

Call for Abstracts

17th Annual Conference on Advancing School Mental Health

The Center for School Mental Health (CSMH)

University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry
in collaboration with

The IDEA Partnership, funded by the Office of Special Education Programs, sponsored by the
National Association of State Directors of Special Education (NASDSE)

October 25-27, 2012

Salt Lake City, Utah



To Submit an Abstract, <http://csmh.umaryland.edu>. Online submission is required.

Using the guidelines provided, please submit your abstract online by **January 23, 2012**

CONFERENCE THEME:

School Mental Health: Promoting Positive Outcomes for Students, Families, Schools, and Communities. The conference emphasizes a shared school-family-community agenda to bring high quality and evidence-based mental health promotion, prevention, and intervention to students and their families in general and special education in schools. Programs and services should be consistent with a public health approach and a focus on integrated strategies to reduce academic and non-academic barriers to learning with diverse students and families along developmental, cultural, and personal dimensions.

CONFERENCE OBJECTIVES: Participants will be able to:

- 1) Identify three or more strategies for effectively implementing a full continuum of integrated approaches to reduce barriers to learning.
- 2) List three challenges to implementing evidence-based practices and programs in school mental health and identify at least three strategies to overcome them.
- 3) Define the concept of family-school-community partnership and be able to identify three action steps to building a shared agenda.
- 4) Develop three written, achievable strategies for program evaluation, focusing on outcomes valued by school and community stakeholders.
- 5) List at least three strategies to build policy support for school mental health in their local community.

GUIDELINES FOR ABSTRACTS:

- Presentation should be consistent with conference theme and objectives
- Topic of presentation should be consistent with priorities of one practice group (track)
- Must describe the content, method of teaching, and identify three learning objectives for the session that are clearly defined and measurable
- Include information on how outcomes, research, evidence-based practice, and/or practice-based evidence informs this presentation
- Be appropriate for and sensitive to a diverse group of stakeholders
- Sessions that include youth and caregivers as presenters are encouraged

Submissions should consider incorporating best practices and strategies related to:

- Implementing a full continuum of integrated approaches to reduce barriers to learning
- Building shared family-school-community system approaches
- Fully involving diverse stakeholders –youth, families, educators, community staff, researchers, policy makers and others in all aspects of work
- Evaluating, implementing, and advancing high quality and evidence-based services
- Enhancing policy, growing resources, advancing research, and expanding programs and initiatives

The following information is required for the online abstract submission.

Presentation Categories

- ***Intensive Training Workshop (3.5 hrs.):*** An extended session that offers more intensive, hands-on, interactive training for individuals interested in gaining more in-depth and advanced knowledge and/or skills related to a topic.
- ***Conference Session (60 min.):*** A session that encourages active participation and discussion and allows individuals to gain new knowledge, skills, and enhanced understanding of a topic.
- ***Advanced Practice Skills Workshop (90 min.):*** A session that offers practical, evidence-based training related to assessment, evaluation, and/or practice in school mental health. Skill rehearsal and practical implementation strategies should be included.
- ***Symposia (90 min.):*** Each symposium is comprised of 2-3 presentations that address a single topic from different perspectives or discuss several components of a research project. A symposium and its presenters are introduced by the symposium Chair. The Discussant provides a brief, reflective summary of all presentations at the end of the symposium. The symposia should include time for a dialogue after the summary is provided. There can be a maximum of two speakers per presentation (max of 6 per symposia). The Chair and Discussant can both serve as presenters.
- ***Posters (during the evening reception):*** A session that offers an opportunity to visually share and verbally discuss with participants innovative research, training, policy, or practice in school mental health. Equipment provided by CSMH: 4' by 8' cork/cloth poster board, and up to two chairs will be supplied. An example of a layout includes: poster title and authors names (center at top of board), introduction and abstract, methods, results, conclusions, tables and figures, and a list of references.

Abstract and Program Booklet Descriptions

There is a 750-word limit for abstracts, a 75-word limit for the program booklet descriptions, and a 125-character limit for titles. Symposia should include abstracts for each presentation plus an additional 300 word summary of the overall symposium.

Presenters

Please provide the following information for all presenters who will be in attendance: name, degree, title, organization, email, address, and phone number.

Intended Audience for the Presentation

Please select from the following categories (check all that apply): Families, Youth, Educators, Mental Health and Health Providers, Paraprofessionals, Administrators, Policymakers/Legislators, Researchers, Child and Family Advocates, Child Welfare Staff, Juvenile Service Staff, Community Leaders

Mode of Presentation

Please select from the following (check all that apply): PowerPoint, Active Discussion, Panel, Interactive Activities, Video, Role Play/Demonstration, Case Examples, Question and Answer, Skill Practice, Other

Balance in Presentation Format

Please indicate the percentage of time spent on lecture, discussion, and activities.

