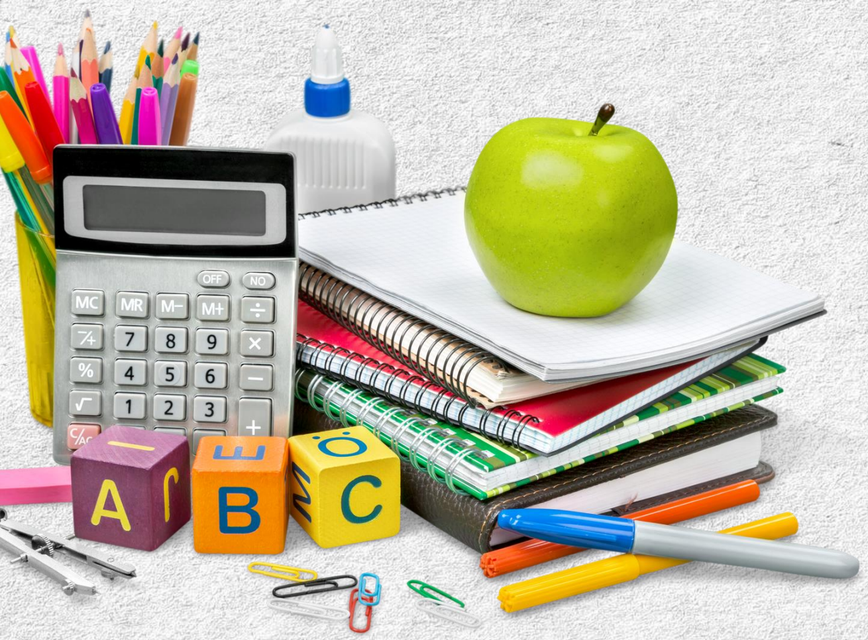
EPIS

EVIDENCE-BASED PREVENTION AND INTERVENTION SUPPORT

SUPPORTING OUR YOUTH

Addressing Mental Health Issues with Evidence-based Interventions

OUR OBJECTIVES



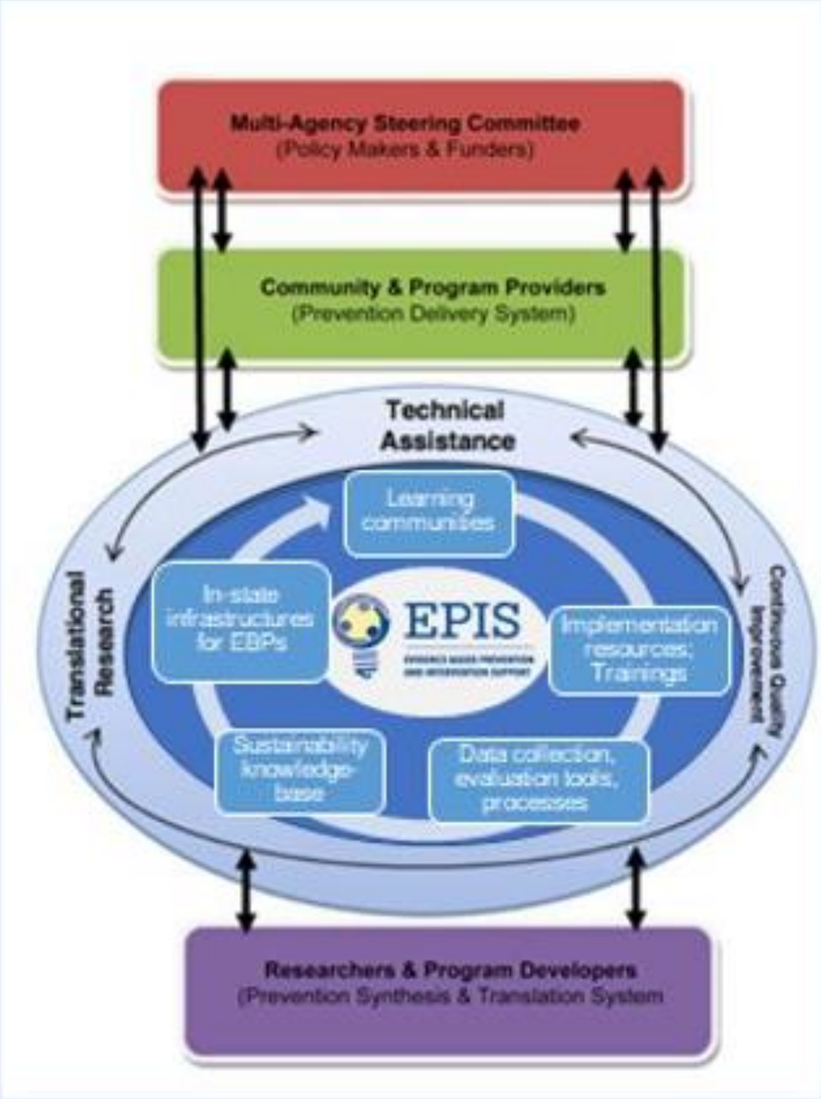
- ☑ Identify key mental health challennges facing youth today
- ☑ Describe the value of evidence-based programs
- ☑ Examine examples of evidence-based programs
- ☑ Explain core principles of implementation science while connecting strategies

ABOUT EPIS

- Funded by the Pennsylvania Commission on Crime & Delinquency (PCCD) to provide TA:
    - Collaborative approaches for data-driven prevention
    - Implementing programs
    - Improving juvenile justice programs

EPIS' Five Cores of Support

1. **Learning communities**
2. **Implementation resources; Trainings**
3. **Data collection, evaluation tools, processes**
4. **Sustainability knowledge-base**
5. **In-state infrastructures for Evidence Based Programs**

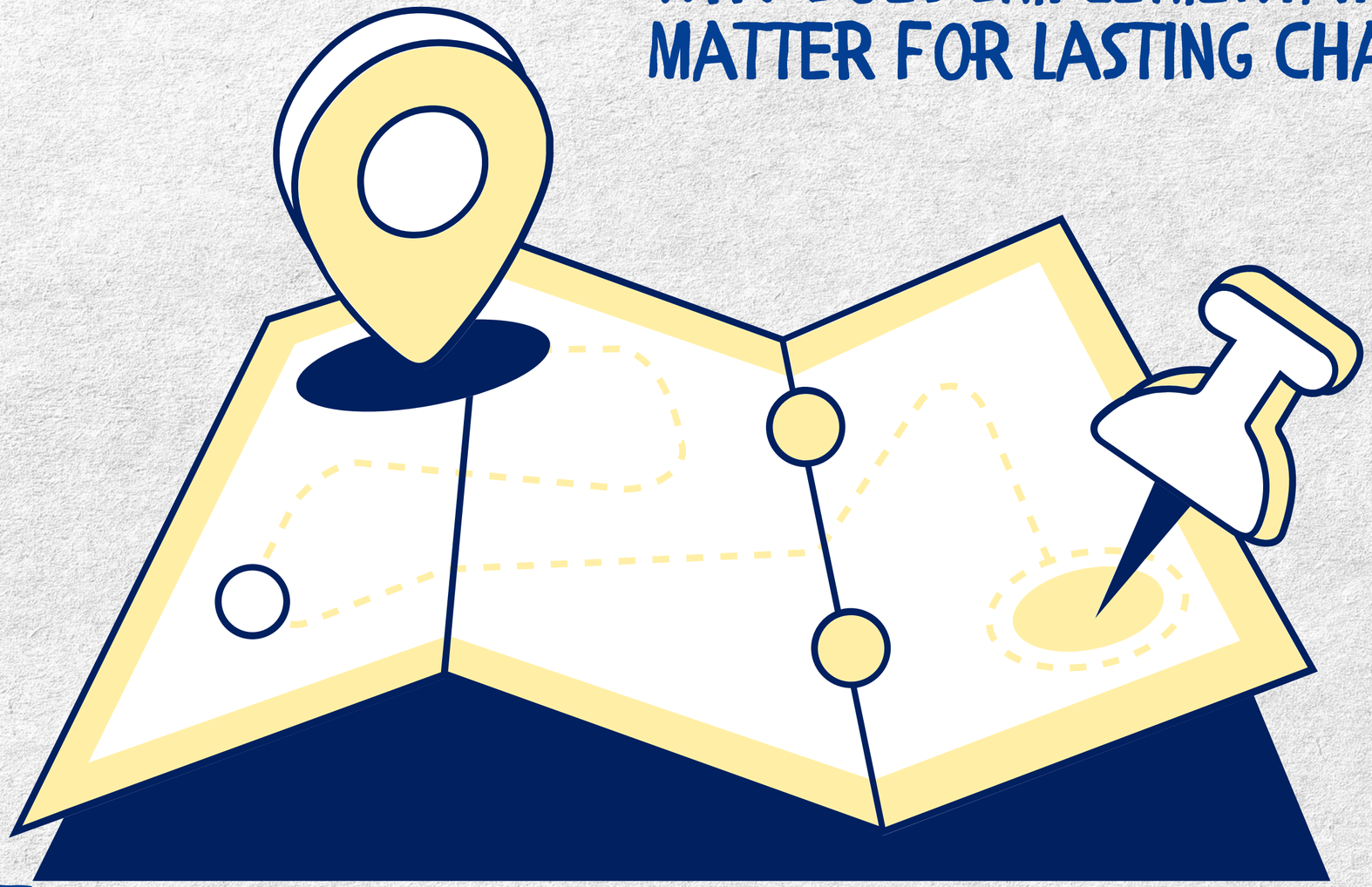


Rhoades, Bumbarger & Moore (in press). The Role of a State-Level Prevention Support System in Promoting High-Quality Implementation and Sustainability of Evidence-based Programs. *American Journal of Community Psychology*.

