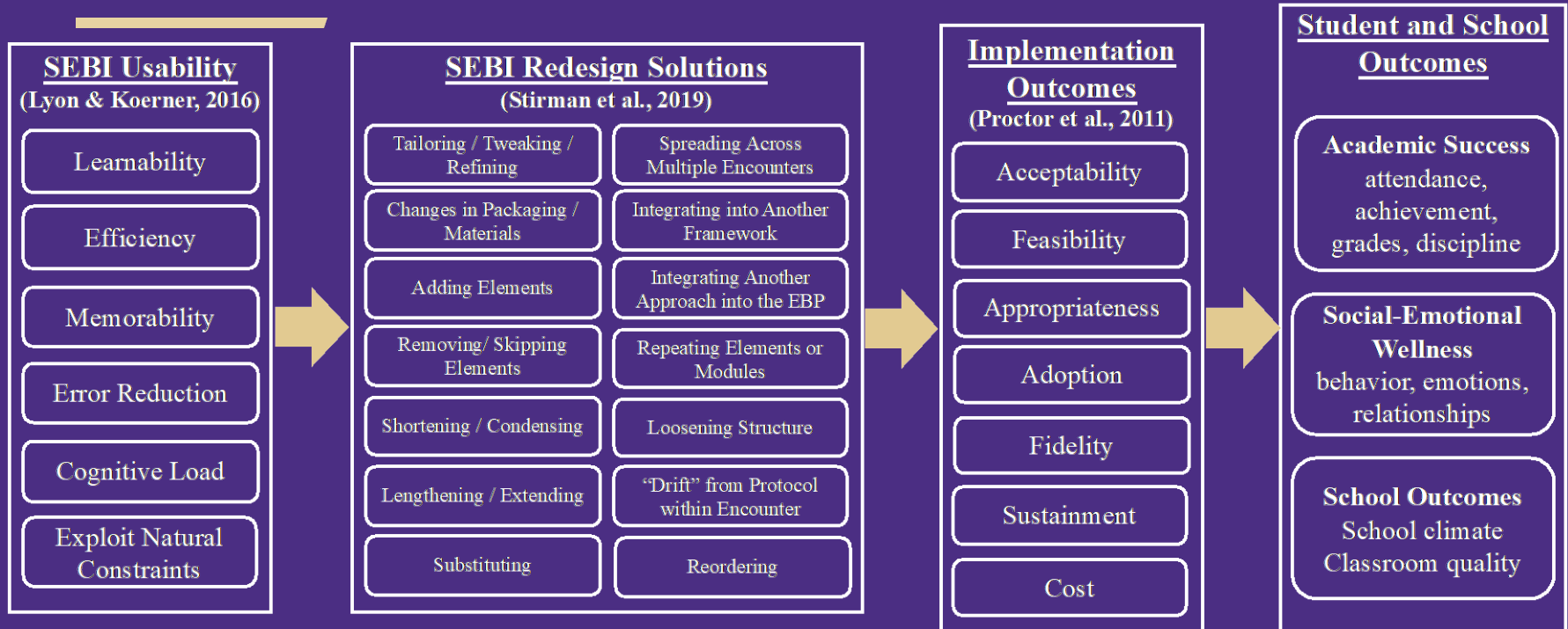


R305A230391  
(PIs: Lyon & Bruns)





# USABILITY



R305A230391  
(Pls: Lyon & Bruns)

