Promising Practices
Innovation and Scale Up Lab

Knowledge into Action
Action into Knowledge

School Mental Health Ontario | Santé mentale en milieu scolaire Ontario | Western Centre for School Mental Health

Implementation Practices for Tier 2 Approaches

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Innovation and Scale Up Lab Overview

The Innovation and Scale Up Lab's (ISU Lab) mission is to examine and advance evidence-based and implementation-sensitive approaches within school mental health, and to mobilize both research and practice evidence to enhance quality, consistency, scalability, and sustainability in Ontario schools. To move this agenda forward, the ISU Lab aims to:

- Seek out promising research and practice examples
- Partner with key stakeholders to ensure that proposed innovations meet a clear and specific need
- Study innovations to ensure that promising approaches are evidence-based and implementation-sensitive within the context of Ontario
- Share lessons from promising approaches and engage in related knowledge mobilization and dissemination

Projects

These promising practices were drawn from the Tier 2 case studies of the ISU Lab, to date:
Tier Two, Prevention and Early Intervention

- Brief Intervention for School Clinicians (BRISC)
- Supporting Transition Resilience of Newcomer Groups (STRONG)

Purpose

Tier 2 practices and systems provide targeted support for students who are not successful with Tier 1 supports alone. The focus is on supporting students who are at a higher risk of developing more serious problems. With school-wide, Tier 1 systems in place, schools are able to identify which students need additional support. The purpose of the following summary is to identify effective strategies across the Tier 2 projects involved in the SMHO Innovation and Scale Up Lab to identify pragmatic and usable practices to consider when implementing Tier 2 programs in the school setting.

Implementation Practices for Tier 2 Programs

Provide Tailored, Interactive Training Opportunities and Post-Training Support
Comprehensive training is essential to support the clinician's fidelity in delivering Tier 2 interventions, regardless of their previous level of experience. Engage participants through interactive discussion and activities focused on specific components of the intervention, such as practice activities in small groups in a manner that simulates a real-life-in-person session with a youth. Hands-on practice may increase clinicians' confidence with the material and provide opportunities for the facilitator to give specific and relevant guidance and feedback. In addition, this allows clinicians a chance to identify possible implementation challenges or concerns which can be brought to the larger group to brainstorm potential strategies and/or solutions. If possible, provide post-training support in the form of booster sessions or consultation sessions with other clinicians. For example, the SMH-ON team organized optional monthly Community of Practice calls for clinical supervisors and/or mental health leads in order to help clinicians implement BRISC effectively and troubleshoot challenges as they arose.

The pilot revealed the importance of having the board clinical supervisor and/or MHL lead attend the consultation sessions and provide ongoing BRISC consultation within their respective boards. It also exposed a need for specific training geared to BRISC supervisors and re-enforced the need for supervisors to attend and actively participate in BRISC training." –BRISC Case Study (p.11)

Communities of Practice also provided an important implementation support for a Tier 2 group intervention for newcomers students. Encourage clinicians to connect with colleagues or other school personnel for implementation support, and consider the option of having a co-facilitator.

"Those who had a co-facilitator greatly appreciated the support. They described benefits for the group and personally, given the opportunity to learn with and from a colleague. Teams that included both a social worker and psychologist expressed benefits from being able to work with a colleague from a different discipline." –STRONG Case Study (p.11)

Tailor Specific Training Opportunities to Meet Local Needs

Allow participants to provide feedback on the training and be flexible and creative when making adaptions for a specific context. For example, in the Thunder Bay area, regulated mental health professionals from community agencies offer mental health supports to students. These local professionals were offered BRISC training in order to build local capacity. Further, ensure that training materials are customizable to allow future trainers to incorporate their own stories and experiences into the existing materials (e.g., slide decks). Consider inviting speakers with lived experience or have expertise in the specific area to strengthen the training sessions. For example, STRONG program training incorporates speakers who were newcomers, or worked with newcomers, and were of similar cultural background to their clients.

"These speakers helped set the stage about newcomer experiences in Canada. In the third year, the trainers expanded this section to include more information about different pathways to Canada and the consequences. Clinicians greatly appreciated this part of the training." – STRONG Case Study (p.10)

Consider Implementation Conditions from the Start

Several barriers have been identified that hinder the adoption and effectiveness of youth mental health service delivery in schools. Some of these barriers include large caseloads for clinicians, diverse mental health needs among the student population, limited time and training opportunities for clinicians, and poor buy-in from administrators and teachers. Encourage clinicians to advocate for students by helping school staff understand the importance of the intervention and to facilitate students' attendance. Fostering positive relationships within the school is vital for recruitment and addressing barriers such as finding space and time in the school to run the program. Given that missed instructional time is a common concern among educators, clinicians should be flexible and focus on common elements of effective, evidence-based approaches to keep school-based interventions brief. While flexibility is important, clinician's must always track the interventions used in each session and indicate any adaptions made to ensure program integrity. Given that BRISC is a manualized, step-by-step approach, a set of criteria were developed and agreed upon by the school boards to give boards the opportunity to try the intervention on a small scale first and receive phone-based support for quality improvement purposes.

"While clinicians could try BRISC with as many students as they wanted, they were first asked to try the intervention with fidelity with a few students. Also, training the mental health lead or clinical supervisor meant clinicians had someone they could turn to internally for support and guidance when trying the intervention." – BRISC Case Study (p.9)

Research and Resources

- **Innovation and Scale Up Lab Case Studies**
  - Available at: https://www.csmh.uwo.ca/smho-lab/resources.html