SUPPORT & SUSTAIN

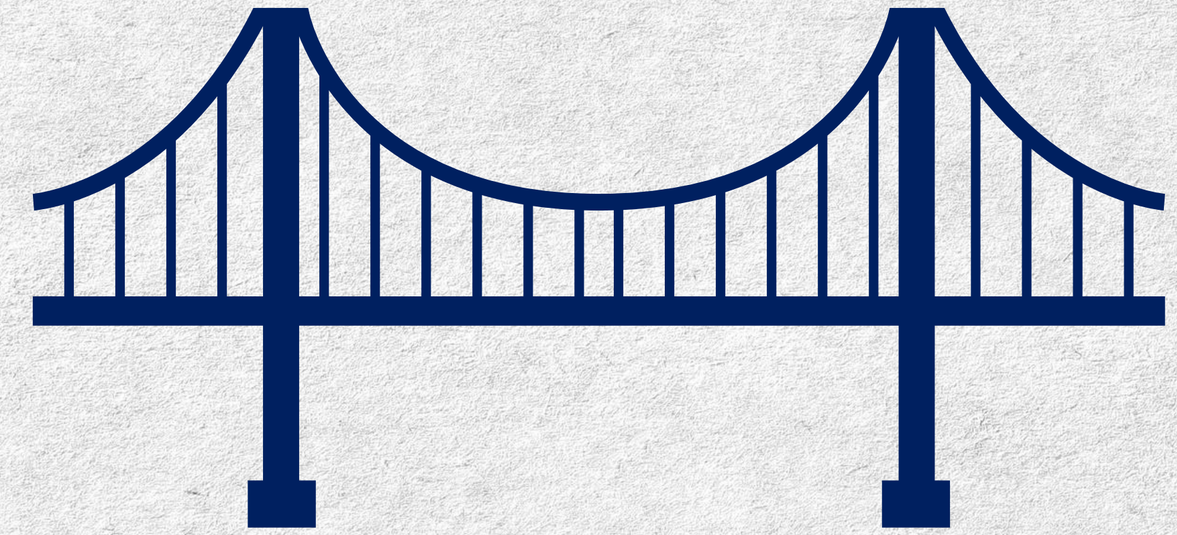
- ☑ Program Selection
- ☑ Program Readiness
- ☑ Funding
- ☑ Monitoring Impact & Outcomes
- ☑ Communication & Collaboration with Key Stakeholders

WHY DOES IMPLEMENTATION SCIENCE MATTER FOR LASTING CHANGE?



SCIENCE

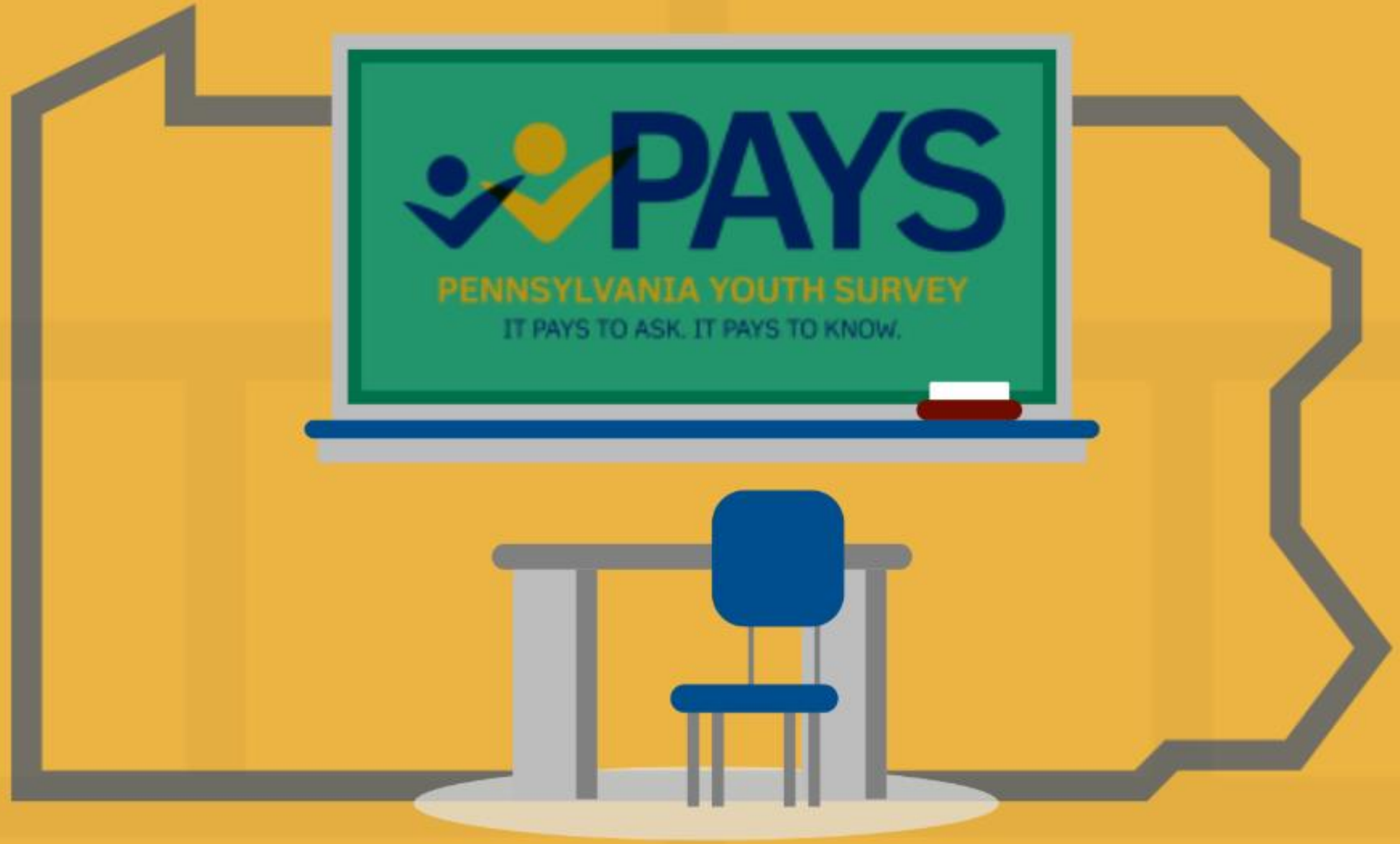
evidence, data, outcomes



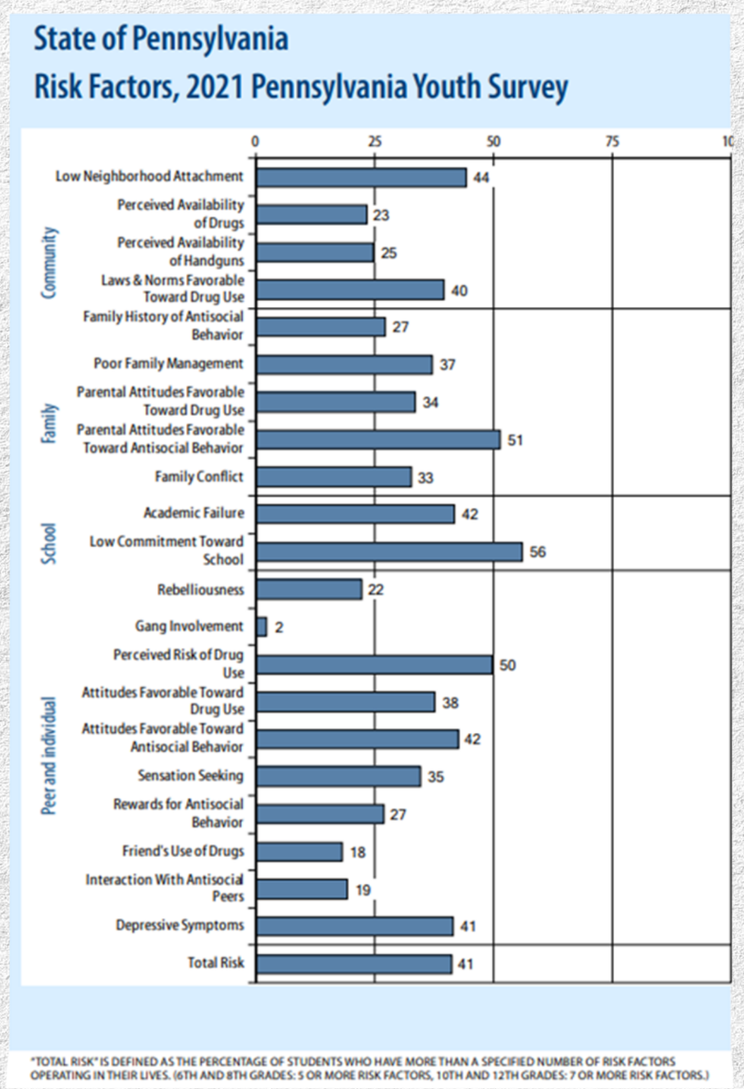
PRACTICE

facilitating programs, engaging with youth

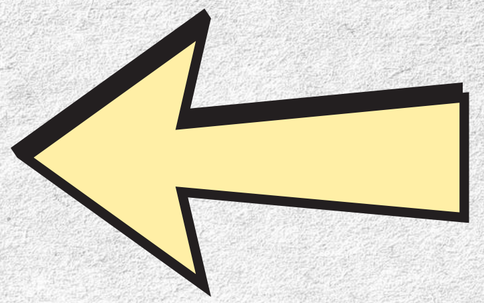
Implementation science bridges what science tells us the needs are, and what has been proven effective for intervening or preventing it.


PAYS
PENNSYLVANIA YOUTH SURVEY
IT PAYS TO ASK. IT PAYS TO KNOW.

WHAT ARE RISK FACTORS?



Risk factors are what INCREASE the chances of youth developing problems.