STRANDS FOR PRESENTATION SUBMISSIONS:

The National Community Practice on School Behavioral Health brings together states, organizations, agencies and individuals related to their interest in advancing school mental health. There will be twelve separate conference strands (tracks) corresponding to the twelve practice groups within the larger National Community of Practice on School Behavioral Health. Descriptions of each track are provided here.

- 1) **Building a Collaborative Culture for Student Mental Health.** This practice group has as its primary objective to promote the active exchange of ideas and collaboration between school employed and community employed mental health providers, educators, and families. This exchange is to support the social, emotional and mental health and the academic success of all children and adolescents. Research suggests that the social/emotional health of children and adolescents is linked to their academic and overall success in schools. By working together in a collaborative and creative manner, school, family, and community resources can better serve the educational and social/emotional needs of all students and assist in ensuring good mental health. This practice group is focused on successful strategies and practical examples of how to develop and implement a culture of collaboration across multiple initiatives, programs, and providers working in schools.
- 2) **Connecting School Mental Health and Positive Behavior Supports.** This practice group is a conduit for families, researchers, administrators, and practitioners to find common interests and practices related to school mental health (SMH) and Positive Behavior Supports (PBS). PBS approaches are designed to prevent problem behaviors by proactively altering the environment before problems begin and concurrently teaching appropriate behavior. School-wide positive behavior support systems support all students along a continuum of need based on the three-tiered PBS prevention model. SMH can be thought of as a framework of approaches that promote children's mental health by emphasizing prevention programming, positive youth development and school-wide approaches. These approaches call for collaboration among mental health providers, educators, families, related service providers and school administrators in order to meet the mental health needs of all students. By working collaboratively, this practice group seeks to clarify the relationship between PBS and SMH in order to promote seamless practice at the local level.
- 3) **Connecting School Mental Health with Juvenile Justice and Dropout Prevention.** This practice group is committed to working across stakeholder groups to advance knowledge and best practice related to effectively linking school mental health with juvenile justice and dropout prevention. For youth to be successful, effective coordination and communication across systems is needed, and resources and best practice guidelines related to this work need to be readily available. Key priority areas include advancing effective strategies for: Reducing truancy, unnecessary suspensions and expulsions, dropout, and delinquency; Building school and community capacity to meet the needs of youth and their families; Promoting successful transitions between systems; Encouraging relevant professional development for school and juvenile justice staff; Advancing school connectedness and family partnership; Promoting best practices in diversion and early intervention for youth who are in the juvenile justice system or who are at risk of placement in juvenile detention.
- 4) **Education: An Essential Component of Systems of Care.** This practice group is focused on the role of schools as significant partners with other child-serving, community agencies/organizations and families in improving outcomes for children and youth with, or at risk of, mental, emotional and behavioral health challenges. The EESOC practice group promotes learning as critical to social-emotional health and the adoption of effective services and supports that build and sustain community-based, Systems of Care (SOC). As a proactive, national level practice group, we will support resource sharing, cross agency training, and collaborative professional development. Our practice group is committed to looking at the multiple needs of children and families through a systemic lens. Therefore, it encourages presentations that outline or describe a system approach to service delivery; incorporating various system partners especially families and youth in any presentations.
- 5) **Families in Partnership with Schools and Communities.** This practice group embodies family driven principles and is led by family members. Submissions including family members as part of the presentation team are strongly encouraged. Submissions should reference a connection to meaningful family participation in content and development of the presentation. This practice group fosters family participation

in family-school-community collaboratives by supporting capacity building efforts for a shared agenda and effective infrastructure development and maintenance. Our Priorities are: 1) Educating and informing families to help them effectively voice their needs to their school districts, in their communities and on state and national levels; 2) Advocating for and supporting the participation of families across community of practice groups; 3) Educating and informing schools, systems, policy groups and others about the importance of family integration in policy work; 4) Providing a place for family leaders to collaborate on discussion of needs, priorities and opportunities; 5) Supporting the work of families.

