



**TRAILS**

Transforming Research into Action  
to Improve the Lives of Students

# Development of the TRAILS Coach Network: Community Partnership to Support Evidence-based Mental Health Practice in Schools

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# Agenda

- School mental health overview
- TRAILS Program overview
- Development of coaching network
- Future directions

# Acknowledgements

The Ethel and James Flinn Foundation

Michigan Health Endowment Fund

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Children's Hospital of Michigan Foundation

Community Foundation for Southeast Michigan

Detroit Medical Center Foundation

The Jewish Fund

Michigan Department of Health and Human Services

Michigan Department of Education

The University of Michigan Department of Psychiatry  
and Comprehensive Depression Center

The Prosper Road Foundation

The Mackey Family

The Ouida Family

The American Psychological Foundation

Community Foundation  
FOR SOUTHEAST MICHIGAN





# Prevalence of Mental Illness in Adolescents

Exposure to trauma: 57%

Any mental illness: 49.5%

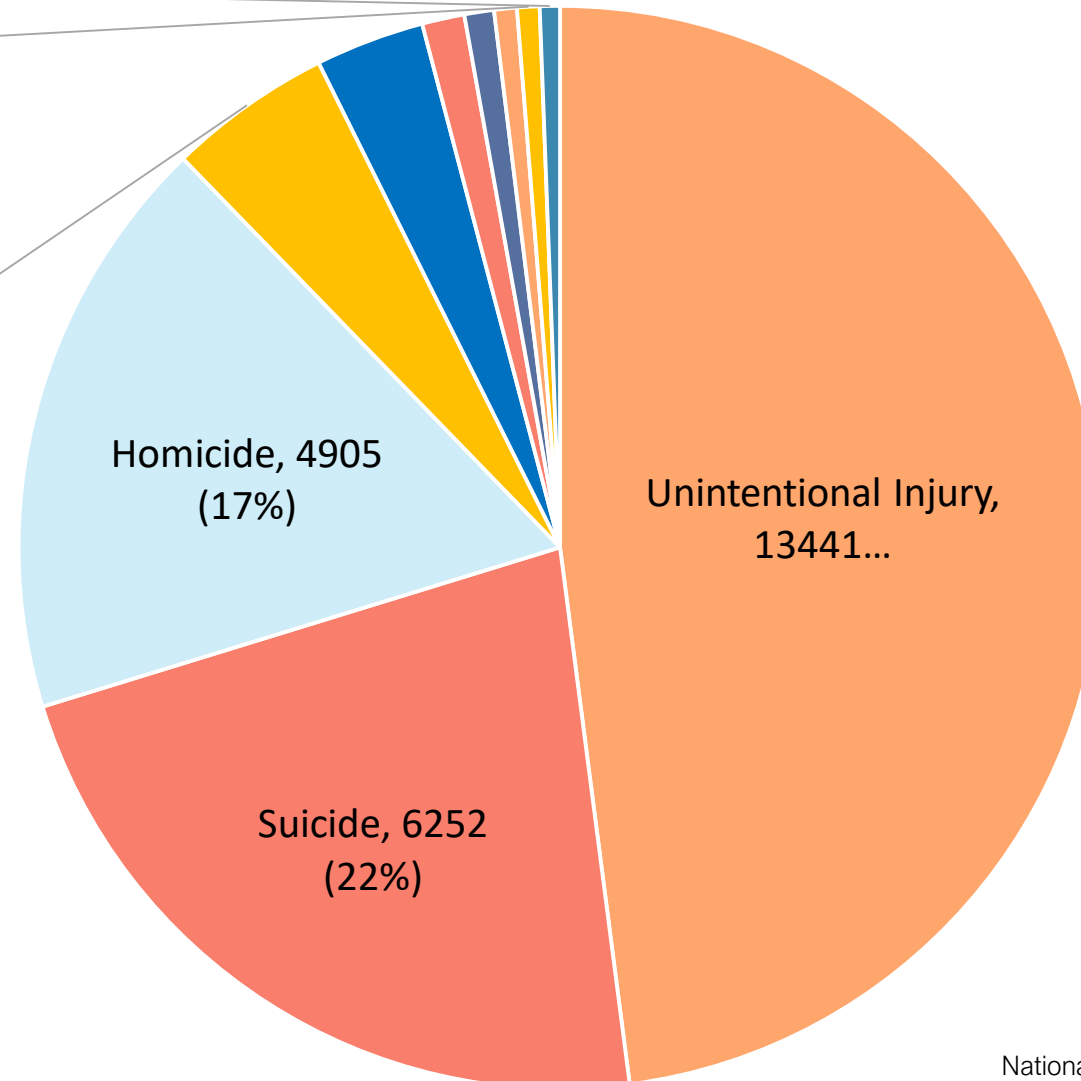
- Anxiety Disorders: 31.9%
- Depressive Disorders: 14.3%
- Substance Use Disorders: 11.4%

Comorbid disorders: 20%

Severe Impairment: 22.2%

# Leading causes of death, ages 15-24

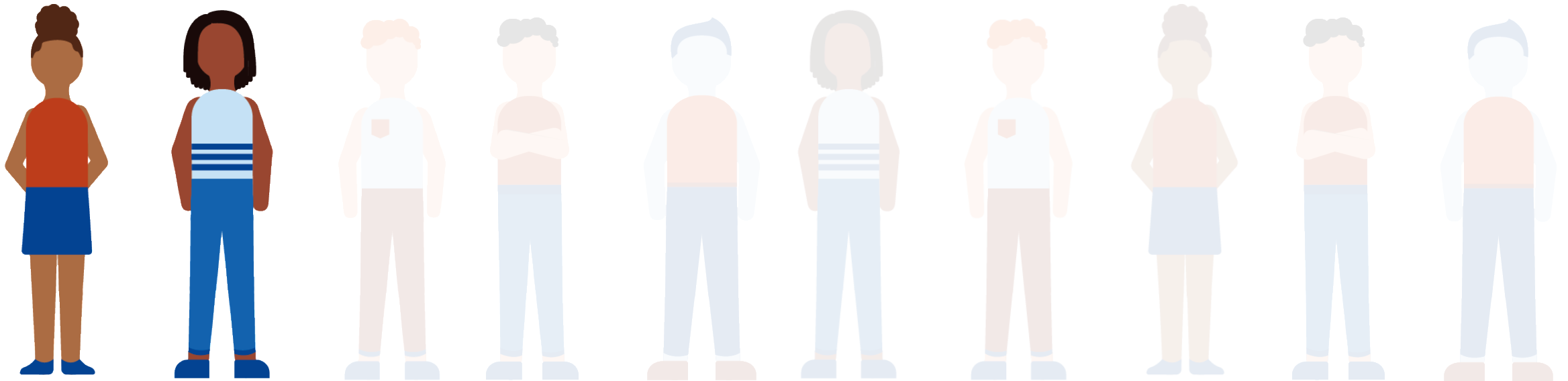
Complicated Pregnancy, 168, 1%  
Respiratory Disease, 188, 1%  
Influenza & Pneumonia, 190, 1%  
Diabetes Mellitus, 248, 1%  
Congenital Abnormalities, 355, 1%  
Heart Disease, 913, 3%  
Malignant Neoplasms, 1374, 5%



Non-fatal self-harm injuries, ages  
15-24, US Emergency Depts:  
**158,762 people**

# Treatment access

80% of students with a mental illness receive no care



# Impact on educational outcomes

The background of the slide is a faded, grayscale image of a school bus stop. Several students with backpacks are walking away from the camera towards a line of yellow school buses. The scene is bright and slightly overexposed, giving it a soft, ethereal quality.