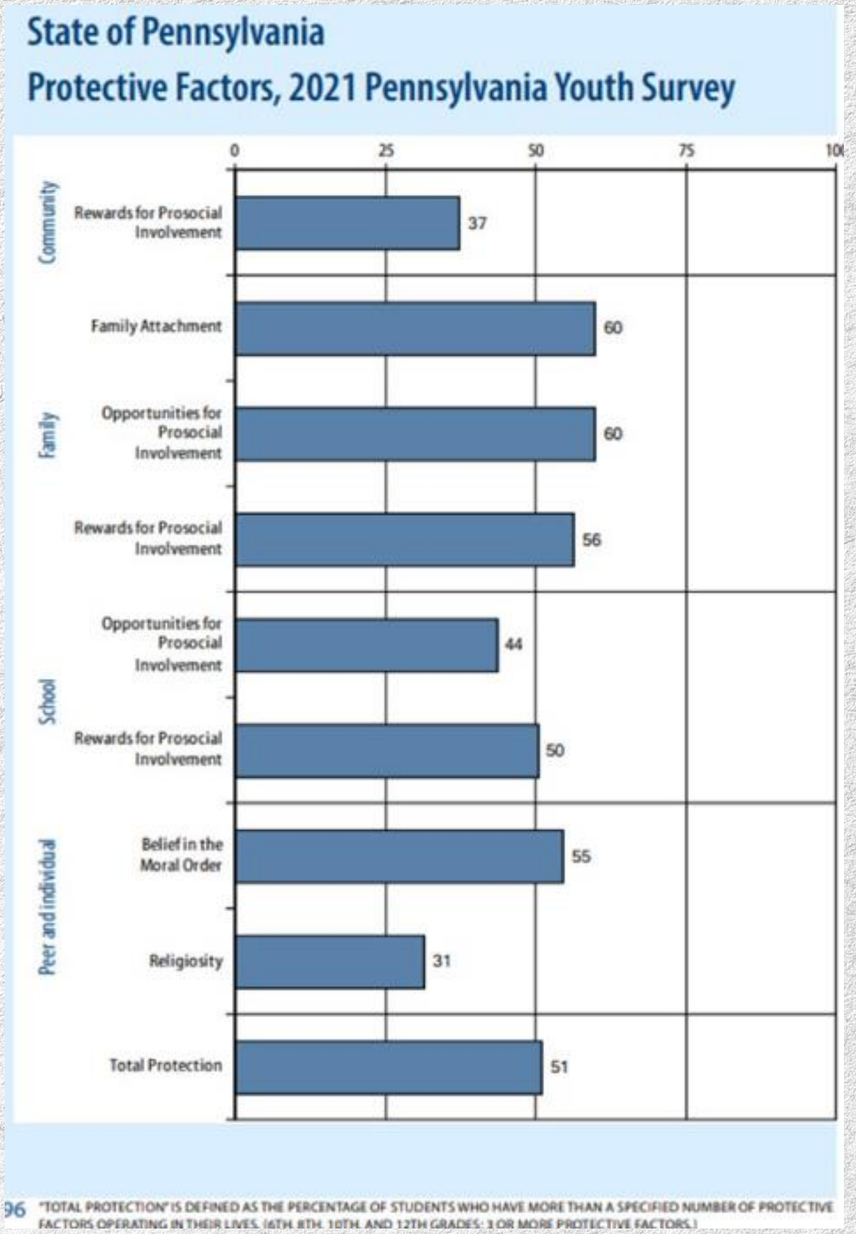


pennsylvania
COMMISSION ON CRIME AND DELINQUENCY

WHAT ARE PROTECTIVE FACTORS?

Protective factors are what DECREASES the chances of youth having problems.

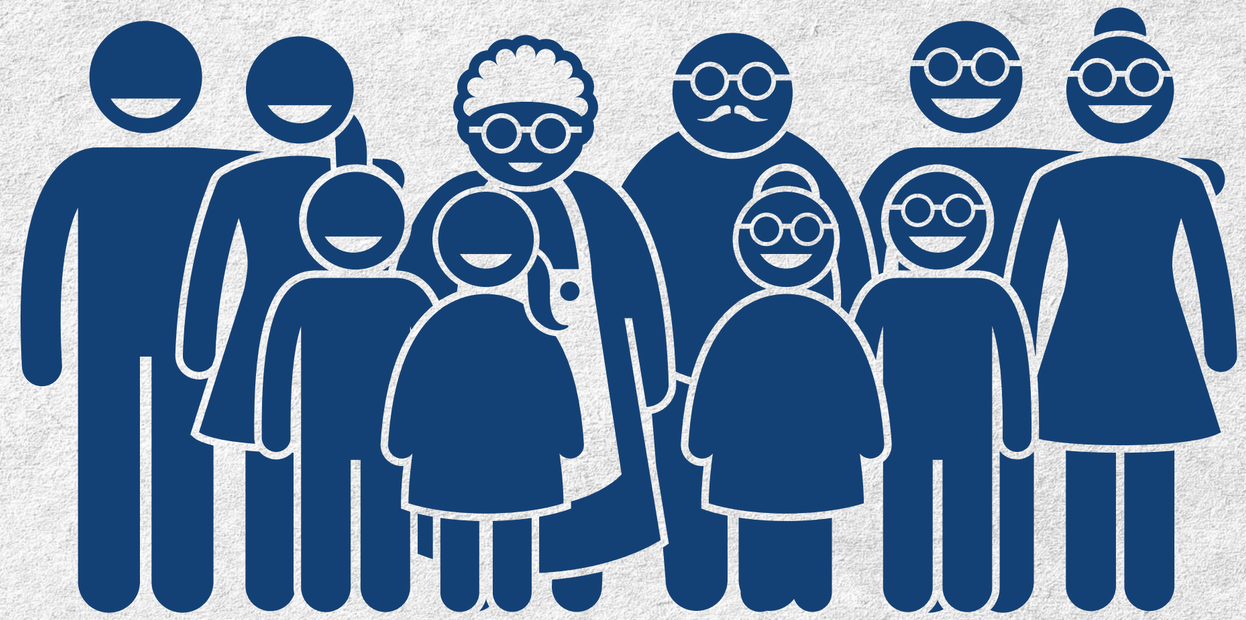
pennsylvania
COMMISSION ON CRIME AND DELINQUENCY



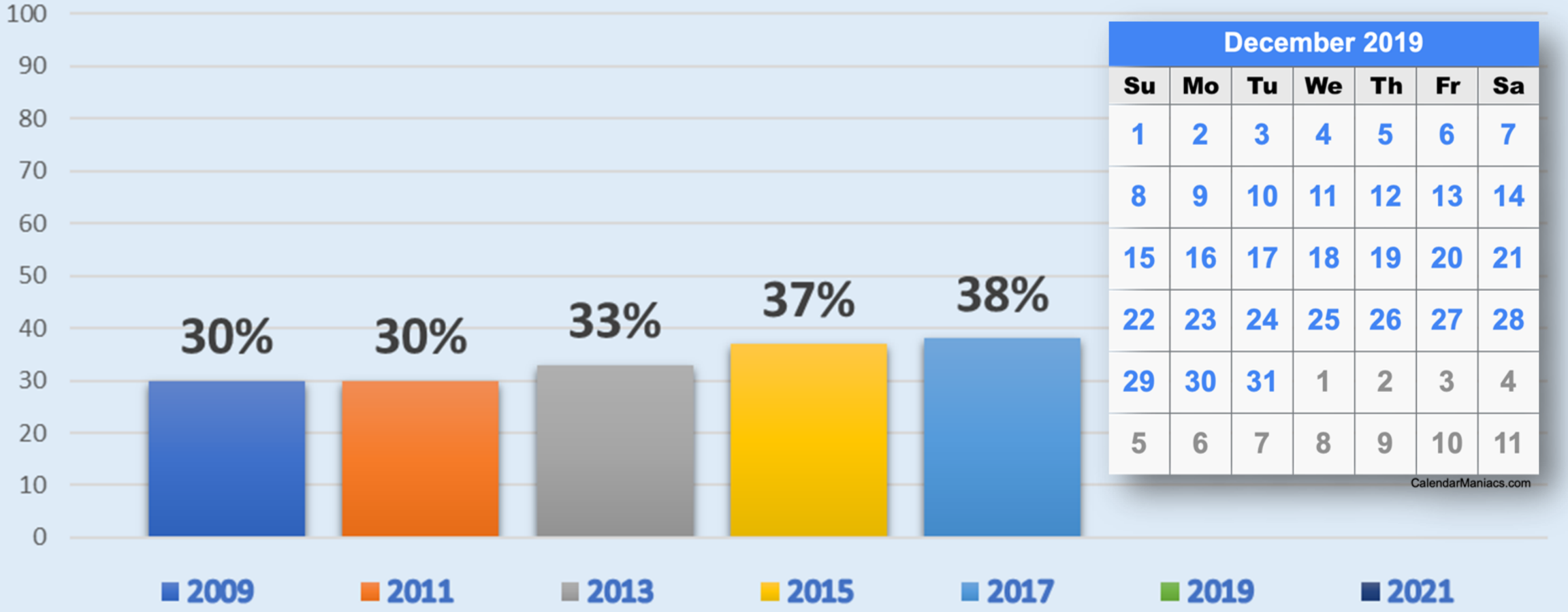
96 "TOTAL PROTECTION" IS DEFINED AS THE PERCENTAGE OF STUDENTS WHO HAVE MORE THAN A SPECIFIED NUMBER OF PROTECTIVE FACTORS OPERATING IN THEIR LIVES. (6TH, 8TH, 10TH, AND 12TH GRADES: 3 OR MORE PROTECTIVE FACTORS.)

FAMILY-BASED PROGRAMS

- Functional Family Therapy (FFT)
- The Incredible Years (IYS)
- Multisystemic Therapy (MST)
- Positive Parenting Program (Triple P)
- Trauma-focused Cognitive Behavioral Therapy (TF-CBT)



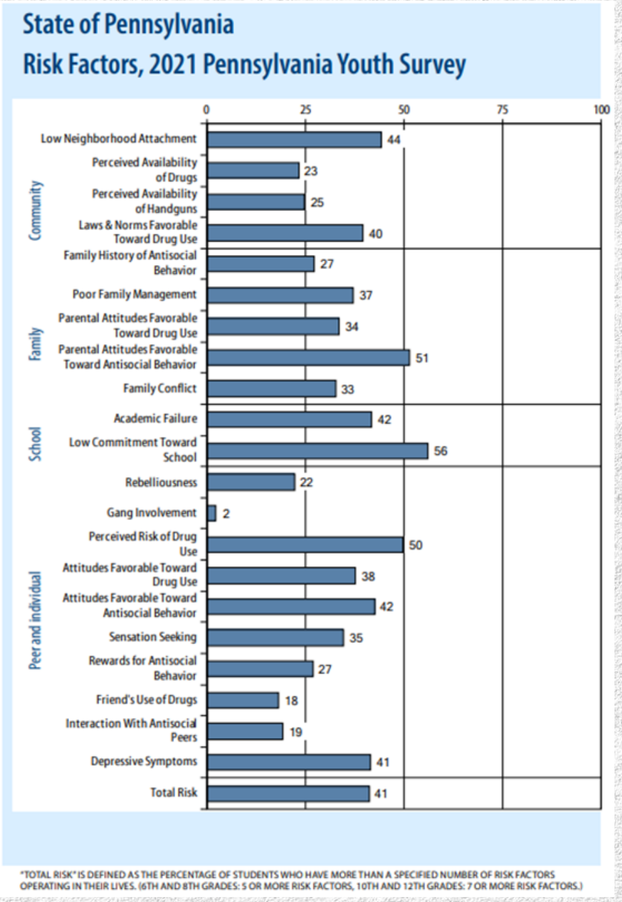
State Level Data: PAYS Risk Factor - Depressive Symptoms