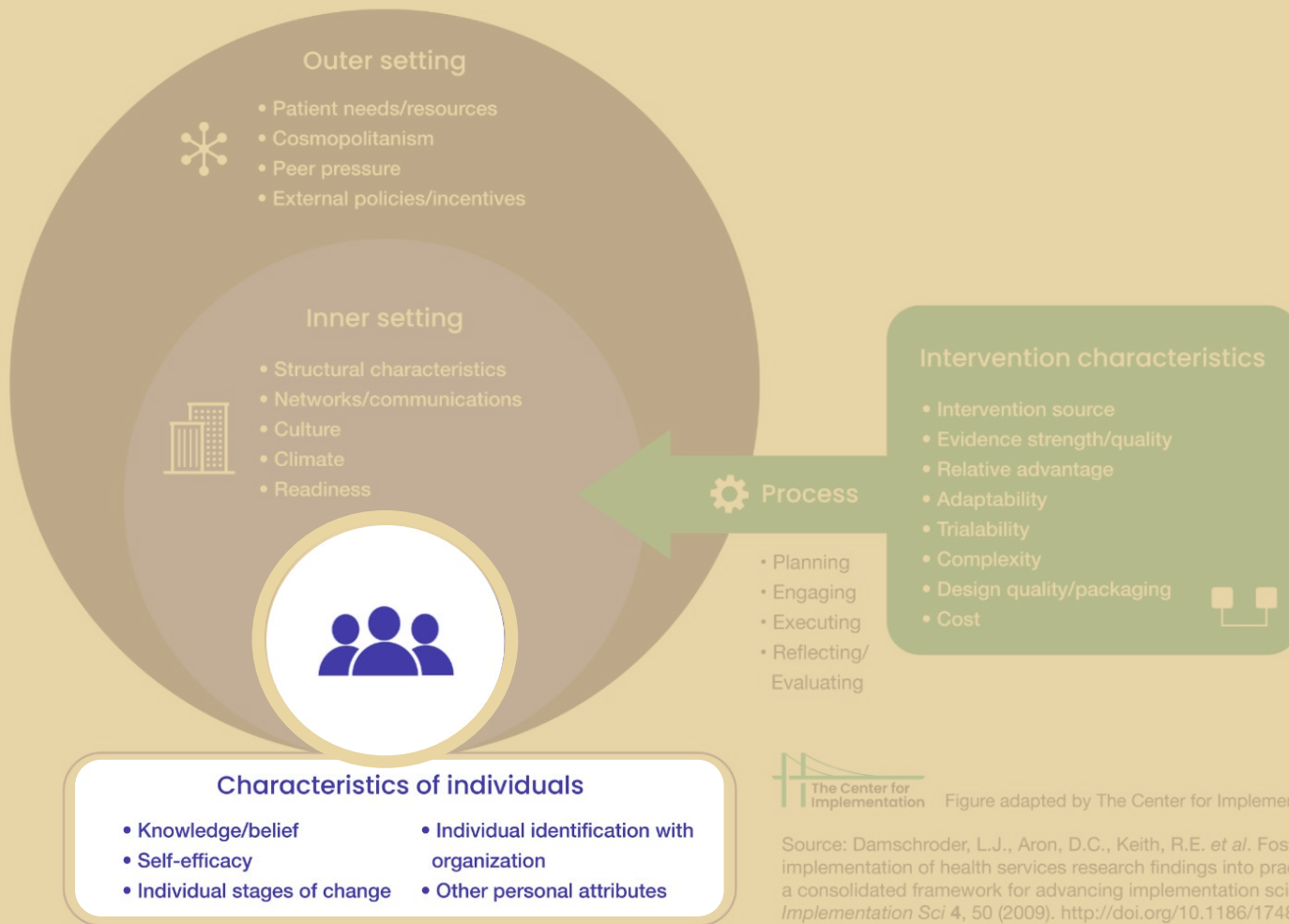


# Individuals



***BE BOUNDLESS***





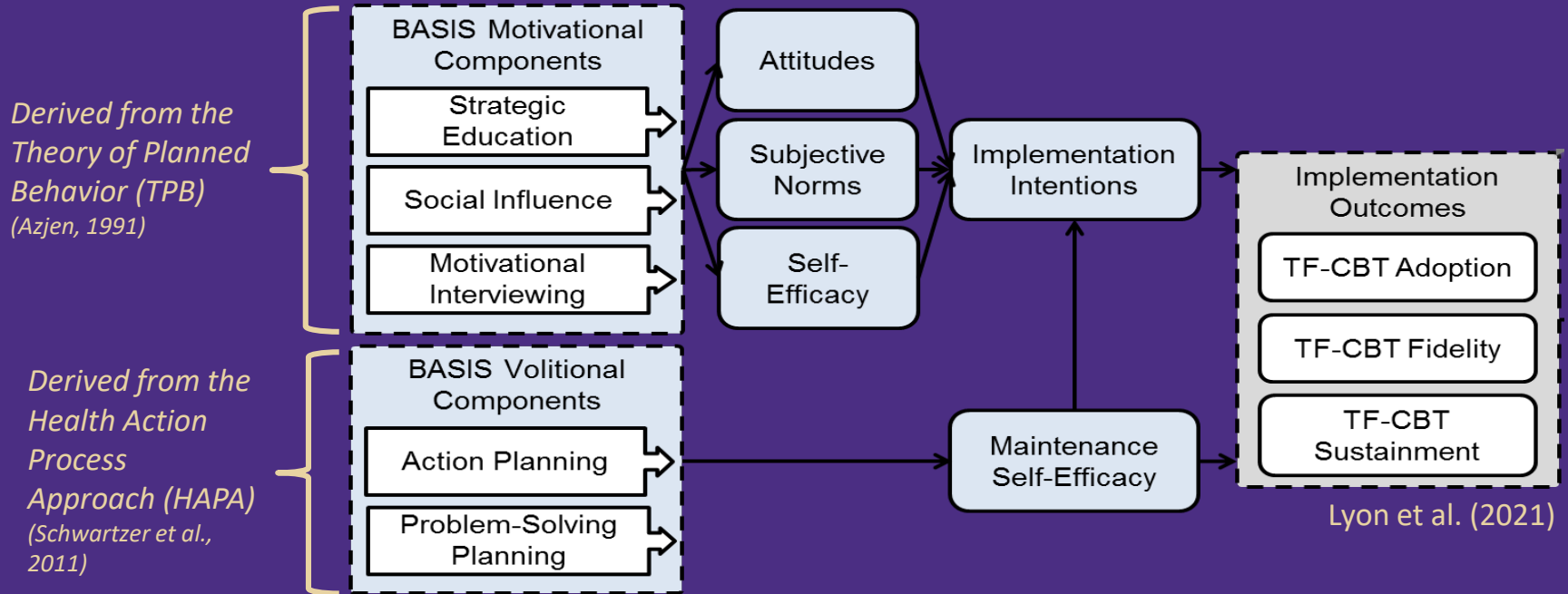
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Figure adapted by The Center for Implementation

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# Beliefs & Attitudes for Successful Implementation in Schools (BASIS): A theory-driven pre-implementation strategy



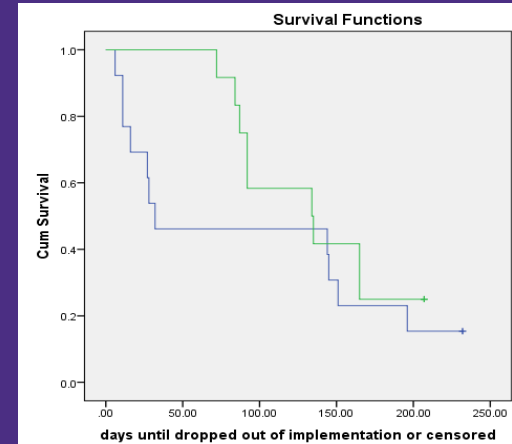
R01MH119148, R305A220481, P50MH126219, R305A170292,  
R21MH108714 (PIs: Lyon, Cook, Hugh, & Pullmann)



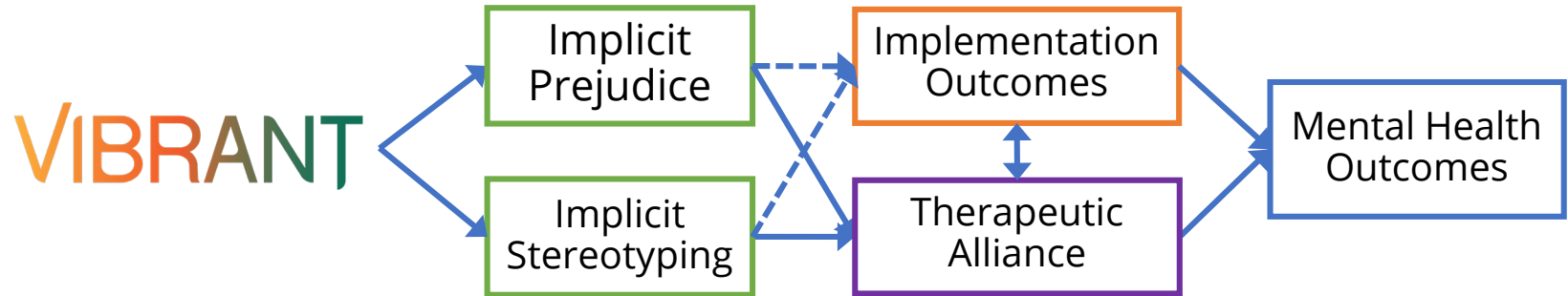


# BASIS and BASIS-T findings so far...

- > In pre-post trial, attitudes were associated with two measures of fidelity ( $d = .51$  and  $d = .67$ ) (Cook et al., 2015)
- > 74% of teachers exposed to BASIS demonstrated early adoption, compared to only 40% of control teachers (Merle et al., 2022)
  - Across both conditions, teachers who demonstrated higher self-efficacy were those who were more likely to be early adopters.
- > Differences in time to post-training clinician dropout from consultation (Lyon et al., 2019)
  - Control: 30 days
  - BASIS: 120 days
- > **Two large-scale RCTs of BASIS are ongoing!**