- Poor attendance
- Poor academic performance
- Low engagement
- Increased disciplinary involvement
- Increased utilization of staff time / resources
- High drop out
- Disruption due to higher levels of care
- Disruption due to out of school placement

# Schools as a source of mental health services

“On the strength of the compelling evidence alone, 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





# Traditional model of school staff training



# Best practice models of school staff training



Aarons et al., 2017; Fixsen, et al., 2005; Joyce & Showers 2002;  
Owens et al., 2014; Powell et al., 2015; Proctor et al., 2013





# Coaching as an Implementation strategy

- **In-person skills modeling and supported practice with feedback delivered in a naturalistic setting (i.e. during treatment delivery to real clients or patients)**
- **Advantages of coaching:**
  - Requires relatively small number of sessions
  - delivered during treatment in natural setting
  - active practice with real cases and their inherent complexities
  - eliminates dependence on trainee self-report of session events
  - personally tailored training
  - adaptable and flexible
- **has been demonstrated to improve the learning and maintenance of new skills among treatment providers in community and clinical settings**

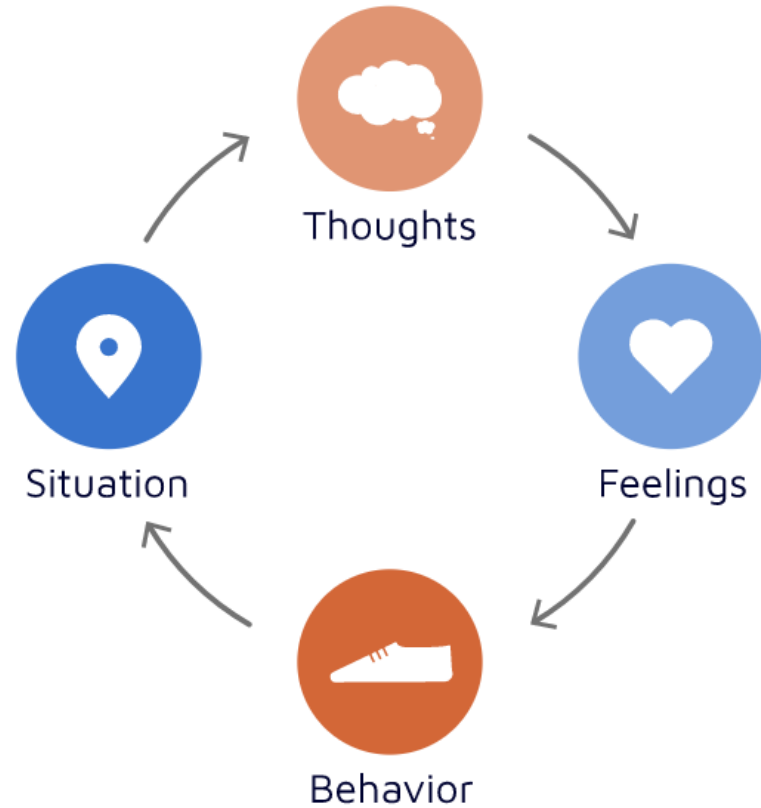
Lyon et al., 2011; Beidas et al., 2011; Beidas, Edmunds, Marcus and Kendall, 2012

Beidas et al., 2014 ; Powell et al., 2017; Powell et al., 2015

# The TRAILS program



# Evidence-based Mental Health Care



Cognitive Behavioral Therapy



Mindfulness



# TRAILS CORE FEATURES: A 3-TIERED APPROACH

## **TIER 3 - SUICIDE PREVENTION & INTERVENTION**

- Student suicide risk identification and management
- Resources for coordination of care

## **TIER 2 - EVIDENCE-BASED MENTAL HEALTH CARE**

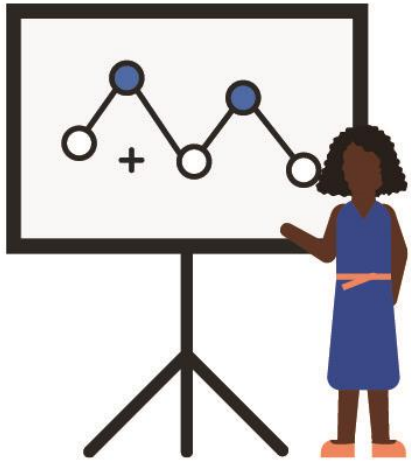
- Programming for students impacted by mental illness
- Resources to identify and refer students in need

## **TIER 1 - PREVENTION & STIGMA REDUCTION**

- Anti-stigma education and awareness programming
- Social emotional learning for the classroom setting
- Family outreach and engagement



# The TRAILS Training Model



Training for school professionals (counselors, social workers, nurses, school psychologists)



School professionals paired with TRAILS coaches



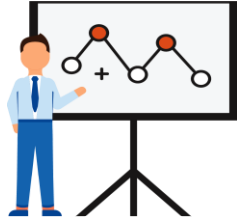
School professionals & coaches work together to facilitate skills group for students



School professionals equipped to serve students independently



# TRAILS Coach Development



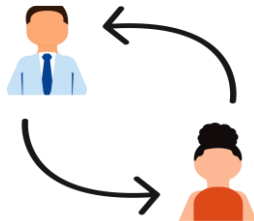
## Clinical Training

- 1 day training in core elements of CBT
- Printed manual



## Web-Based Support

- Electronic resources to support clinical care
- Materials organized by treatment component



## Consultation

- Practice-case based with structured role plays
- Delivered weekly via video, phone, email



## Coach Protocol Training

- 1 day training in TRAILS coaching protocol
- Printed manual



# The TRAILS Training Model





# Recruitment Strategies



## Incentivizing Participation

- Didactic training and CEUs provided at no cost to trainees
- Up to 10 additional attendees per agency
- Stipends for time spent coaching  
Opportunity to build relationships with local schools



Child & Adolescent  
HEALTH CENTER PROGRAM



# TRAILS Coach Recruitment

200+ Agencies  
Contacted

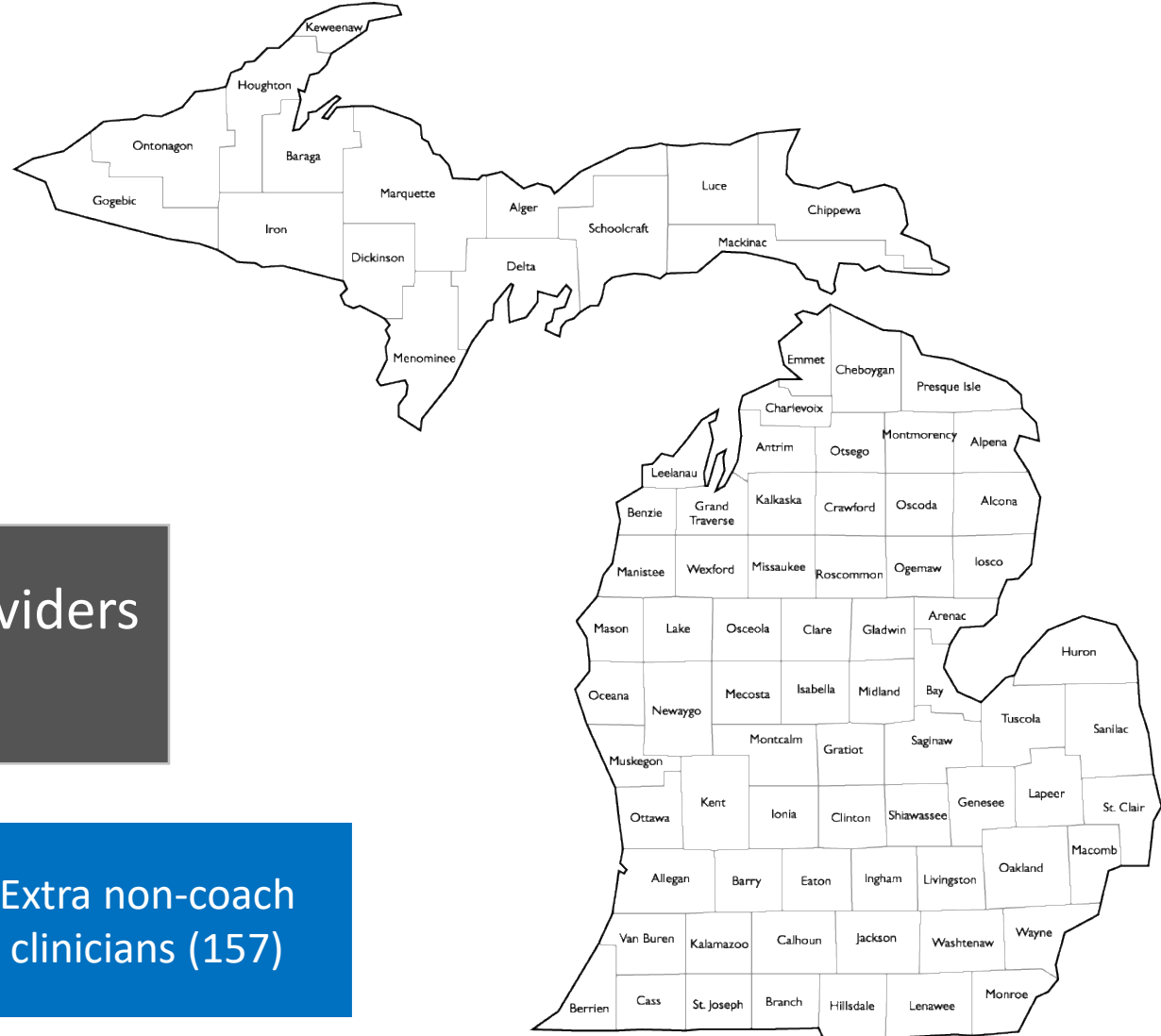
150 Agencies  
Partnered

347 Total Providers  
Trained

Coach attendees  
(190)