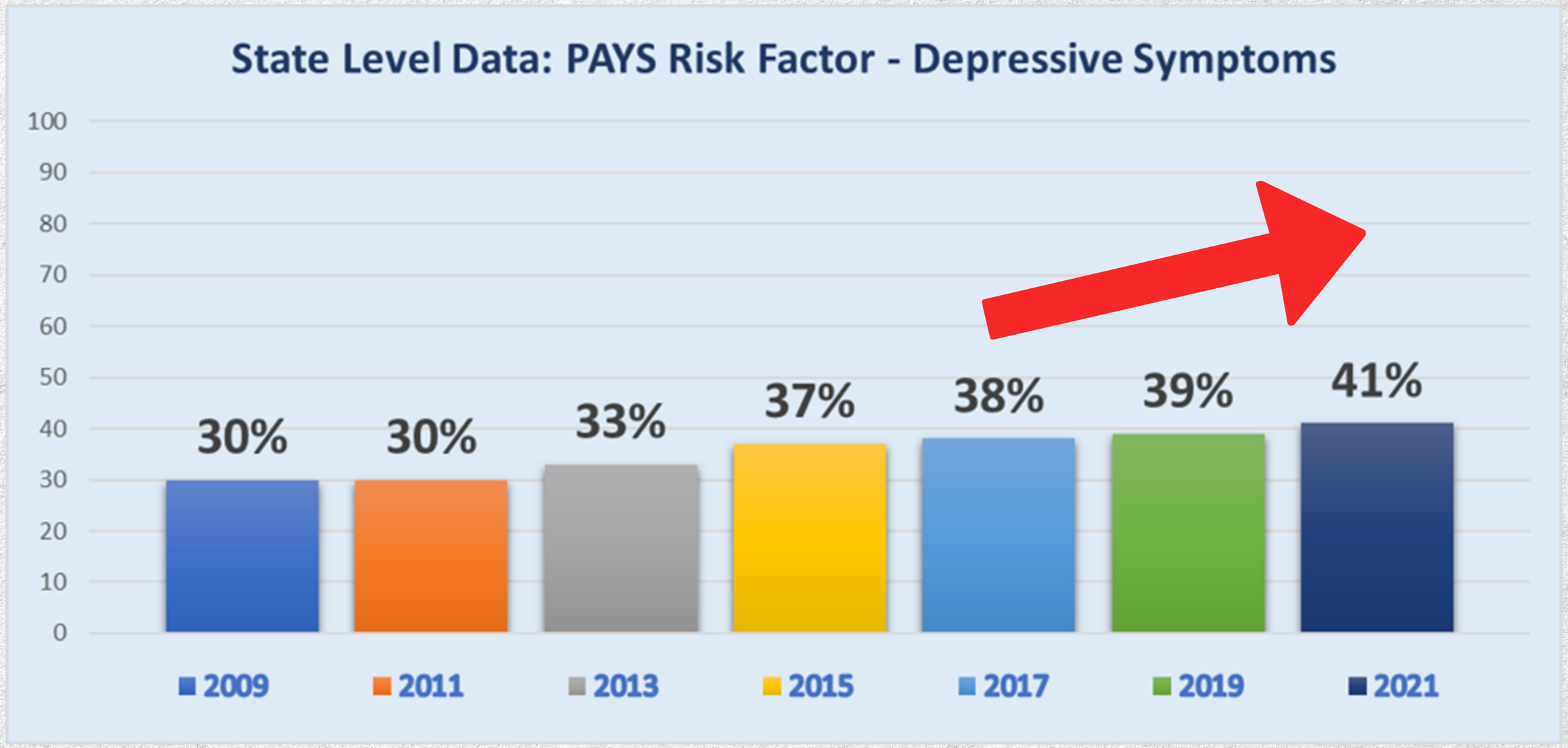
December 2019

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

MENTAL HEALTH CONCERNS & SUICIDE RISK



PAYS 2021 category:	*PAYS 2021 question text:*
Mental health concerns *(self-harm and depression)*	*In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?* *At times I think I am no good at all.* *All in all, I am inclined to think that I am a failure.* *Sometimes I think that life is not worth it.* *How many times in the past 12 months have you:* *Done anything to harm yourself (such as cutting, scraping, burning) as a way to relieve difficult feelings, or to communicate emotions that may be difficult to express verbally?*
Suicide risk The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.	*During the past 12 months:* *Did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?* *Did you ever seriously consider attempting suicide?* *Did you make a plan about how you would attempt suicide?* *How many times did you actually attempt suicide?* *If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?*


State Level Data: PAYS Risk Factor - Depressive Symptoms
100
90
80
70
60
50
40
30
20
10
0
30%
30%
33%
37%
38%
39%
41%
2009
2011
2013
2015
2017
2019
2021

STUDENT ASSISTANCE DATA

School Year 2020 - 2021

72,000 referrals with the top 3 referral reasons being:
Academic Concerns
Behavioral Concerns
Attendance Concerns

School Year 2021 - 2022

93,000 referrals with the top 3 referral reasons being:
Externalizing Behaviors
Internalizing Behaviors
Family Concerns

School Year 2022 - 2023

100,435 referrals with the top 3 referral reasons being:
Externalizing Behaviors
Internalizing Behaviors
Family Concerns

School Year 2023 - 2024

96,518 referrals with the top 3 referral reasons being:
Externalizing Behaviors
Internalizing Behaviors
Other

SCHOOL-BASED PROGRAMS

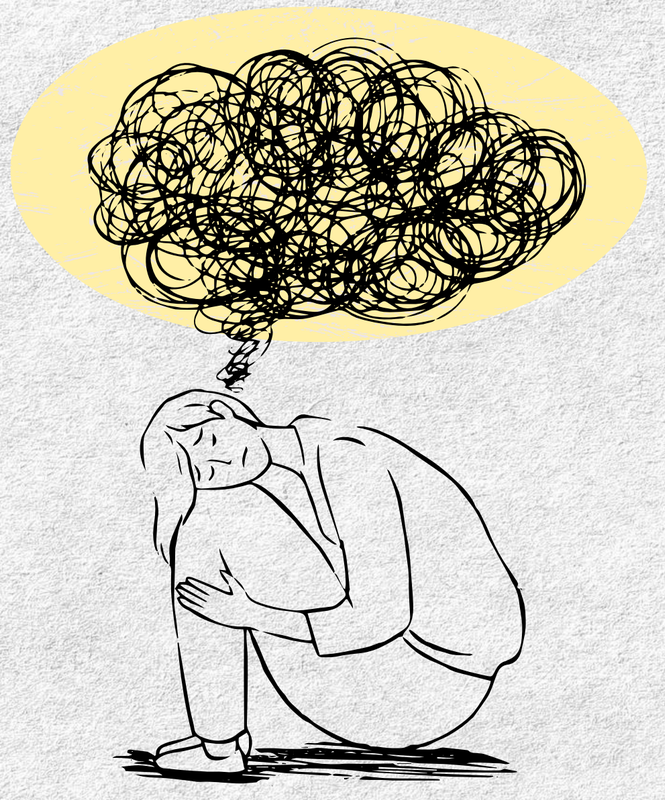
- [x] The Blues Program
- [x] Cognitive Behavioral Interventions for Trauma in Schools (CBITS) & Bounce Back

- The Incredible Years (IYS)
- Life Skills Training (LST)
- Olweus Bullying Prevention Program (OBPP)
- Positive Action (PA)
- Promoting Alternative Thinking Strategies (PATHS)
- Project Towards No Drug Abuse (PTNDA)

PREPANDEMIC

1 out of 5 children had a diagnosable mental health disorder.

IMPACTS OF COVID-19 ON YOUTH WELLBEING



- [x] Mental Health Challenges
- [x] Emotional & Behavioral Concerns
- [x] Academic & Cognitive Impacts
- [x] Social & Family Stressors

COMMON EMOTIONAL RESPONSES

Pre-School Aged Children

- Difficulty sleeping
- Being afraid of the dark
- Experiencing nightmares
- Eating too little/too much
- Worried about being separated from parents/caregivers
- Regression
- Anxious
- Acting out the disaster while playing pretend

School Aged Children

- Confusion
- Forgetfulness
- Stomach aches
- Headaches
- Acting to extremes – lots of energy, silliness
- Overreactions/Tantrums
- Destructive behaviors - Breaking toys, hitting/kicking.
- Anxious
- Struggles with school
- Having difficulty remembering what they learned

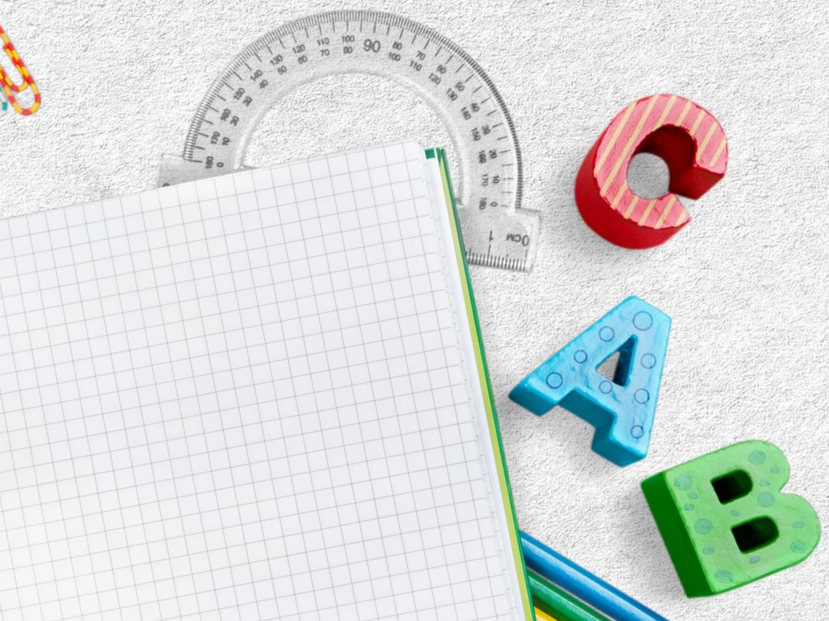
Teens

- Anxious
- Worry
- Fear
- Sad
- Guilt
- Anger,
- Disappointed
- Hopelessness
- Changes in social behaviors
- Substance abuse (alcohol and/or drug)

Doh.wa.gov. 2020. Behavioral Health Toolbox for Families Supporting Children and Teens During the COVID-19 Pandemic. [online] Available at: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19-FamilyToolbox.pdf> [Accessed 22 April 2021].