- 6) **Improving School Mental Health for Youth with Disabilities.** The purpose of this practice group is to promote collaboration between schools and school systems, mental health agencies, service providers, youth, caregivers, and other key stakeholders to facilitate the delivery of quality mental health services to students with disabilities in the school setting. Enhanced collaboration will increase opportunities to deliver coordinated learning and mental health interventions, and facilitate understanding of the challenges and opportunities for youth with disabilities. Through these partnerships, we seek to ensure that students with disabilities receive appropriate programs and services in the least restrictive environment to successfully achieve targeted goals.
- 7) **Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration.** Creating a common language among parents, educators, pupil services personnel, and mental health providers helps to establish a strong community of understanding so students can learn, participate, and achieve. This practice group helps to promote greater understanding of the language used across interactive systems in mental health and education. In schools, a full complement of services helps to ensure that students receive the necessary supports and tools for both academic and social emotional learning. We recognize that a community of multiple stakeholders is needed to address the mental health and educational needs of students. Our key priorities are: 1) To demystify the vocabulary used; 2) To add increased value to state and local educational/family/youth services agencies currently implementing expanded school mental health services/programs; 3) To promote a better understanding of how we communicate across systems/stakeholders; and 4) To build stronger relationships across systems of care for families, students, and professionals involved in schools.
- 8) **Psychiatry and Schools.** This group focuses on issues related to psychiatric services in schools. Topics may include, but are not limited to, the roles of psychiatrists who work in schools, and interdisciplinary collaboration among psychiatrists and other professionals working in schools, including primary health care professionals. One of the goals will be to consider what kind of training is needed for psychiatrists to be effective school consultants and providers. Other important issues include the development of guidelines for appropriate medication prescribing in schools, and ways to utilize psychiatric services optimally in the face of severe shortages of child and adolescent psychiatrists. This practice group and proposals for our track are open to psychiatrists, educators, school health professionals and all others with an interest in this topic. We hope this practice group will encourage psychiatrists who work in schools and those who interact with them to share their experiences and challenges. We hope this joint effort will lead to the development of effective recommendations and, ultimately, improved psychiatric support in schools.
- 9) **Quality and Evidence-Based Practice.** The mission of the Quality and Evidence-Based practice group is to (a) share information across individuals and groups interested in improving the quality of school mental health (SMH) programs and services and (b) discuss, promote, and disseminate evidence based practices in SMH. The practice group strives to bridge the research-practice and practice-research gaps in the field. In addition, the practice group seeks to understand and identify the best student- and program-level evaluation strategies.
- 10) **School Mental Health for Culturally Diverse Youth.** This practice group will focus on the practice, theory, and research specific to culturally diverse youth in the schools. The mission of the School Mental Health for Culturally Diverse Youth practice group is to promote a better understanding of the strategies that are designed to enhance the success of culturally diverse youth in the school environment. Specific issues such as stigma, cultural adaptations, health disparities, disproportionality, family engagement, and cultural competence will be addressed. The practice group will identify and disseminate information on effective treatment approaches to better inform the education, family, and youth-serving systems.

- 11) **Mental Health for Military Families.** The vision of this practice group is: To develop and implement a comprehensive array of school programs and services to support military students, family, and community. Proposed objectives include: 1) To promote a full continuum of mental health promotion and intervention programs and services to include early identification and intervention, prevention, evaluation, and treatment; 2) To remove barriers to learning and improve the academic success of students; 3) To enhance strengths and protective factors in students, families, and the school community; 4) To promote the quality of life and wellness in military families; 5) To provide training, staff development, and research opportunities to improve children's and adolescents' mental health and education
- 12) **Youth Involvement and Leadership.** This practice group is focused on advancing youth involvement and leadership in school mental health. Priority areas include: 1) Expanding youth leadership, participation, and input at local, state, and national levels; 2) Advancing the development and implementation of strategies and approaches that promote greater youth leadership at all levels of the service systems that support them; 3) Supporting efforts by the national community of practice and its practice groups to promote meaningful youth involvement and leadership; 4) Organizing a dialogue around greater inclusion of youth in meaningful ways in all facets of school mental health; 5) Developing and promoting best practices and innovative approaches for youth involvement and leadership; 6) Serving as a resource for educators and practitioners to develop strategies and approaches that teach new skills that help advance youth involvement and leadership in schools and communities. This practice group is especially interested in proposals that include youth presenters as part of the presentation.

IMPORTANT CLARIFICATION NOTES:

Costs: All presenters are responsible for their own transportation, accommodation, and conference registration costs. Presenters will receive a reduced presenter registration rate. If accepted, the primary presenter **MUST** contact ALL secondary presenters to sign the acceptance agreement form.

Materials: CSMH will provide a LCD, screen, flip chart, markers, microphone (if needed), however because of the hotel cost for internet connection, no individual internet connection will be provided. Presenters will be responsible for all other equipment and copies of handout materials. For PowerPoint presentations, **presenters will need to bring their own laptops.**

****PowerPoint presentations will be shared with participants on the CSMH website. Presenters are asked to provide the CSMH with their PowerPoint slides prior to the conference.**

Notification: Presenters will be receiving a Notification of Acceptance by April 1, 2012.

For more information please contact: Sylvia Huntley, Training Manager, CSMH, University of Maryland Baltimore / Department of Psychiatry, 737 W. Lombard Street, 4th Floor, Baltimore, MD 21201, 410-706-0981, toll-free 1-888-706-0980, shuntley@psych.umaryland.edu

Hotel Information: Be sure to identify yourself as attending the 17th Annual Advancing School Mental Health Conference. Reservations must be made by September 24, 2012. Please note that our block of rooms may fill up prior to that cut-off date. Early reservations are recommended.

*Salt Lake City Downtown Marriott
75 S. West Temple
Salt Lake City, Utah*

<http://www.marriott.com/hotels/travel/slcut-salt-lake-city-marriott-downtown>