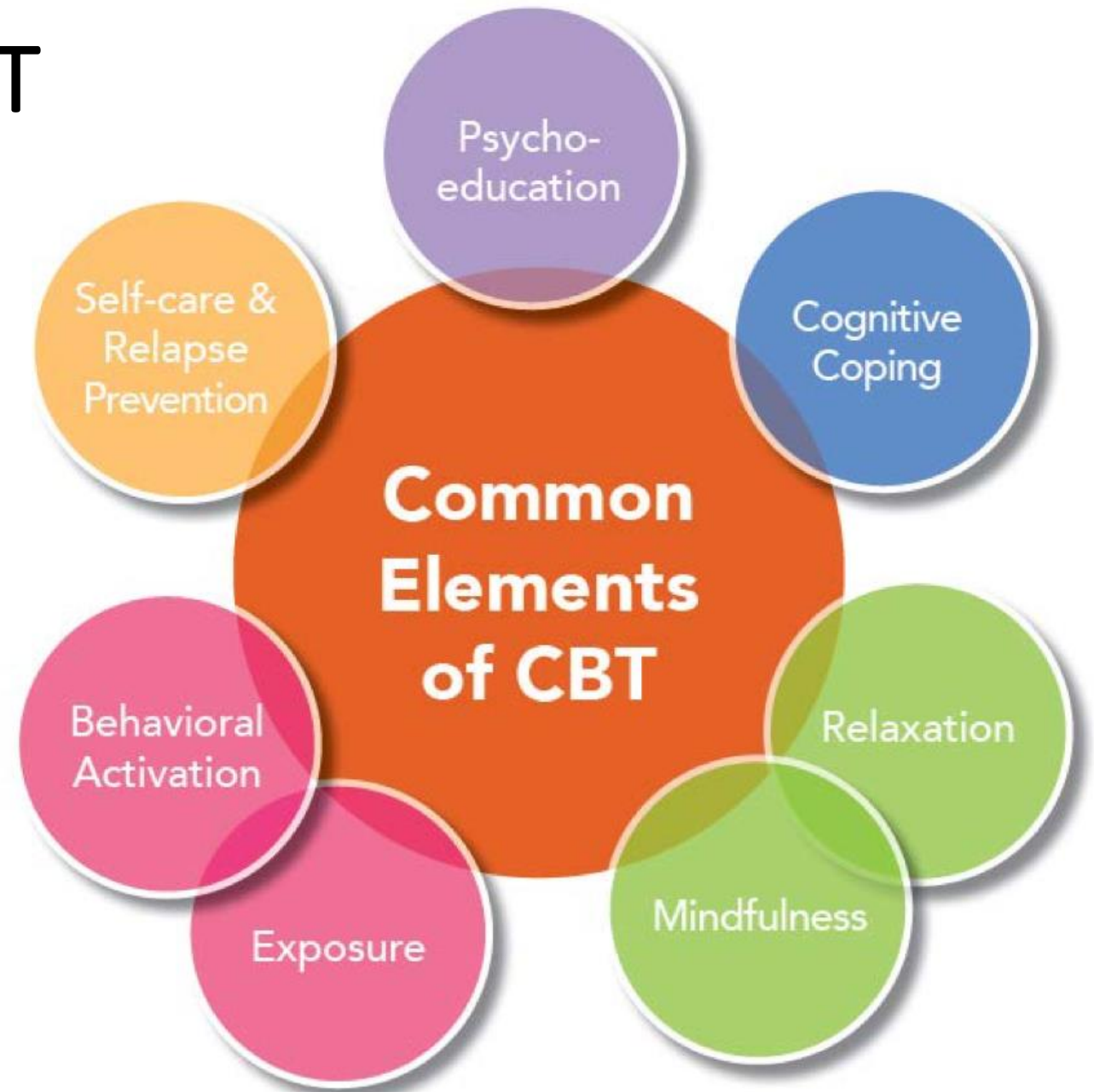
Extra non-coach  
clinicians (157)



# Common Elements of CBT

## Why Common Elements?

- More efficient clinician learning
- Better clinician satisfaction
- Better client engagement
- Faster recovery trajectories
- Fewer diagnoses at post-treatment



Becker et al., 2012

Aarons et al., 2017

Chorpita et al., 2015; Park et al., 2015; Weisz et al., 2012



# Clinical Training

**Coping Skill Practice:**

Feelings can often change depending on the situation, how we think about it, and what we do. Let's practice noticing how different activities change how we are feeling. First, think about what you are feeling, and why you might be feeling that way. Then, complete an activity by fully participating. Then, when the feeling and how it might

**BEHAVIORAL ACTIVATION: Coping Skill Practice**

This is the strongest I've EVER felt this way! 10  
This feeling is very strong 9  
The intensity of this feeling is pretty average 8  
This feeling is pretty mild 7  
This feeling is barely noticeable 6

Activity (minutes) | What are you feeling at Rate the intensity of feelings on a scale of 1-10

**Let's begin!**

Cognitive Behavioral Therapy | Mindfulness

**What is Cognitive Behavioral Therapy?**

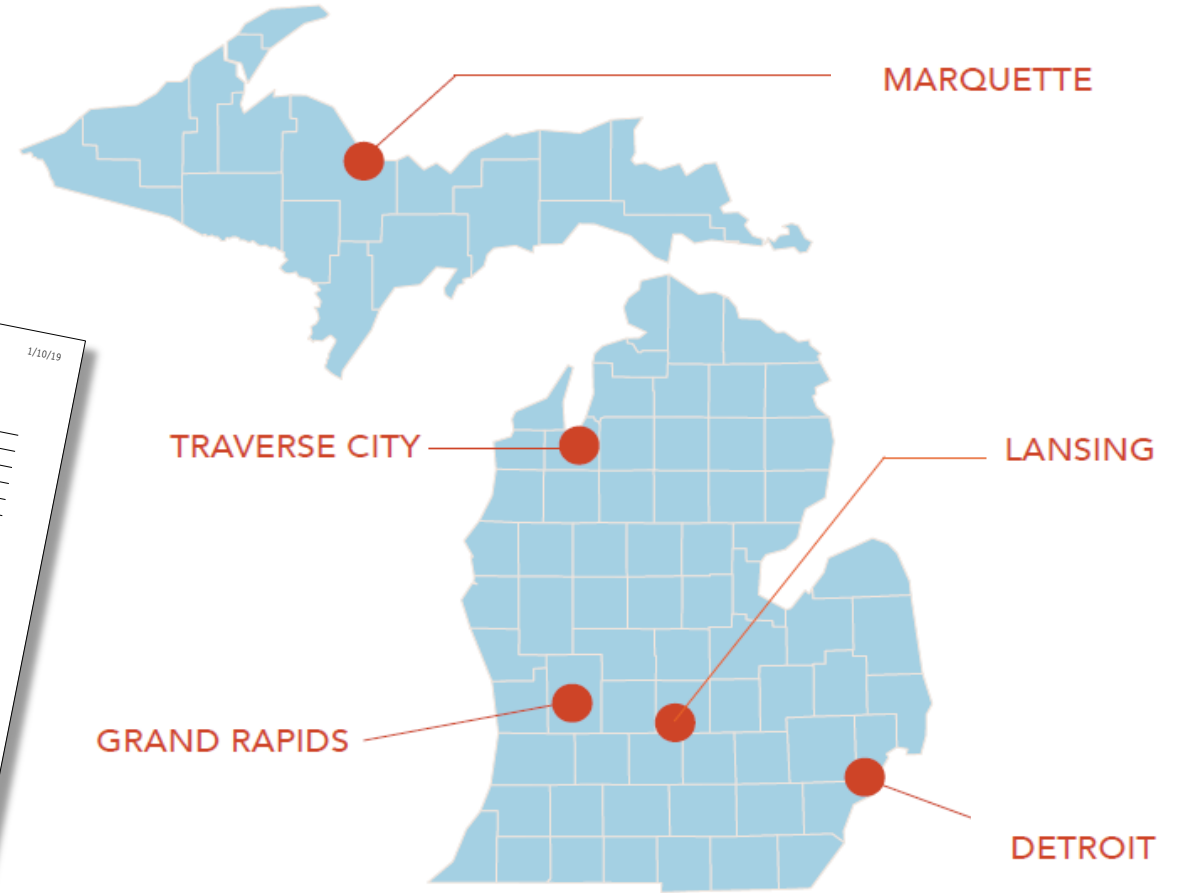
**Depression Example:**

1/10/19

**CBT and Mindfulness**  
Manual for School Professionals  
January 8, 2019

**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN

**TRAILS**  
TEACHING RESEARCH AND INNOVATION IN LIVED EXPERIENCE





# Coaches In Training: TRAILS Consultation

- 2 TRAILS clinical supervisors PhD, LMSW
- TRAILS consultants (MSW, LMSW, PsyD, PhD)
- 2 hours/week per Coach-in-Training (CIT)

## Resources provided to CITs:

- Session by session agendas / materials
- Selecting a case / family permission form
- Sample Self-evaluation resources
- 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