SHORT-TERM IMPACTS

- ☑ Poor Academics
- ☑ Defiance or Refusal
- ☑ Poor Peer Interactions
- ☑ Family Conflict



LONG TERM IMPACTS

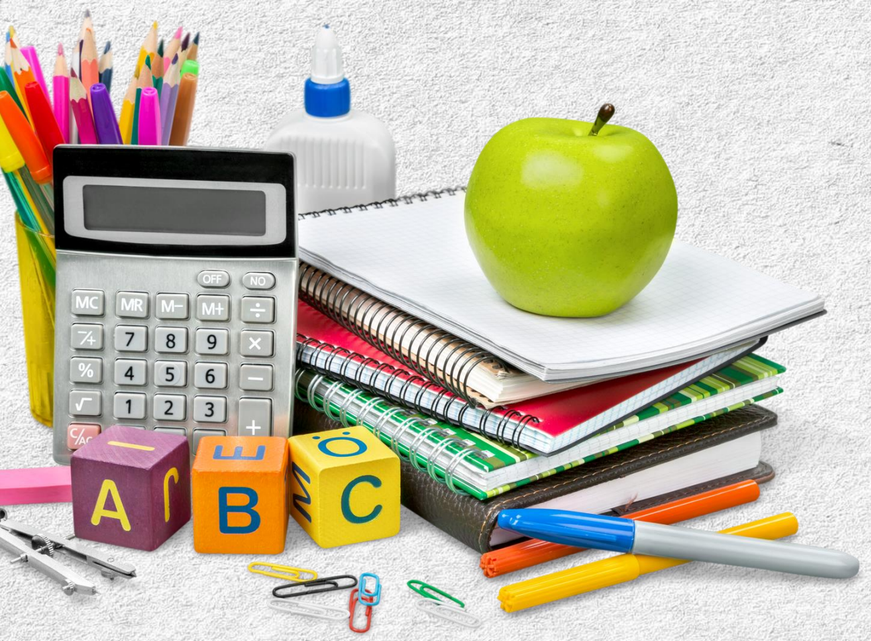
Poor academic performance, truancy, or school drop out

Increased risk taking behaviors

Increase risk for self harm or suicide

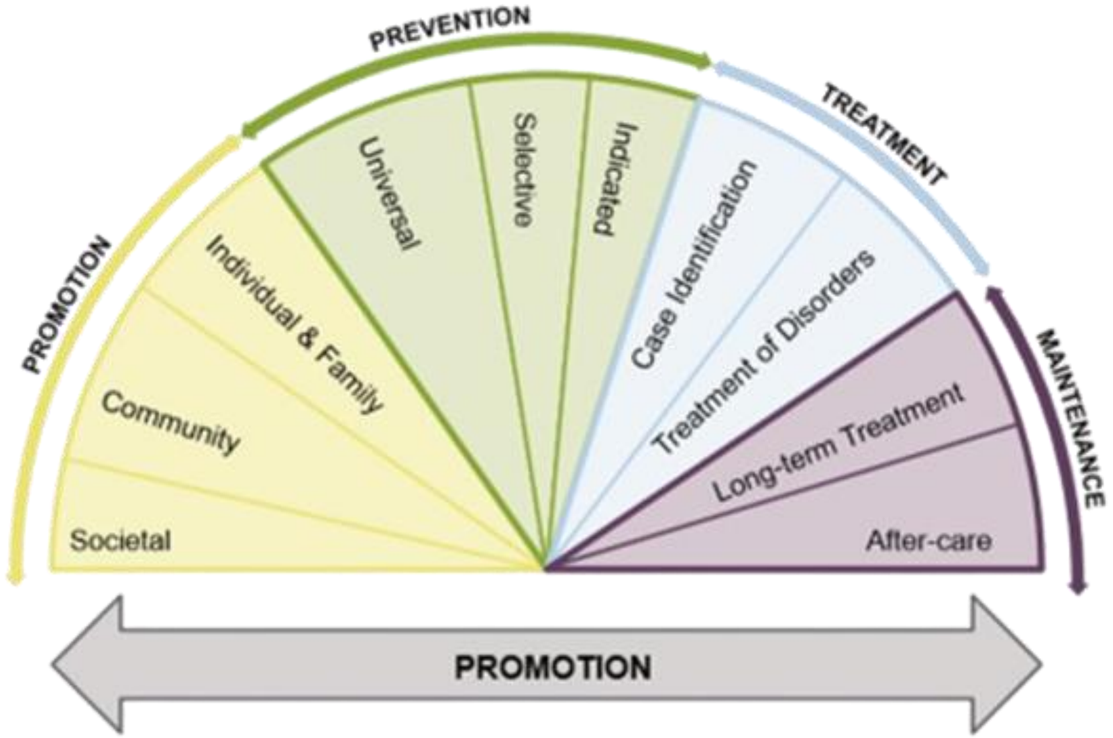
HOW DO WE PREVENT THOSE LONG-TERM IMPACTS FROM OCCURRING?

EVIDENCE-BASED PROGRAMS



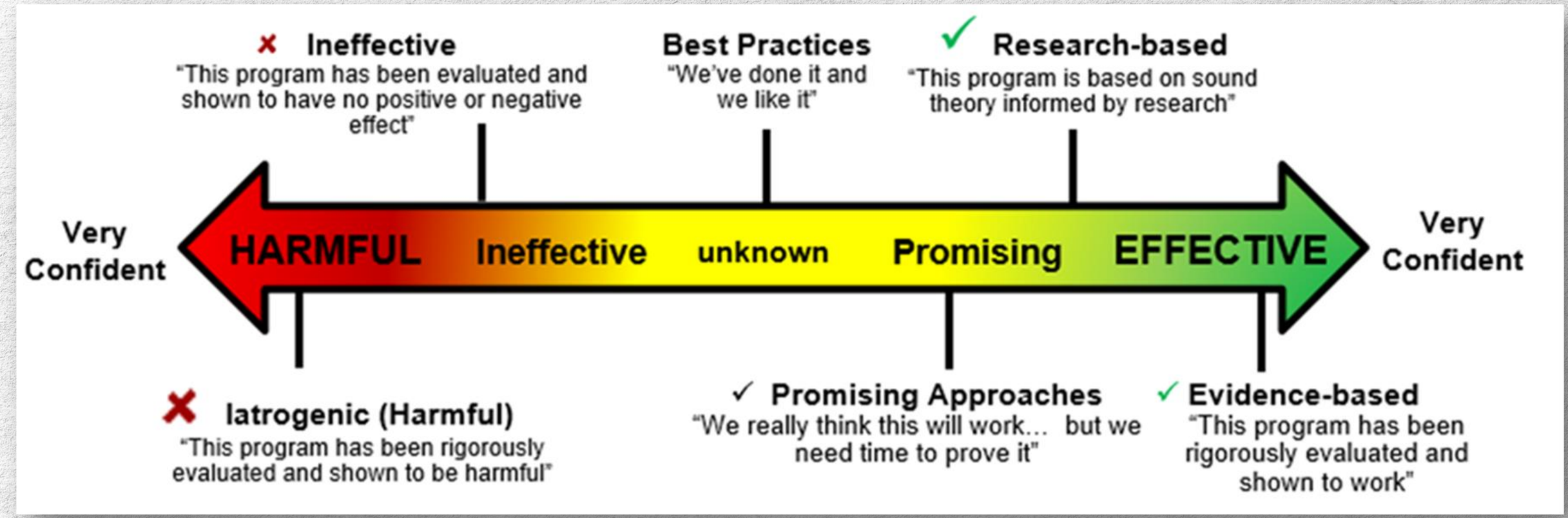
- ☑ Rigorous evaluations proving they have significant long-term outcomes
- ☑ Produce the short and long term outcomes shown in the research when done with fidelity

SPECTRUM OF MENTAL, EMOTIONAL & BEHAVIORAL INTERVENTIONS



*National Academies of Sciences, Engineering, and Medicine (2019). *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25201.