# Virtual Implicit Bias Reduction and Neutralization Training (VIBRANT) for School Mental Health Clinicians



# Integrating Behavior Support and Team Technology (ibestt) Coaching and Collaboration Tool

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- > <https://www.education.uw.edu/ibestt/>
- > Web and app-based tool for school behavior coaches to collaborate with teachers who have students with challenging behavior
- > Facilitates team development of behavioral assessments, behavioral improvement plans, and ongoing behavior tracking
- > Features embedded training guides and tools to improve coaching and teacher behavior management
- > IES Impact grant (R01 equivalent) began 2023 to test efficacy in stepped-wedge cluster RCT

**R324A230014**  
**(PIs: Davis, Pullmann, Spaulding)**



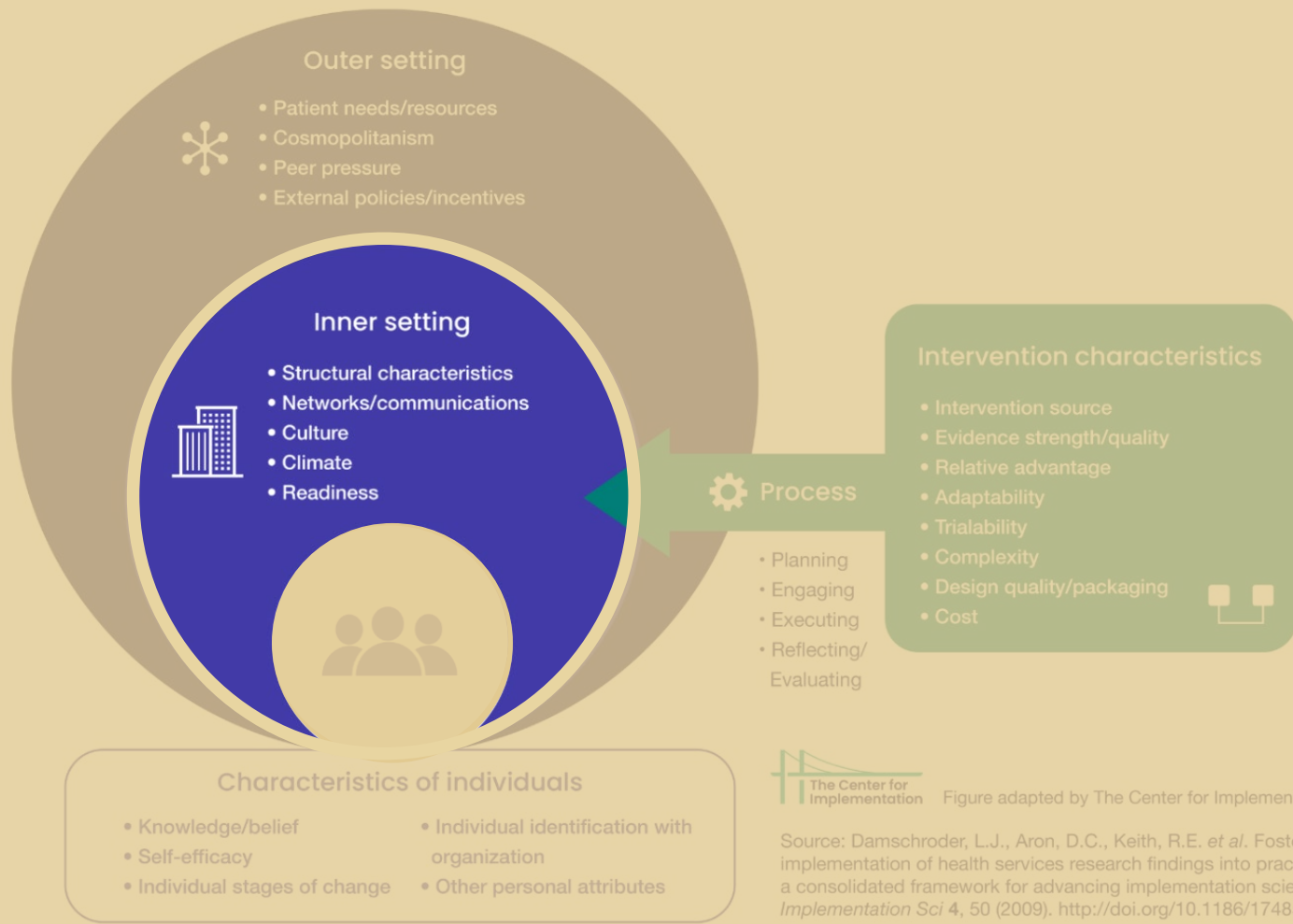
# Organizations



***BE BOUNDLESS***







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# HELM – Helping Educational Leaders Mobilize Evidence (HELM)

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## > HELM Development Phases



R305A200023  
(PIs: Lyon & Locke)



# HELM – Helping Educational Leaders Mobilize Evidence (HELM)


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 Assessment

 Didactic Training

 Leadership Development Planning

 Individual and Group Coaching