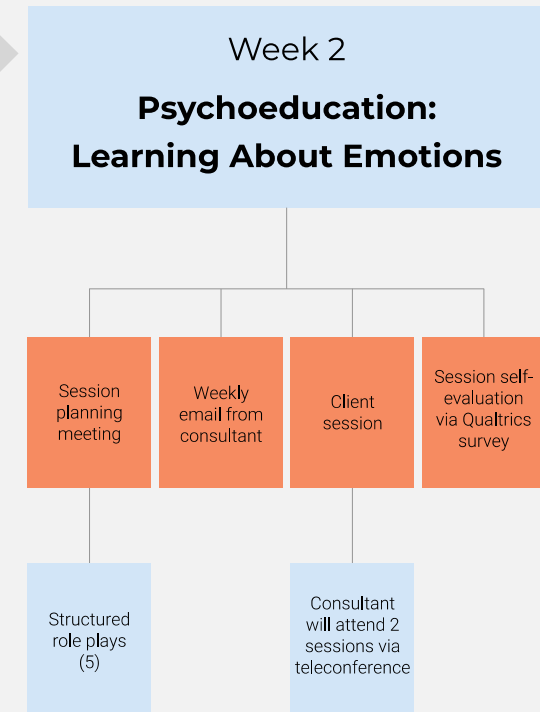
Exposure

### Week 11

Exposure

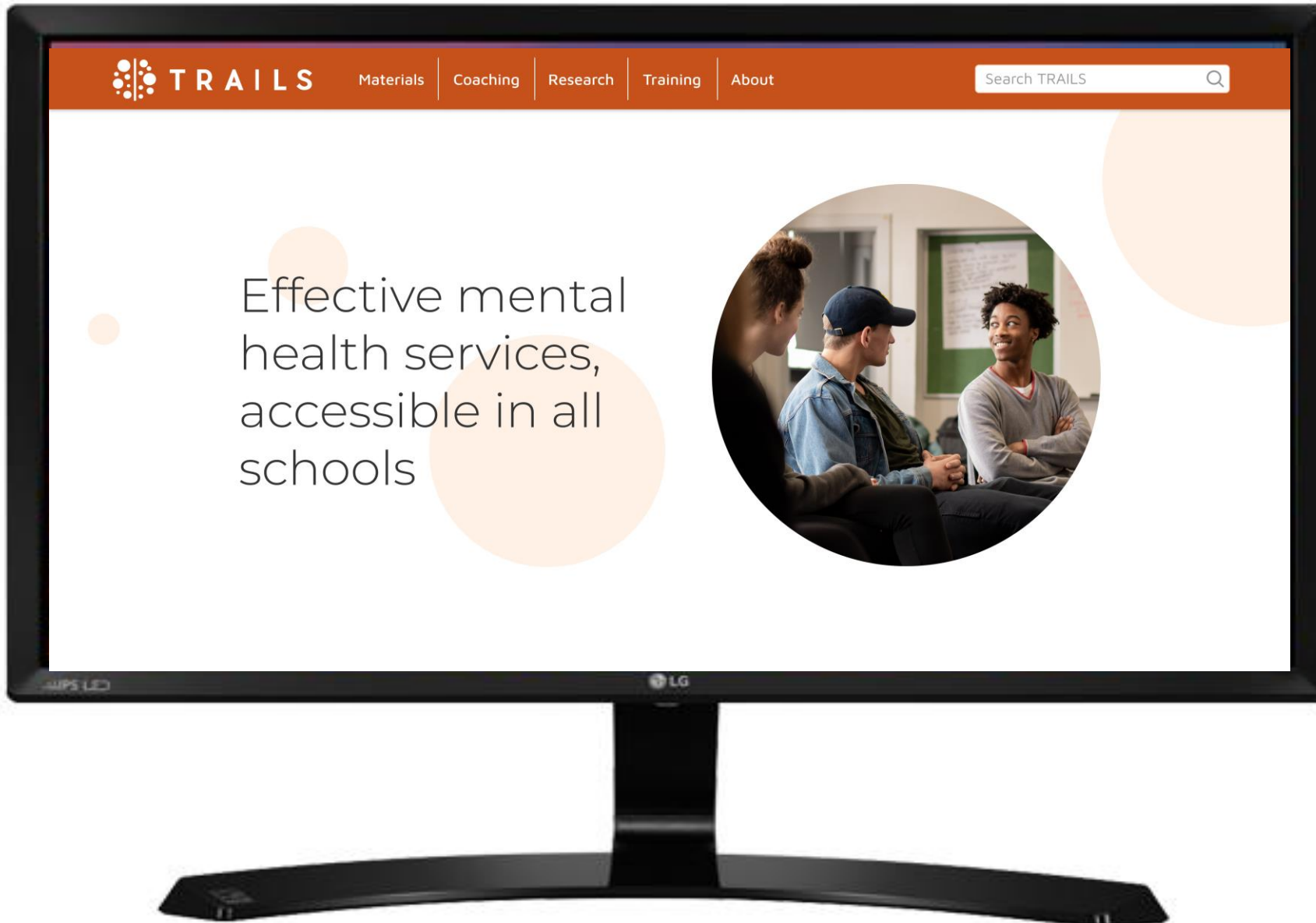
### Week 12

Self-Care & Review





# TRAILStoWellness.org





# Evaluation Schedule

- Qualtrics dashboard allows consultants to manage CIT caseload
- CIT surveys/ assessments delivered via Qualtrics links

	Baseline	Consultation	Post
Coach in Training (CIT)	<b>Baseline CPAM</b> Baseline CBT skills and attitudes	<b>CIT Self-assessment</b> Weekly self-evaluation of each CBT client session	<b>Post-CPAM</b> Post-consultation measure of CBT skills and attitudes, also includes program feedback
Consultant		<b>Consultant Weekly Logging</b> Logging time for session planning calls (including behavioral rehearsals) and in-session observations	<b>Consultant CIT Evaluation</b> An evaluation of your perceptions of your CITs progress and ability to become a coach
Client/Student	<b>Client Measure</b> Package of: -PHQ -GAD		<b>Client Measure</b> Package of: -PHQ -GAD

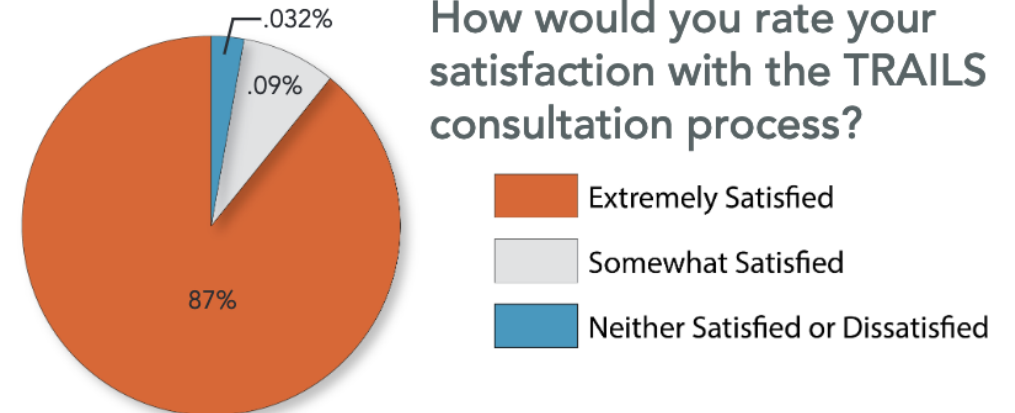
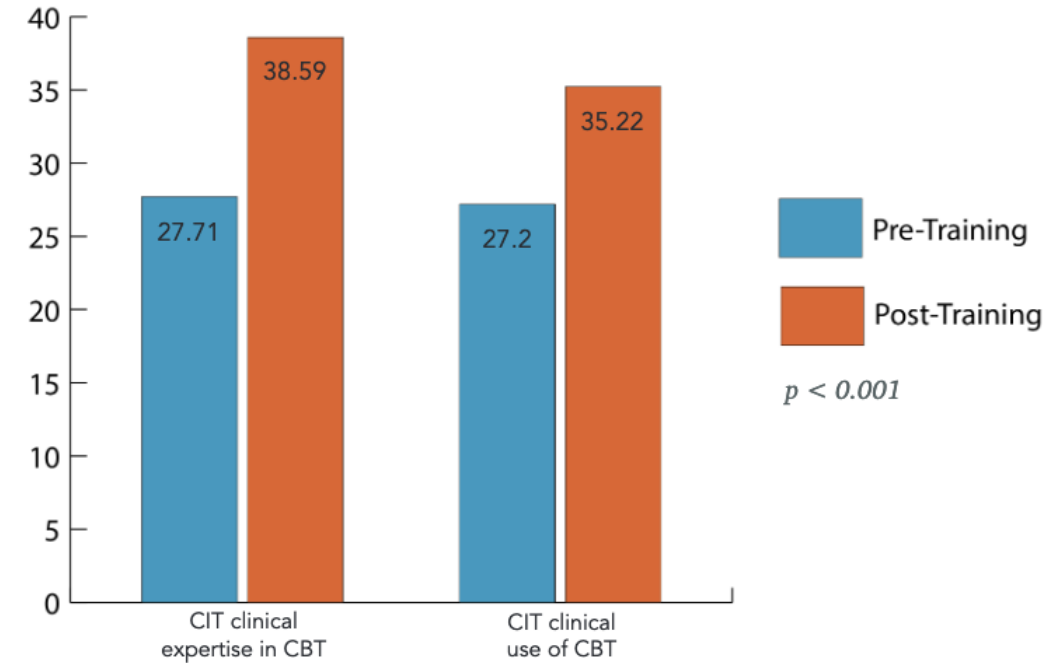