CONTINUUM OF CONFIDENCE

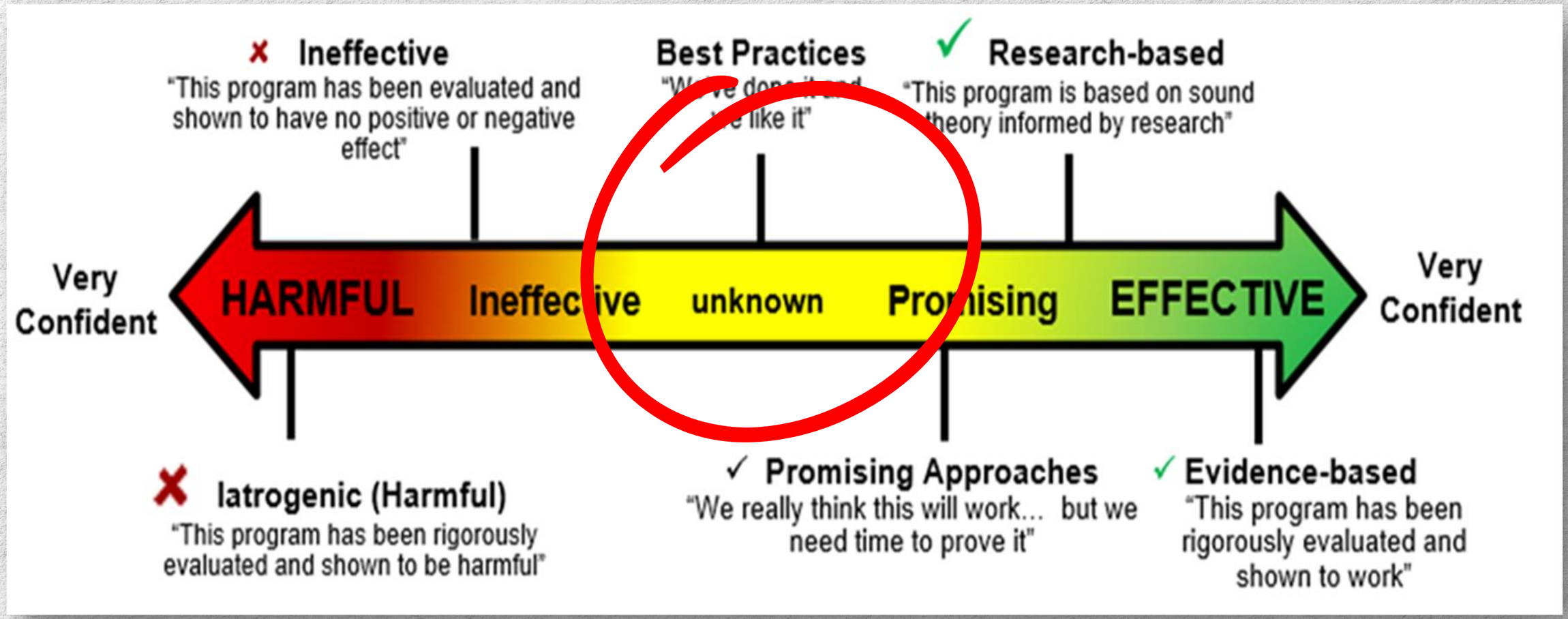


INEFFECTIVE APPROACHES

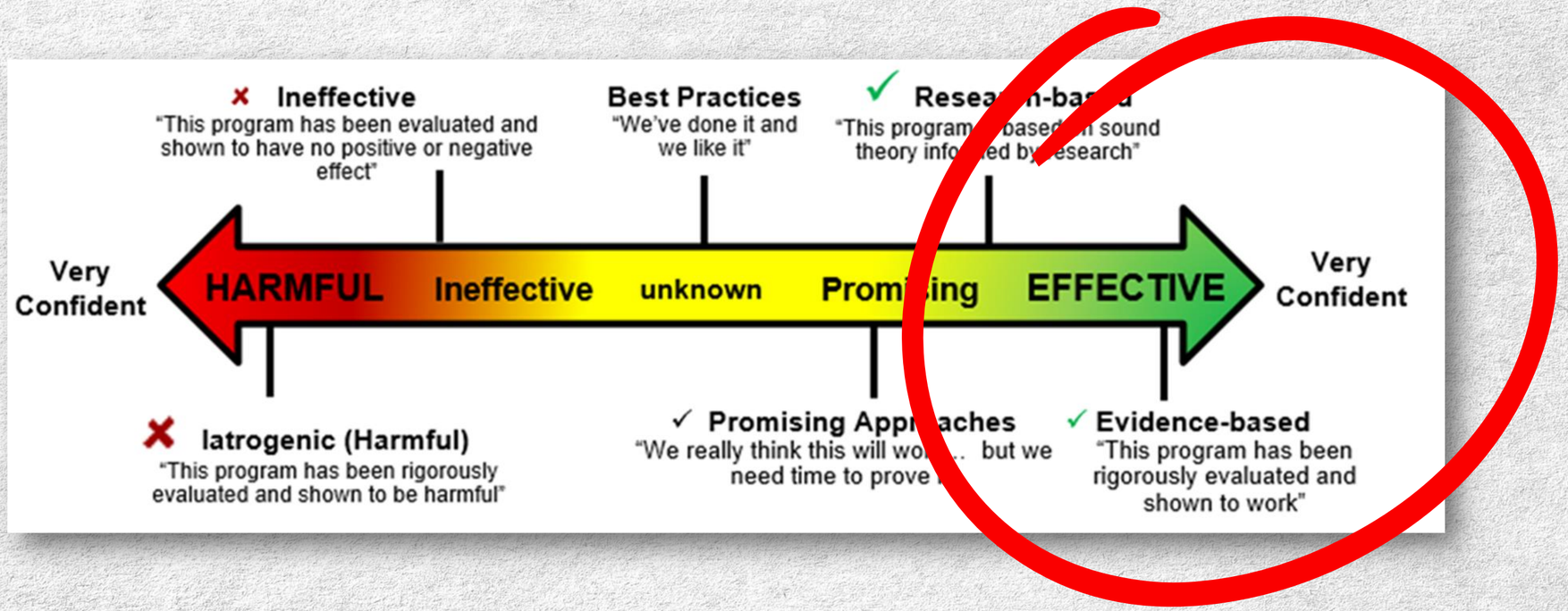
Examples:

- Horror stories
- Dramatization of dangerous/ harmful effects
- Gruesome photos or videos
- Tours of jails; boot camps
- Utilization of infrequent or one-time presentations

Research on these approaches consistently shows their inability to prevent substance use.



Those programs that fall into the middle of the continuum either have not been evaluated or it has been evaluated and there are no effects.



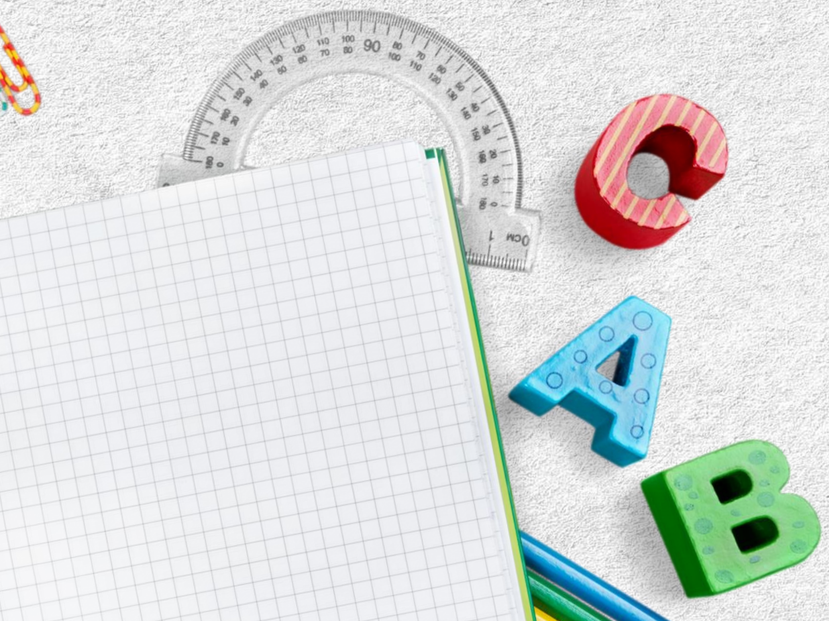
- Improve knowledge, beliefs, attitudes and skills
- Strength-based approaches
- Include transfer of skills to indviudal, peers, family, school, community
- Interactive and hands-on
- Include enough time (duration) to imapct (dosage)

CLEARINGHOUSES FOR EVIDENCE-BASED PROGRAMS

Rating Source	Area of Focus	Website
Blueprints for Healthy Youth Development	Child welfare, juvenile justice	http://blueprintsprograms.org/
Results First Clearinghouse Database	Combines 9 national clearinghouses*	https://evidence2impact.psu.edu/what-we-do/research-translation-platform/results-first-resources/clearing-house-database/
California Evidence-Based Clearinghouse for Child Welfare	Child welfare	www.cebc4cw.org/
CrimeSolutions.gov	Criminal justice	www.crimesolutions.gov/
What Works Clearinghouse	Education	ies.ed.gov/ncee/wwc/
What Works in Reentry Clearinghouse	Criminal justice	whatworks.csgjusticecenter.org
Title IV-E Prevention Services Clearinghouse (Family First)	Child welfare	https://preventionservices.abtsites.com/

PROGRAM CONSIDERATION

- ☑ Are the risk and protective factors addressed by the chosen program, identified or prioritized by your very own community?
- ☑ Who can deliver the model? Where can the program be delivered?
- ☑ How many participants can engage in the program? Is it delivered in a group or individually?
- ☑ What are the intended outcomes in the targeted population?

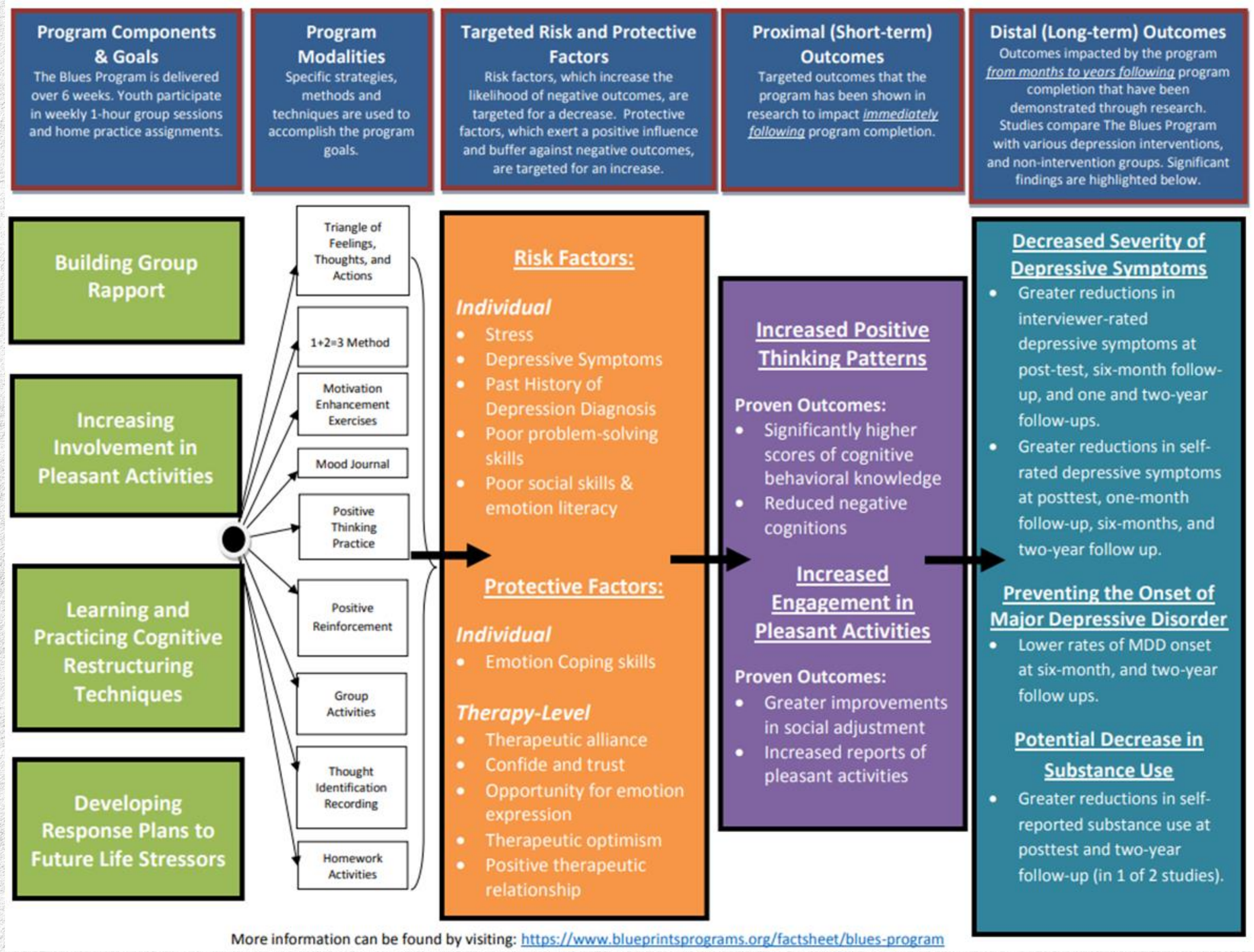


SCHOOL-BASED PROGRAMS

Cognitive Behavioral Intervention
for Trauma in Schools

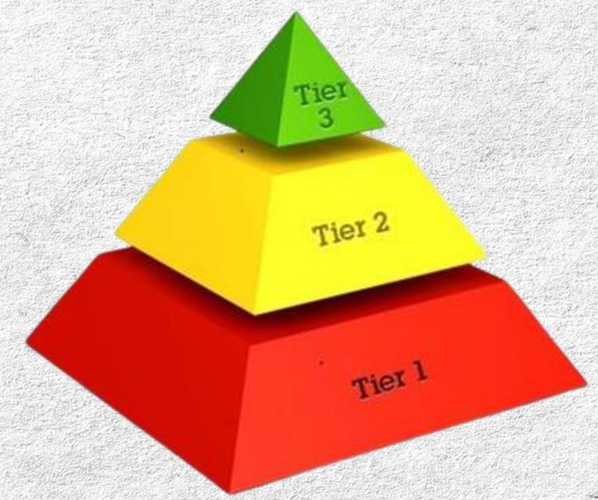
Bounce Back
An Elementary School Intervention
for Childhood Trauma

blues
program



More information can be found by visiting: https://www.blueprintsprograms.org/factsheet/blues-program

