

BRIEF INTERVENTION FOR SCHOOL CLINICIANS (BRISC) OVERVIEW FOR SCHOOL AND DISTRICT LEADERS

WHY DID WE DEVELOP BRISC?

School mental health (SMH) services can increase access to care for youth who might not otherwise receive help and reduce barriers to learning that result from social, emotional, and behavioral problems. Despite their potential for improving student outcomes; however, SMH services, as currently delivered, have several shortcomings that reduce their potential for positive effects:

- SMH practitioners often focus on long-term individual treatment with students rather than preventive activities or early intervention, reducing “reach” of SMH in an era when many students are identified as needing help.
- SMH services often do not include elements that are based on evidence for effectiveness.
- SMH services often do not interconnect with multi-tiered response to intervention (RTI) models such as Multi-Tiered Systems of Supports (MTSS), which aim to ensure referral of students to an array of school and community helpers based on assessment of their academic and MH needs.

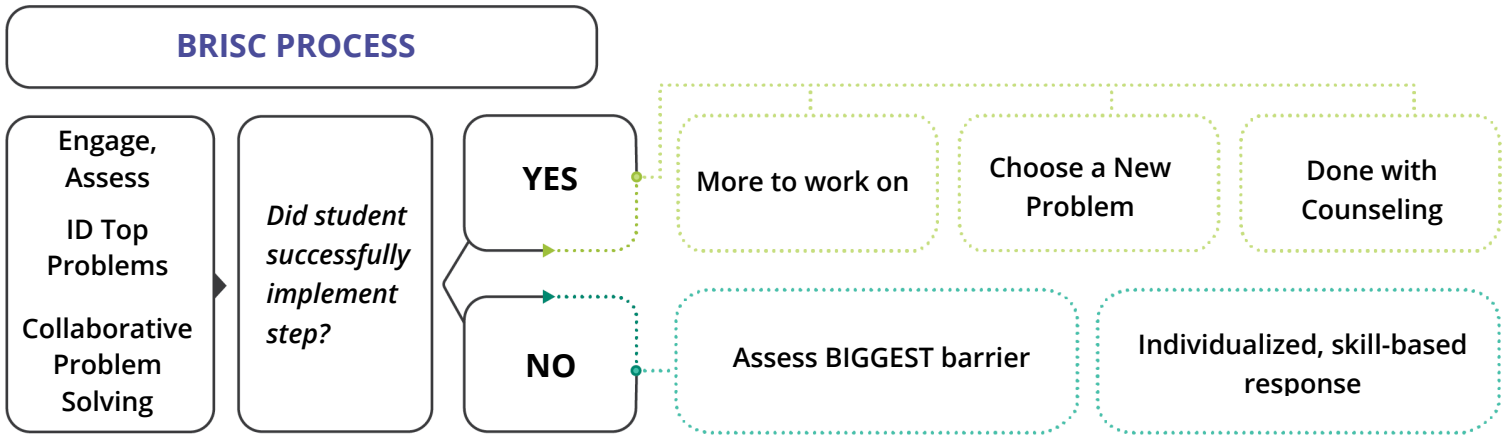
BRISC was developed to address these concerns by increasing the effectiveness and reach of SMH services.

HOW DOES BRISC WORK?

- The *Brief Intervention for School Clinicians (BRISC)* is a research-based engagement, assessment, brief intervention, and triage strategy for SMH practitioners working in high schools.
- BRISC aims to serve as a flexible and efficient method for school-based helpers to work with students with a wide array of presenting needs.
- BRISC provides a framework for the SMH practitioner to partner with a student to understand their needs, provide initial support using engagement and problem-solving strategies, measure success, and determine appropriate next treatment steps within four sessions.
- The goal of BRISC is to promote efficiency and structure in individual SMH service delivery, while also using treatment elements that are research-based.

WHAT HAVE WE LEARNED ABOUT BRISC'S EFFECTIVENESS?

- Practitioners working in schools using BRISC give positive ratings of BRISC feasibility, learnability, and acceptability.
- School-based practitioners also were able to do BRISC with fidelity to the model.
- BRISC practitioners were better able to retain students in treatment at 2 months and more likely to discharge students from school services by 6 months than school-based services as usual (SAU), providing support for the efficiency of BRISC.
- Students served by BRISC showed greater problem resolution than SAU and were more likely to move out of the clinical range for anxiety and depression.



BRISC PROTOCOL



Session 1



Session 2



Session 3



Session 4

SESSION CONTENT

Administration and feedback of standardized assessment (SA)
 Introduction to BRISC
 Brief functional assessment (targeting school, family, peers)
 Problem identification
 Complete "stress" rating
 Introduction to informal monitoring

Review monitoring
 Psychoeducation stress/mood
 Identification of top problem
 Introduction to problem solving
 Select solution and set up behavioral experiment for practice exercise

Review practice exercise
 Select and implement module
 "Dealing with hard situations I can't change" (cognitive restructuring)
 "I just don't feel like it" (motivation enhancement)
 "Getting along with other people" (communication skills)
 "Handling hard feelings" (stress and mood management)
 Assign practice exercise based on selected module

Review practice exercise
 Administration and feedback of SA
 Review progress
 Identify what is still needed
 Discuss next steps

QUALITATIVE FEEDBACK FROM BRISC CLINICIANS

"BRISC helped us reach a lot of students with a brief intervention relevant to our students."

— "I'm glad I was trained in BRISC and that I was able to use it as **a tool in my toolbox with students.**"

"A **concrete and user-friendly approach** that students can utilize to solve their own problems."

— "BRISC was a **very useful way to engage students** that maybe didn't need ongoing therapy. It helped us to reach out to our referrals more effectively. The skills used were applicable for our clients, and it was a fun intervention to implement."

"I grew as a clinician using BRISC (within the modality and outside of the modality too)."