 Organizational Strategy Development

 Professional Learning Collaboratives

 Graduation

R305A200023  
(PIs: Lyon & Locke)



# Autism Intervention Research Network in Behavioral Health (AIR-B)

Connie Kasari



David Mandell



Aubyn Stahmer



Elizabeth Hassrick



Brian Boyd



Suzannah Iadarola

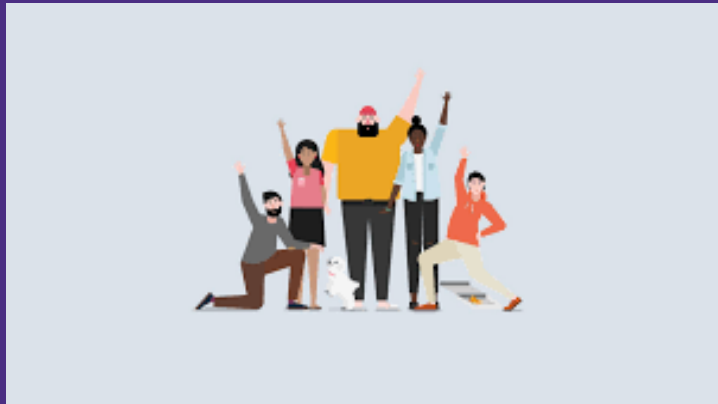
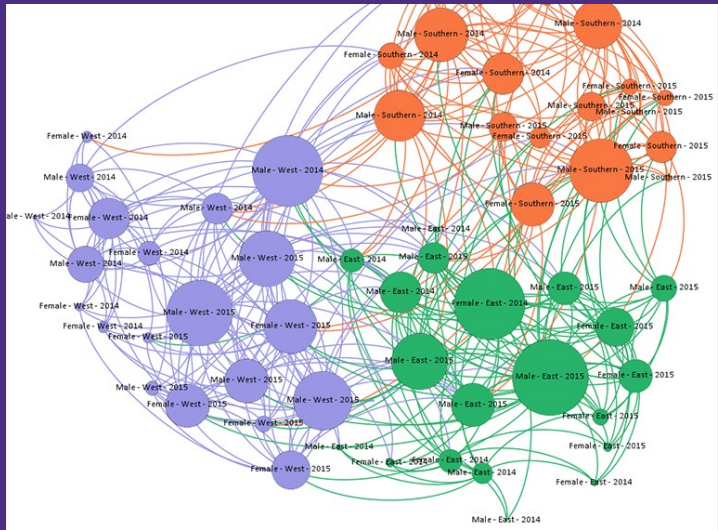


Jill Locke



HRSA UT3MC39436





# UNITED

## Using Novel Implementation Tools for Evidence-based Intervention Delivery

### Sometimes training isn't enough.

Too often we train professionals in a new program, and then don't give them the support they need to make it work. UNITED was designed to help organizations implement and sustain new programs in a cost-effective way.

UNITED uses strategies from organizational psychology to help organizations implement and sustain new programs. We want to test if these strategies work.

In UNITED, a facilitator helps create an implementation team that includes leaders and frontline staff. In just a few meetings, the team develops an implementation plan, assigns tasks, and establishes mechanisms for making sure that the program stays on track. The team checks in periodically to assess progress and make changes as needed. This small investment up front may ensure that programs are implemented successfully.