THE BLUES PROGRAM



Tier 2:
Targeted Small Group Instruction

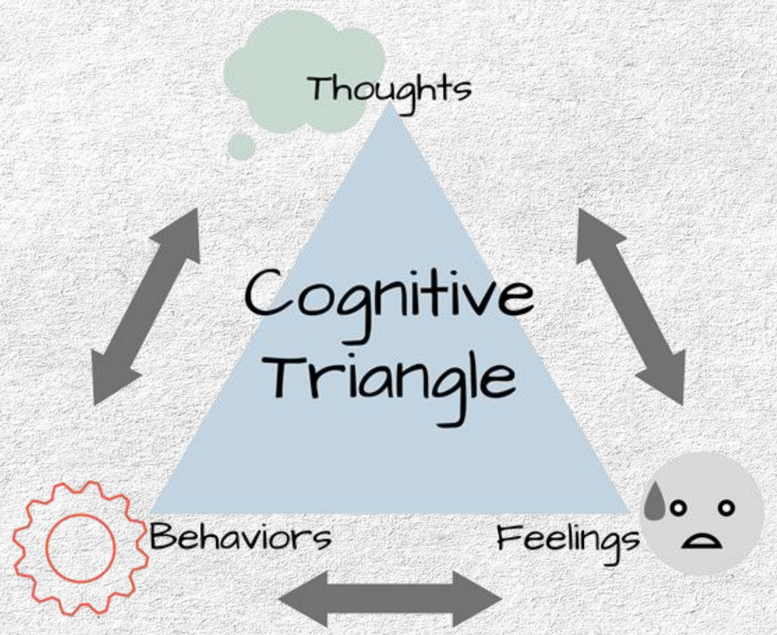
Target Population: Youth ages 15 - 18

Delivery Format: Group setting

Facilitators: 1 - 2 trained program facilitators

Training: 8 hours for up to 14 attendees

Implementation: Groups of 5 - 8 youth for 1 hour/ week for 6 sessions



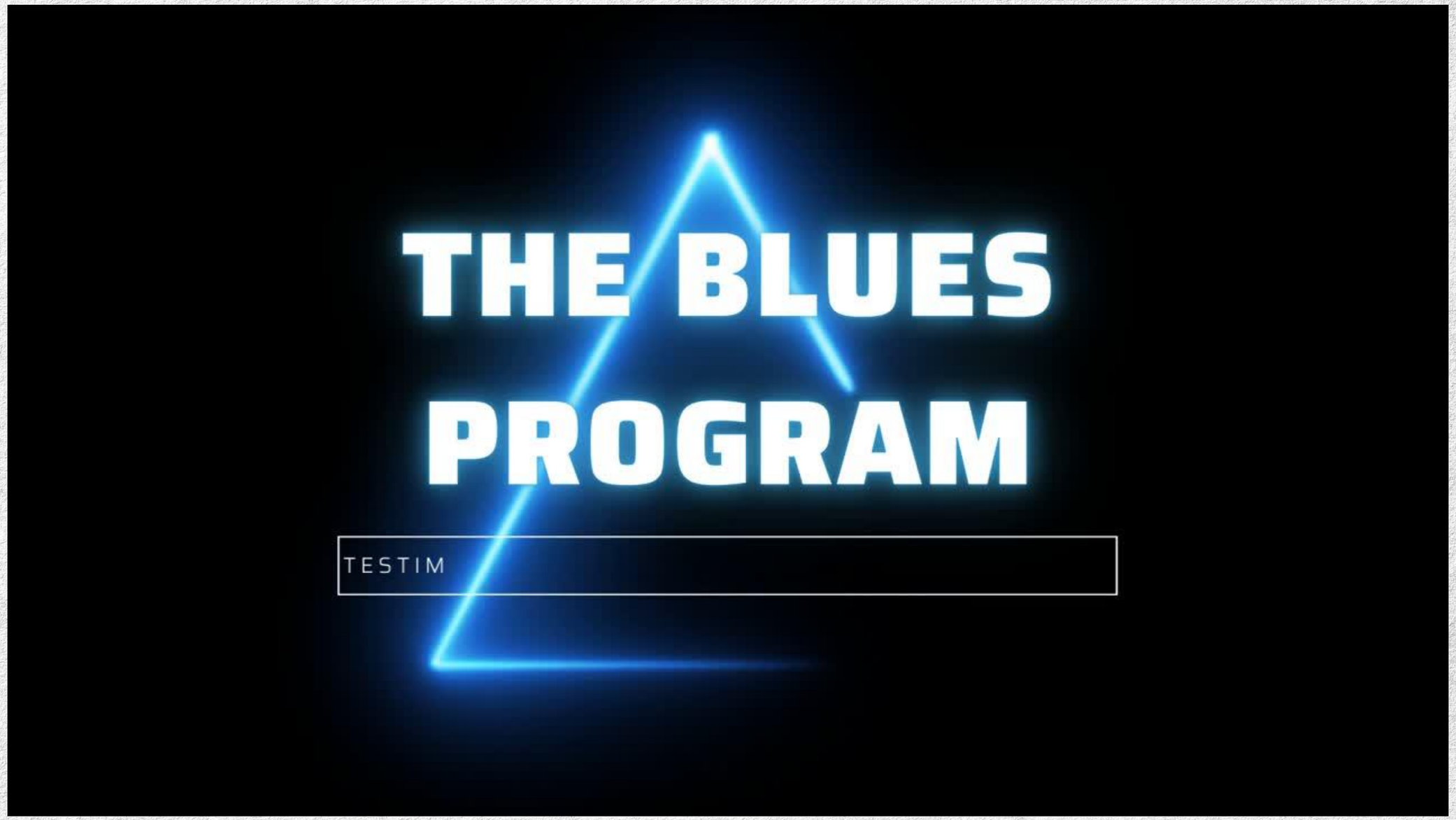
THE BLUES PROGRAM

- Building rapport
- Increasing participant involvement in pleasant activities
- Learning and practicing cognitive restructuring techniques
- Developing response plans to future life stressors

#	Measured Outcomes	What does this mean?
1	**84%** of youth improved their score on the CES-D.	Participants report a decrease in their overall depressive symptoms such as restless sleep, poor appetite, and feeling lonely after participating in the Blues Program.
2	**71%** of youth improved their depressed affect score.	Over half the participants report improvements in their thoughts, feelings and actions post program.
3	**77%** of youth improved their positive affect score.	Post program youth reported having a more positive outlook on their future and were able to challenge negative thoughts.
4	**71%** of youth improved their somatic complaints score.	Participants reported a reduction in physical complaints and ailments often associated with depression such as pain, constant worry about physical health, headaches, etc.
5	**48%** of youth improved their interpersonal problems.	Participants report increased engagement in prosocial behaviors and the ability to control thoughts, feelings and behaviors that prevented them from forming peer relationships.

BLUES PROGRAM OUTCOMES

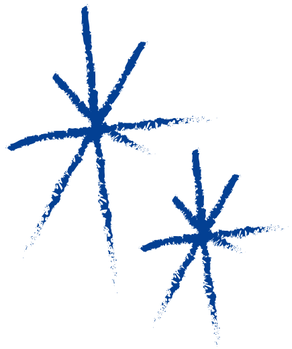
HOLLY HARDIN, COBYS FAMILY SERVICES

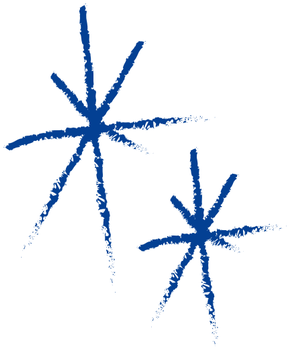


Cognitive Behavioral Intervention for Trauma in Schools

Bounce Back

An Elementary School Intervention for Childhood Trauma





CBITS Components & Goals

Components delivered to youth, parents, teachers.

Gradual exposure and habituation to traumatic memories occurs throughout CBITS.

Screening	**Universal Screening:** Trauma Exposure Checklist and Child PTSD Symptom Scale.
Groups	**Relaxation Skills:** Ways to reduce physical manifestations of stress, and manage distress, related to trauma reminders with a knowledge of common reactions to trauma.
	Cognitive Therapy: Lessons linking thoughts and feelings, while learning to combat negative thought processes.
	Exposure: Learning alternative coping strategies and how to face fears. Youth encouraged to share personal story through imagination, drawing, and/or writing, providing closure.
	Decision Making: Acquire skills on overcoming thoughts that lead to negative action, practice brainstorming solutions to problems, relapse prevention.
Individual Sessions	**1-3 Sessions to support Trauma Narration & Processing:** Provide more intensive exposure work to desensitize trauma memories, resolve avoidance symptoms, correct distorted thinking.
Parent Sessions	2-3 **Psychoeducational Sessions:** Caregivers learn common reactions to trauma, and how to help youth measure feelings, relax, analyze thoughts, face fears, solve everyday problems, and cope with trauma.
Teacher Session	1 **Teacher Educational Session:** Learning common reactions to trauma, how to teach traumatized students, how to help youth measure feelings, analyze thoughts, solve everyday problems, and cope with trauma.

Change Mechanisms

These factors, addressed in CBITS, are shown to impact child outcomes.

- Desensitization to trauma memories and reminders
- Peer support and connectedness
- Correction of cognitive distortions about the trauma (e.g., self-blame, stigma)
- Providing support to the caregiver, and increasing caregiver support of the child
- Improving school staff understanding and use of trauma informed approaches

Outcomes

2 RCTs compared CBITS to control groups.

- Youth report decreased PTSD and depression symptoms at 3 months post treatment.
- Parents Report improved functioning at home, significantly better than control group.
- 10 Month follow up showed statistically significant improvement in depressive symptoms, with scores moving into normative range post CBITS.

Rated as promising by Blueprints for Healthy Youth Development
https://www.blueprintsprograms.org/factsheet/cognitive-behavioral-intervention-for-trauma-in-schools-cbits

Rated as promising by California Evidence Based Clearinghouse for Child Welfare
http://www.cebc4cw.org/program/cognitive-behavioral-intervention-for-trauma-in-schools/

Please see the developers' website, http://cbitsprogram.org, for official information about CBITS training, access to free resources, and learn about CBITS Dissemination and Sustainability.