# Consultation Findings

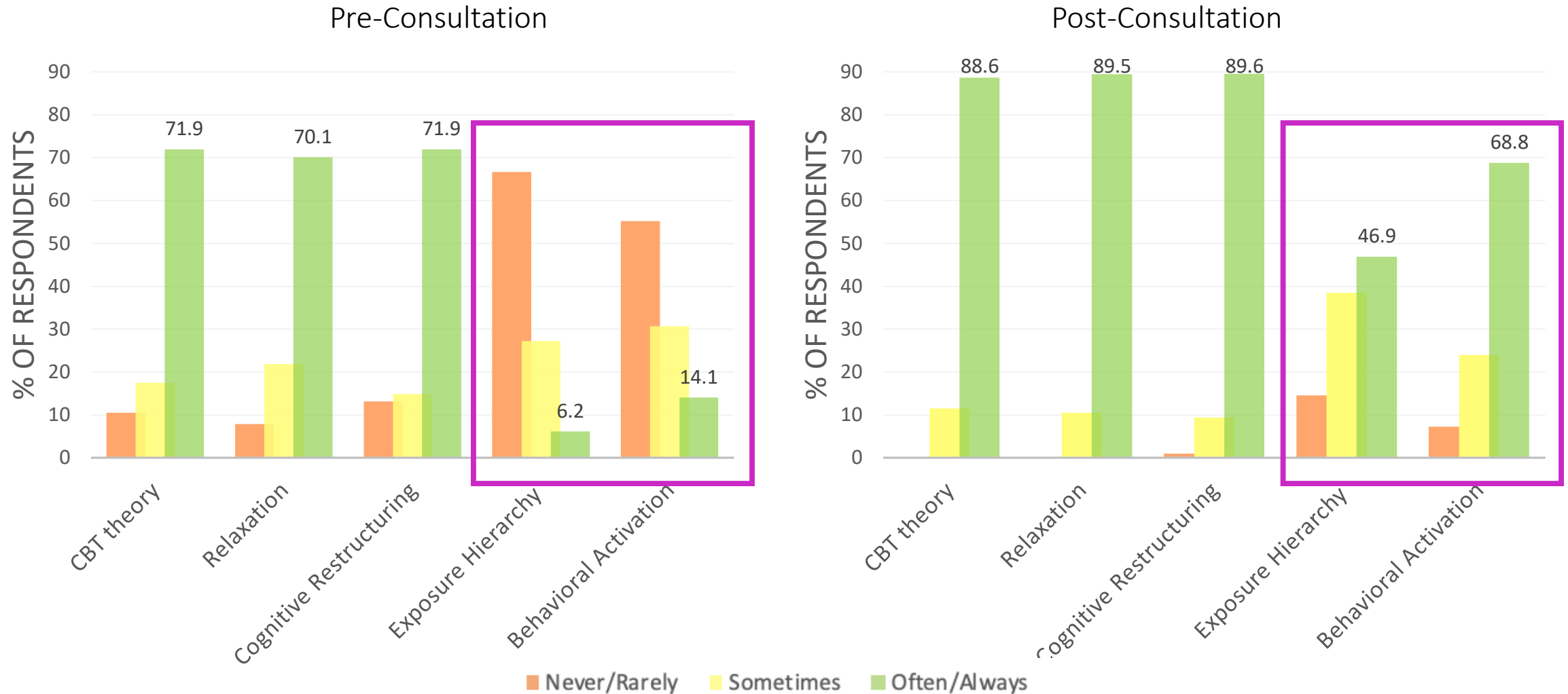
- 1,053 sessions delivered to >186 clients
- Over 140 CBT sessions directly observed by TRAILS consultant
- 33% increase in CBT skill scores pre-post training & consultation
- 108 out of 121 trainees recommended by their consultant for invitation to coach protocol training, representing 77 Michigan agencies