## What does UNITED involve?

### STEP 1

The agency/school leader & the implementation team leader meet with a facilitator to review UNITED activities, identify the implementation team and set a meeting schedule (45-60 minutes)

### STEP 2

The agency/school leader & implementation team leader identify the implementation team using the social network analysis survey.

### STEP 3

The implementation team meets with a facilitator to develop a comprehensive plan for implementation of the intervention (two 90-minute sessions)

**Session 1:** Explore the intervention fit, supports needed, and potential barriers to success

**Session 2:** Plan roles & responsibilities, communication strategy, how to measure success, and how to build-in flexibility

### STEP 4

Frontline staff receive ongoing coaching. The implementation team supports frontline staff, and meets regularly to evaluate success and problem solve as necessary.



## DOES YOUR ORGANIZATION SERVE THE NEEDS OF FAMILIES OF CHILDREN WITH AUTISM?

The Autism Intervention Research Network on Behavioral Health (AIR-B) works to improve services for all children with autism spectrum disorder (ASD) and their families.

Our team has received funding for the next 5 years to help our public schools implement a recess-based intervention called Remaking Recess!

## DOES YOUR SCHOOL INCLUDE STUDENTS WITH AUTISM?

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# IMPROVING SERVICES FOR ADOLESCENTS AND ADULTS WITH AUTISM



The Autism Intervention Research Network on Behavioral Health (AIR-B) is seeking community partners to implement the Self-Determined Learning Model of Instruction (SDLMI).

## WHAT IS SELF-DETERMINATION?

Self-determination is about acting or causing things to happen to you.

## SELF-DETERMINATION IS LINKED TO:



Greater academic achievement



Increased outcomes after high school



Enhanced community participation

## WHAT IS MIND THE GAP?

Mind the Gap (MTG) is a flexible, caregiver-led intervention for families of young children with autism. We are using a modular approach so we can tailor the intervention based on the needs of different schools and different families.

## Peer navigators are the backbone of MTG!

Peer navigators are other parents of children with disabilities and are the ones who directly work with families. This allows them to share their expertise and also establish trust.



## WHAT IS REMAKING RECESS?

Remaking Recess is a flexible, school-based social engagement intervention for students with autism and their peers. We work with school personnel to deliver Remaking Recess during recess. We tailor the program based on the needs of schools, students, and staff.

## Remaking Recess is all about inclusion!

The intervention involves all members of classroom communities - from teachers to peers - to help make sure everyone is socially included. We engage administration as well to facilitate an inclusive school culture.



## Mind the Gap covers topics



SOCIAL SUPPORT



SERVICE NAVIGATION



COMMUNICATION



ADDRESSING BEHAVIOR

## Minority Engagement and Disparity Reduction (MENDR)

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- > IES partnership grant with Seattle Public Schools
- > Students of color are 5 times more likely to receive punitive school discipline than White students
- > Developed the Disproportionality in Discipline Assessment for Schools (DDAS)
  - Tool to help schools assess of 8 malleable factors associated with discipline disparities, and select evidence-based interventions tailored to their needs
- > Tested Engage-Maintain-Restore as a relationship-building strategy in one Seattle Public School

R305H150035 (PI: Pullmann)



# Research Training

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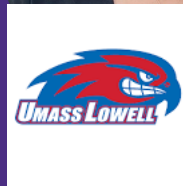
***BE BOUNDLESS***





# SMART PREP

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R305B170021 (PI: Bruns)



# Research Institute for Implementation Science in Education (RIISE)



*“There is truly nothing like RIISE for education researchers who are also implementation scientists. This training program fills such a critical gap for the future of US school systems and students.”*

- Recent RIISE Fellow

**R305B210004**  
**(PI: Lyon)**



# RIISE Fellows





What does  
the future  
hold for  
SMART?



# Future Directions

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- > Research + Technical Assistance integration
  - Tested implementation strategies → Implementation practice
- > Continued workforce development (research and practice; RIISE, WSW)
- > Expansion of SMART's implementation research portfolio
- > Close partnership with UW ALACRITY
- > WA State advocacy and partnerships
  - Tune into March Grand Rounds at SCH!



# Conclusion

1. Schools are an **essential context** for youth mental health service access and delivery
2. For the past 10 years, the SMART Center has been dedicated to ensuring **high-quality student social, emotional, and behavioral supports**
3. SMART's research portfolio engages **multiple system levels** to support implementation
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**SMART**

School Mental Health Assessment  
Research & Training Center