CBITS

Target Population:

- Grades 5th - 12th

Delivery Format:

- Group and Individual sessions

Facilitators:

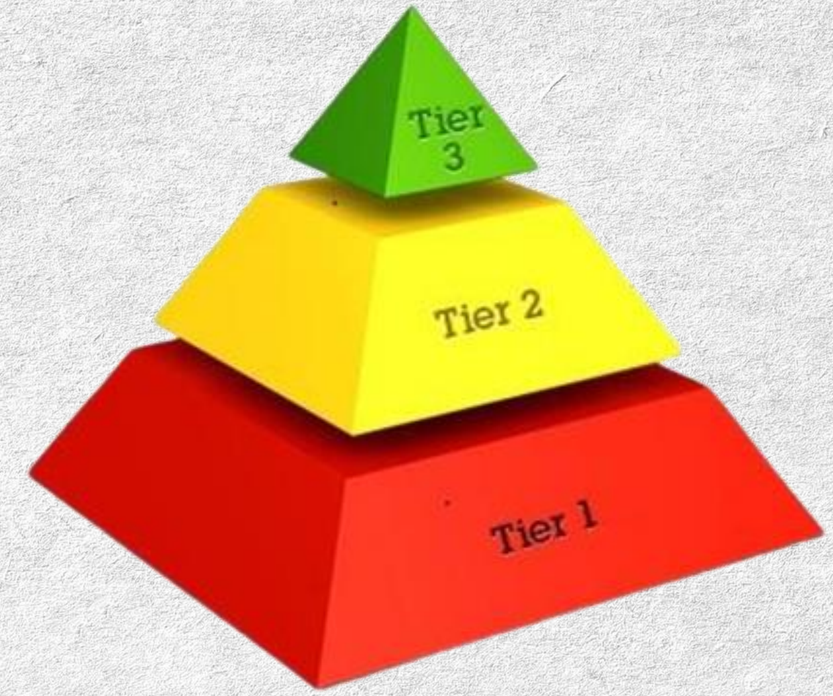
- 1 program facilitator

Training:

- In-person or Virtual - 12 hours total

Implementation:

- Groups of 6 - 8 youth for 1 hour / week for 10 group sessions
- 1 - 3 individual sessions



TIER 2: TARGETED SMALL GROUP INSTRUCTION

CBITS REACH & IMPACT

#	Measured Outcomes with CPSS	What does this mean?
1	**88%** of youth decreased PTSD symptoms.	Overall youth saw a reduction in frequency and intensity of symptoms related to the traumatic event.
2	**86%** of youth decreased re-experiencing.	Youth no longer report experiencing flashbacks, intrusive thoughts, physical feelings in their body related to the traumatic experience, etc.
3	**82%** of youth decreased avoidance.	Participants report engaging in activities and decreased experiences of avoiding people, places and things that remind them of the stressful event.
4	**87%** of youth decreased arousal.	Hyperarousal is a stress response. Participants reported improvements in sleep, concentration, and decrease in anxiety, anger and irritability.
5	**30%** of youth moved from clinical to nonclinical from Pre- to Post-.	Before the program youth scored in the clinical range for PTSD. After the program they scored in the nonclinical range meaning the program was effective in addressing trauma.

CBITS REACH & IMPACT

#	Measured Outcomes with SDQ	What does this mean?
1	**84%** of youth reduced emotional symptoms.	Irritability, anger, worry, crying, etc.
2	**73%** of youth reduced conduct problems.	Defiance, refusal, behavior outbursts, etc.
3	**56%** of youth reduced hyperactivity/inattention.	Lack of concentration, fidgeting, etc.
4	**54%** of youth reduced peer relationship problems.	Peer conflict, avoidance, superficial relationships, arguing, etc.
5	**54%** of youth improved prosocial behavior.	More cooperative, helpful, caring, engaged in positive activities, etc.
6	**95%** of youth reported reduced impact from Pre to Post.	Participants report overall improvements post intervention.


COGNITIVE BEHAVIORAL INTERVENTION
CBITS
FOR TRAUMA IN SCHOOLS
CBITS
Testimony
with Ashley from Valley Youth House

ADDITIONAL EBPS

School-Level	Evidence-Based Programs that can be considered…
Pre-Kindergarten	oThe Incredible Years® programs oPATHS®
Elementary School	oThe Incredible Years® programs oPATHS® oThe Positive Action program oThe BounceBack Program
Middle School	oThe Positive Action program oThe Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
High School	oThe Blues Program oCBITS

FUNDING PROGRAMS

- State & Federal Grants
- Foundation Grants
- United Way
- Local Businesses & Service Clubs
- Local Public Agency Funding
- Medicaid

PROGRAM IMPLEMENTATION

☑ Model Fidelity:

- Adherence
- Duration
- Dosage
- Quality of Delivery
- Participant Engagement

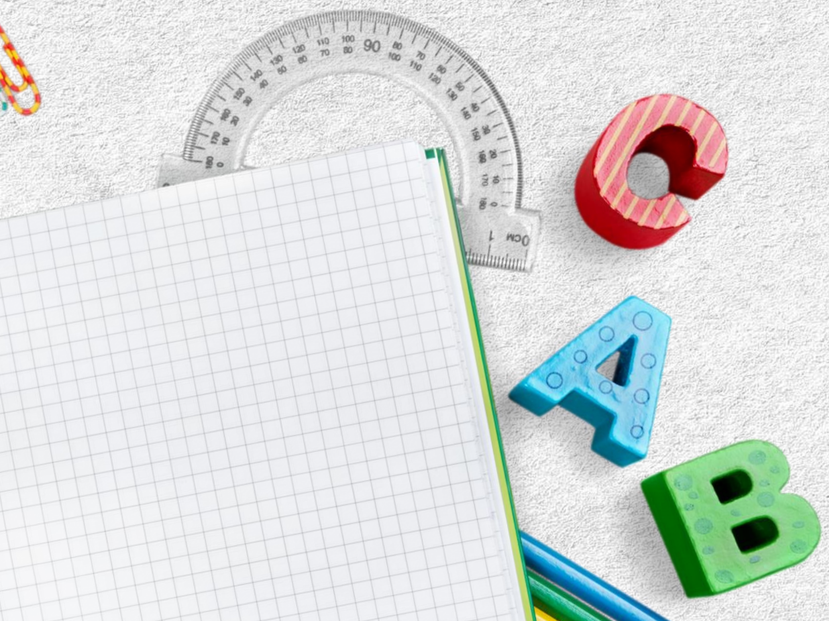
☑ Logic Models

RECIPE

NO RECIPE

PROGRAM IMPLEMENTATION (CONTINUED)

- ☑ Manualization of EBPs
- ☑ Monitoring Impact & Outcomes
- ☑ Communicate impacts and outcomes to ALL stakeholders

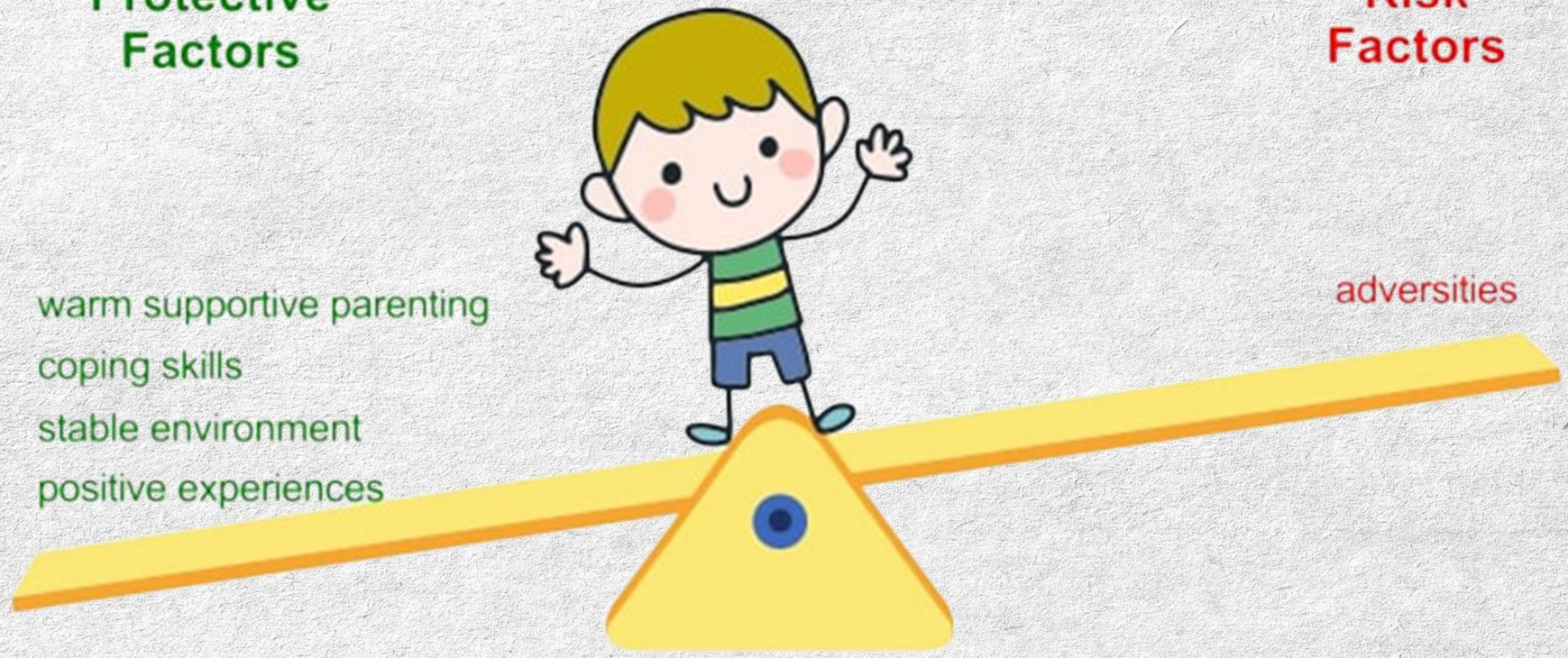


Protective Factors

warm supportive parenting
coping skills
stable environment
positive experiences

Risk Factors

adversities



Positive Outcomes

Negative Outcomes

RELATIONSHIPS MATTER

EPIS
EVIDENCE-BASED PREVENTION AND INTERVENTION SUPPORT

CONNECT WITH EPIS

Nicole Platz, MS

npw5251@psu.edu

www.EPIS.psu.edu

PREVENTION Learning Portal

www.PLP.psu.edu