Mean CPAM scores pre- and post-TRAILS training



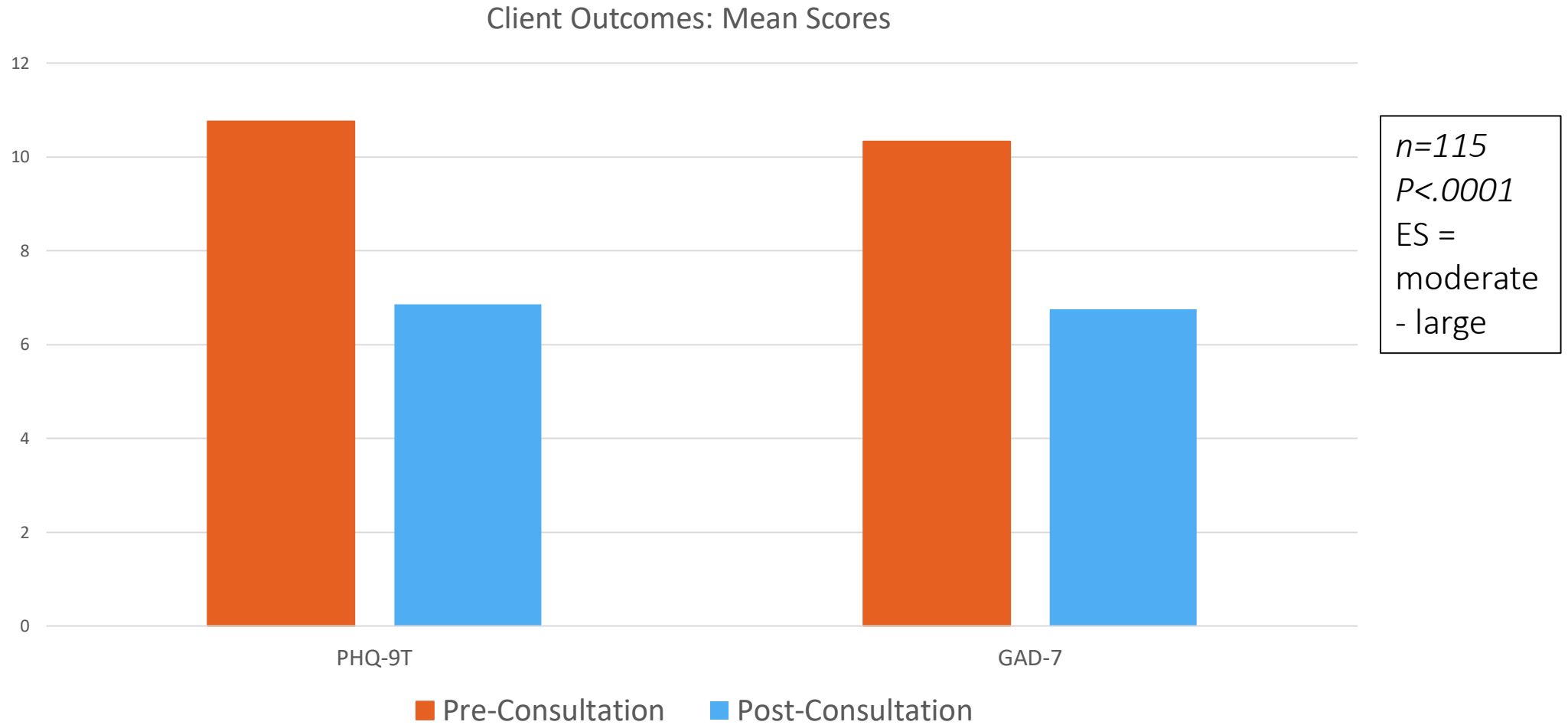


# Coach: Self-Reported CBT Use





# Consultation Client Outcomes

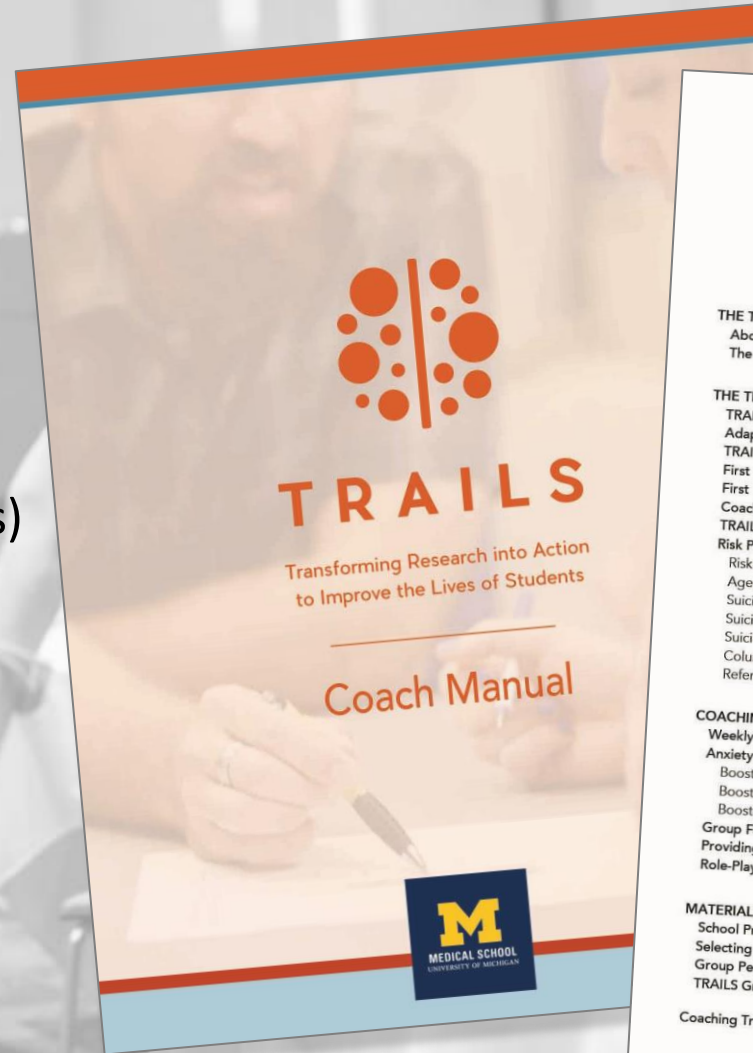




# Coach Protocol Training

## Coach Training

- 8:00am Welcome & Training Goals
- 8:15am Overview of Coaching
- 9:30am Break
- 9:45am Clinical Review (CBT / Mindfulness)
- 11:15am Lunch
- 12:00pm Coaching Protocol
- 1:00pm Break
- 1:15pm 6 Strategies for Success
- 1:45pm Tools to Help
- 2:00pm Observation & Reporting
- 3:00pm End of Training!

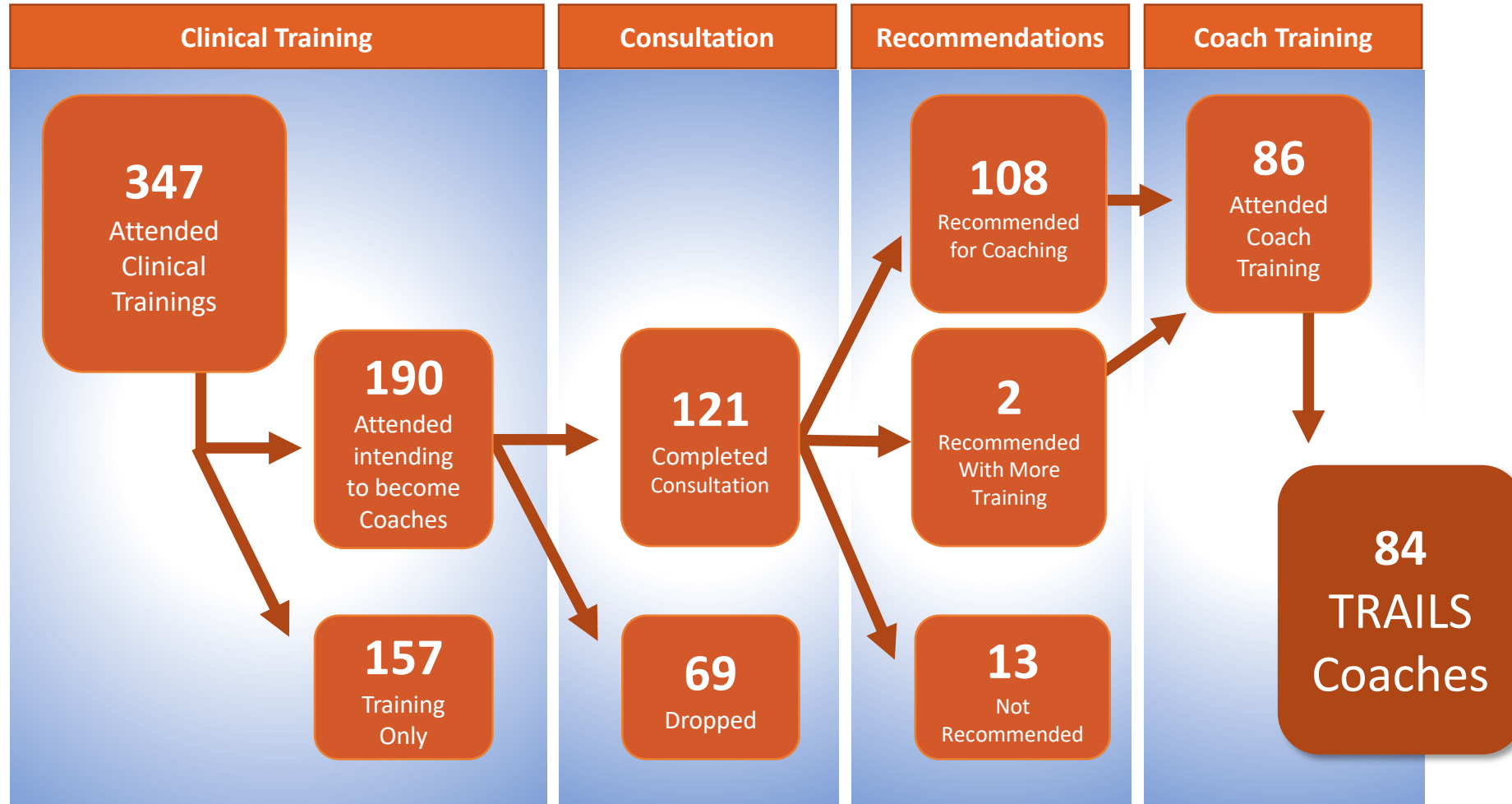


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# TRAILS Coach Network Development



# Adaptive School-based Implementation of CBT (ASIC)

## Key Study Questions

(1R01MH114203 / PI: Kilbourne)

Administrators (n=97)

School Professionals (n=227)

Students (n=899)

What is the school makeup & climate regarding mental health?

How do different forms of implementation support change the way SPs think about or use CBT with students?

How are students impacted if their school partners with TRAILS?

- School demographics
- School support for mental health service delivery

- Use of CBT
- Perceptions of CBT
- Fluency in using CBT

- Access to mental health services
- Knowledge of effective coping skills
- Clinical symptoms
- Academic performance

# ASIC Study Conditions

REP (Replicating  
Effective Programs)  
*Everyone*

TRAILS training,  
newsletters, email  
updates

Technical support

TRAILS expert office  
hours

Coaching  
*Randomized*

In-person support  
from a TRAILS Coach  
assigned to your  
school to support CBT  
skill and comfort

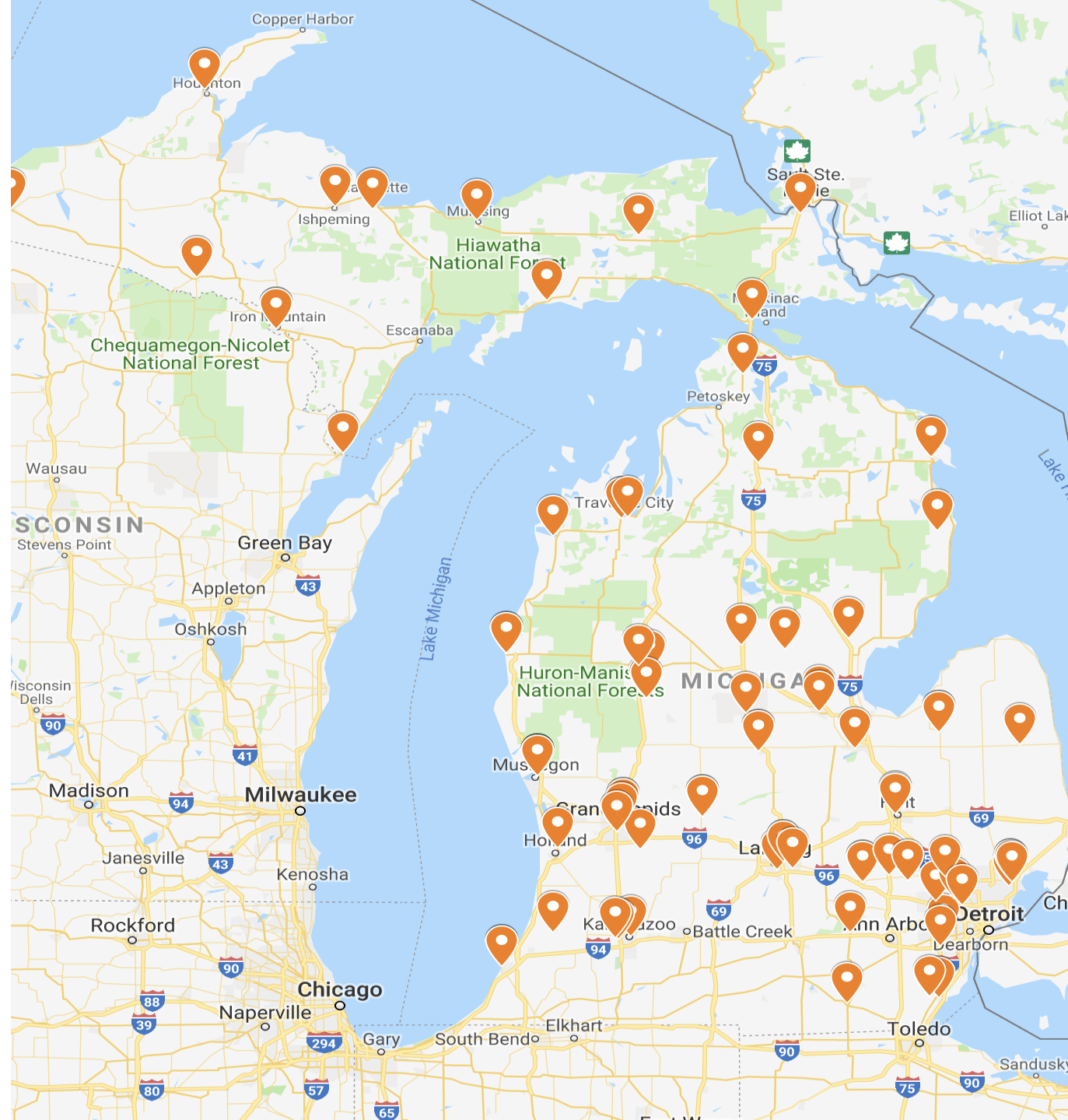
Facilitation  
*Randomized*

Phone-based support  
to talk through  
organizational  
challenges/barriers





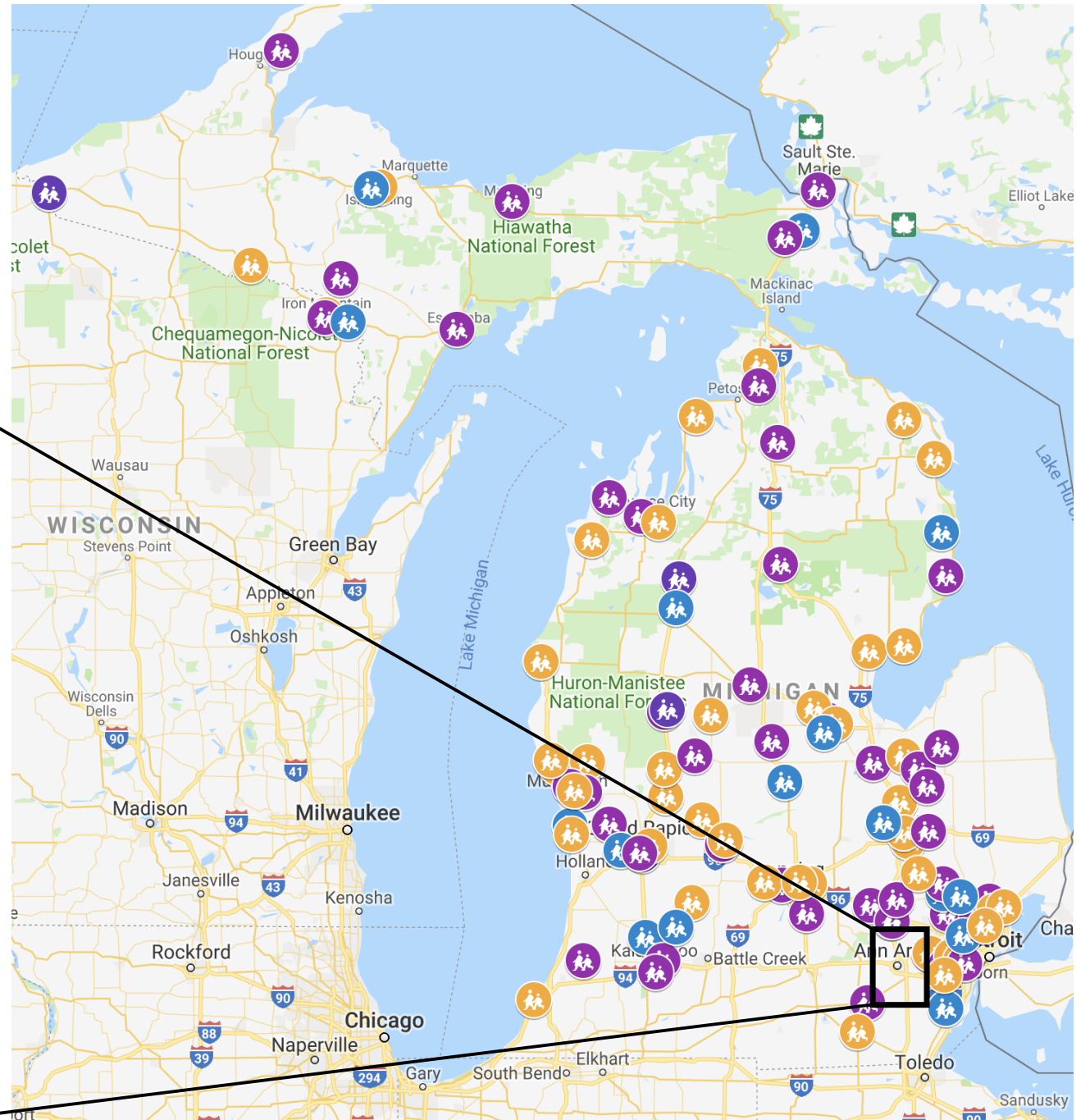
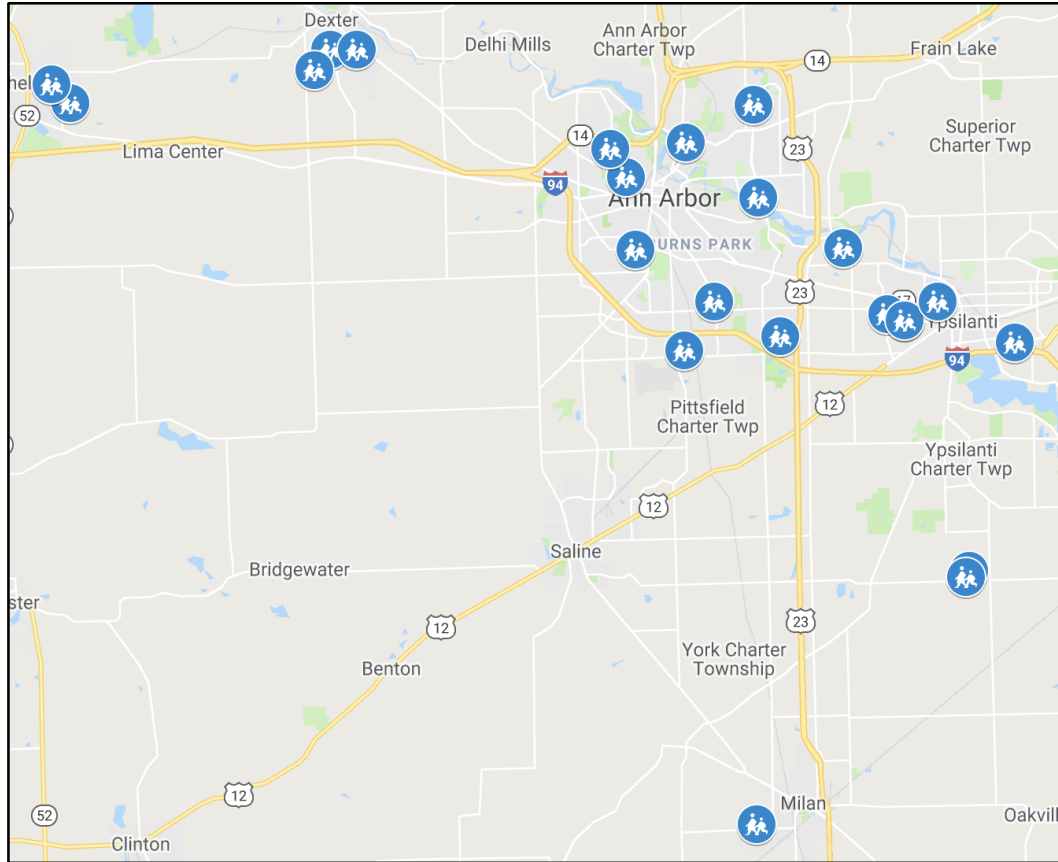
# TRAILS Coach Network 2018-2019







# TRAILS Schools 2019



# Maintaining a Coaching Network



ENGAGEMENT



SUPPORT



CONTINUING  
EDUCATION &  
TRAINING



ONGOING  
EVALUATION

# Expanding the TRAILS Coach Network

- Detroit Wayne Health Integration Network
  - 5-10 agencies in Wayne County
  - 60-100 schools
- State-funded Partnerships with Michigan Schools
  - ~50 schools statewide
- Detroit Public Schools Community District
  - 100+ buildings to receive coaching



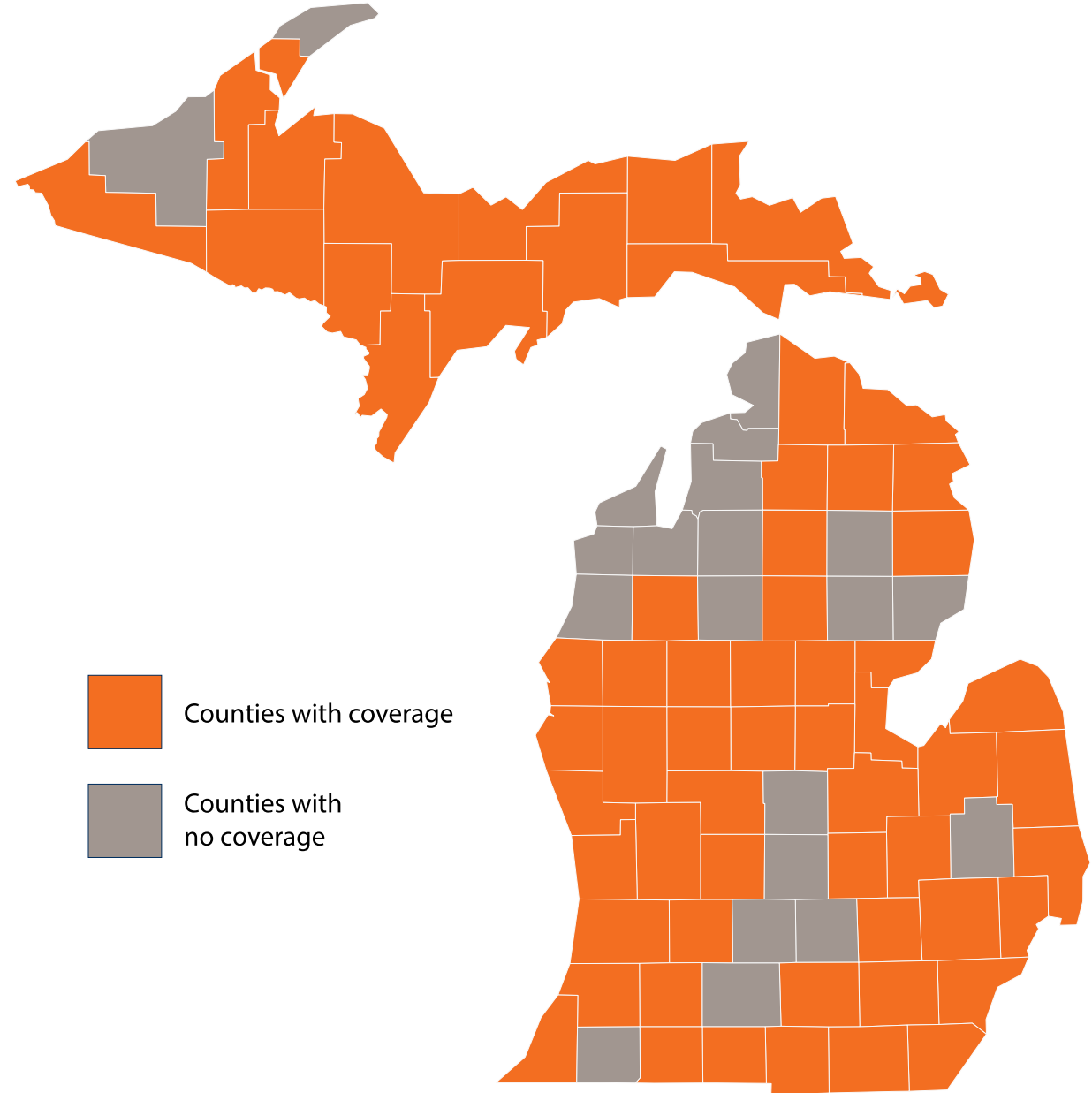
# Future Directions

## 2019-2023:

- NIMH grant- ASIC 5-year clinical trial
- Expansion throughout Michigan

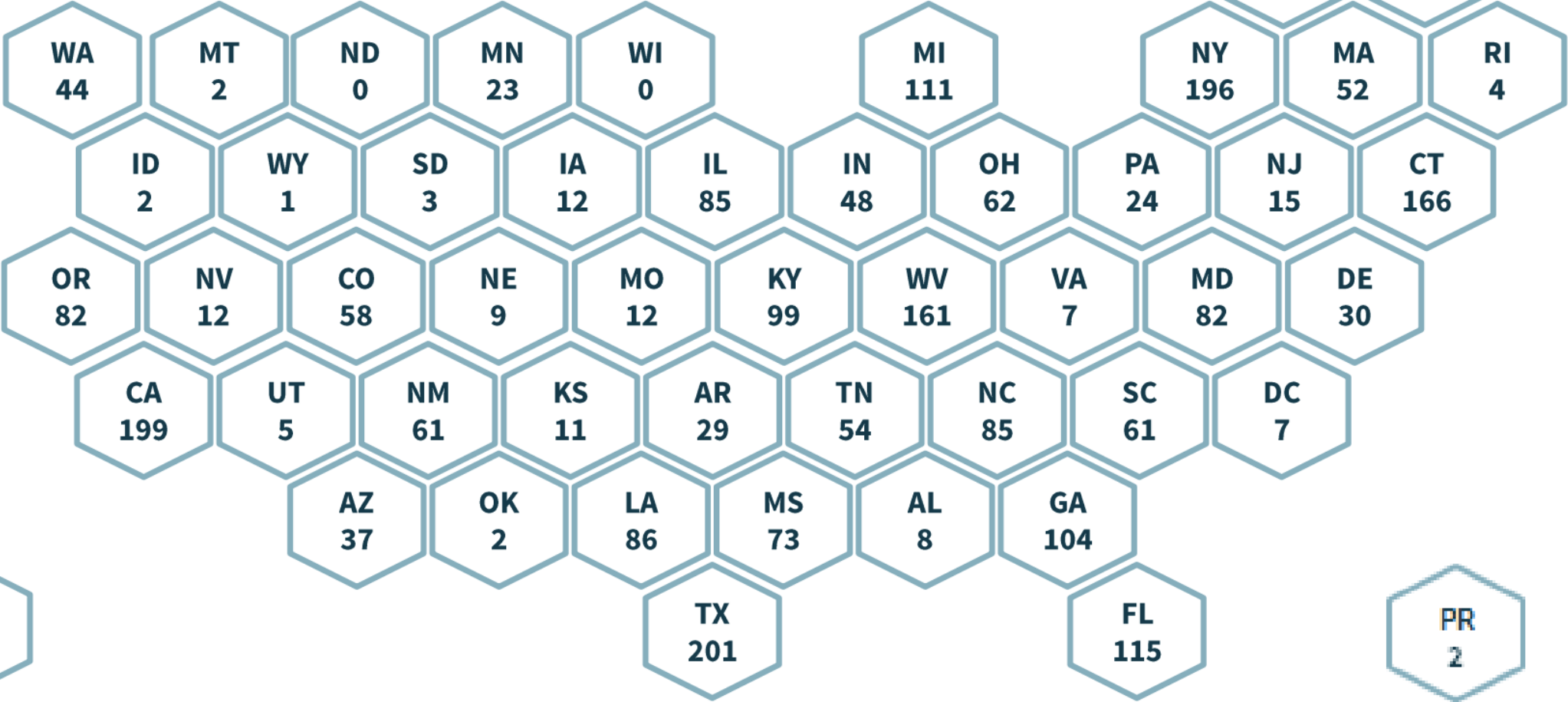
## 2023+

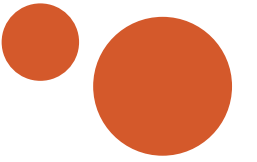
- Development of a national model



# Number of SBHCs by State

(n=2,584)





Questions?



thank you!



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