

Call for Abstracts
15th 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 partnership 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 7-9, 2010
Hyatt Regency Albuquerque, Albuquerque, New Mexico

Online Submission!

Deadline date: February 6, 2010

To Submit an Abstract go to <http://csmh.umaryland.edu>. Online Submission is Required

Using the guidelines provided, please submit your abstract form no later than **February 8, 2010**

CONFERENCE THEME:

School Mental Health and Promoting Positive School Culture

CONFERENCE OBJECTIVES:

Participants will be able to identify three or more strategies for effectively:

- 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, policy makers and others in all aspects of this work
- Implementing and documenting progress of high quality and evidence-based services
- Enhancing policy, growing resources, and expanding programs and initiatives

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

Presentation Categories (See Page 2 for Definitions):

- Saturday Intensive Training Workshops (3.5 hours)
- Thursday/Friday Conference Sessions (60 minutes)
- Posters (To Be Displayed for the Friday Reception)

Abstract and Program Booklet Descriptions

There is a 750-word limit for abstracts and a 50-word limit for the program booklet descriptions.

Who is the Intended Audience for the Presentation

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

Mode of Presentation

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

Balance in Presentation Format

Lecture	%
Discussion	%
Activity	%

Strands for Presentation Submissions*

There will be twelve separate conference strands corresponding to the twelve practice groups within the larger National Community of Practice on School Mental Health:

- 1) Building A Collaborative Culture for Student Mental Health
- 2) Connecting School Mental Health and Positive Behavior Supports
- 3) Connecting School Mental Health with Juvenile Justice and Dropout Prevention
- 4) Education: An Essential Component of Systems of Care
- 5) Family-School-Community Partnerships
- 6) Improving School Mental Health for Youth with Disabilities
- 7) Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration
- 8) Psychiatry and Schools
- 9) Quality and Evidence-Based Practice
- 10) School Mental Health and Child Welfare
- 11) School Mental Health for Military Families
- 12) Youth Involvement and Leadership

**Related to requests from the national and local community, there will also be a specialty strand on School Mental Health for Culturally Diverse Youth. Clinically focused presentations are strongly encouraged across all practice groups.*

***Strand (track) descriptions for presentation submissions are listed on page 3.**

***Elaboration on Conference Theme.** The conference theme emphasizes school mental health programs that reflect a shared school-family-community agenda to bring high quality and evidence-based mental health promotion 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.

Definitions of Presentation Categories:

Intensive Training Workshop (3.5 hrs.)—A session that offers 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.

Posters—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.

Sample Layout:

Poster title and authors names (center at top of board)

Introduction - abstract

Methods

Results

Conclusions

Tables and Figures

References

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. CSMH will provide a LCD, screen, flip chart, markers, microphone (if needed), and 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 need to bring their own laptops.**

Notification: Presenters will be receiving a Notification of Acceptance by April 15, 2010.

For More Information: Sylvia Huntley, Training Manager
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Hotel Information: For more information and to make reservations
Hyatt Regency Albuquerque
330 Tijeras NW
Albuquerque, New Mexico 87102
Phone: 505-842-1234

Website: <http://www.albuquerque.hyatt.com/hyatt/hotels/index.jsp>

Be sure to identify yourself as attending the 15th Annual Advancing School Mental Health Conference. Reservations must be made by September 13, 2010. Our block of rooms may fill up prior to that cut off date. Early reservations are recommended.

DESCRIPTION OF THE 12 PRACTICE GROUPS (TRACKS)*

- 1) **Building A Collaborative Culture for Student Mental Health** (Formerly called Social, Emotional and Mental Health in Schools). 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. A collegial, invitational approach to working together will allow all professionals and families to effect positive systemic change resulting in better informed and skilled school personnel to address the needs of students. 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.
- 2) **Connecting School Mental Health (SMH) and Positive Behavior Supports (PBS)**. This practice group is a conduit for families, researchers, administrators, and practitioners to find common interests and practices related to SMH and 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 integrating school mental health with juvenile justice and dropout prevention. We believe that, 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 effective strategies for: addressing the School-to-Prison Pipeline (STPP); reducing truancy, unnecessary suspensions and expulsions, dropout, and delinquency; promoting successful school reentry and transitions; and professional development for school and juvenile services staff.
- 4) **Education: An Essential Component of Systems of Care**. The mission of the Education: An Essential Component of Systems of Care Practice Group is to advance an agenda that promotes the integration of education, families, and mental health as integral partners in systems of care. As a proactive, national level practice group, we support resource sharing, cross agency training, and collaborative professional development across the different child serving systems but especially between the education and mental health fields. Our goal is to become the conduit by which researchers, administrators, practitioners and families share common interests and practices. It is our belief that youth with mental health needs are better served by people and systems that collaborate around aligned purposes and support a more connected look at issues in the context of the local schools.
- 5) **Family-School-Community Partnerships**. The Family Partnership Practice Group of the National Community of Practice on Collaborative School Behavioral Health fosters family participation in family-school-community collaboratives by supporting capacity building efforts for a shared agenda and effective infrastructure development and maintenance. In addition to advancing understanding of the value of family-school-community collaboratives, key capacity building efforts will include working with other practice groups to provide: targeted information, leadership training, mentoring, and coaching, initial and ongoing family-school-community stakeholder development. 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. *This practice group supports family participation as a vital component of all presentations.*
- 6) **Improving School Mental Health for Youth with Disabilities**. The purpose of this practice group is to promote collaboration between education agencies and mental health agencies and services providers to facilitate the delivery of quality mental health services to students with disabilities in the school setting. By promoting better collaborative efforts education and mental health agencies benefit from shared learning and shared service delivery and students with disabilities are more likely to receive appropriate and inclusive programs and services mutually designed to assist the student to successfully achieve targeted goals.
- 7) **Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration**. Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration. This practice group promotes understanding in the language used across interactive systems across mental health and education. This practice group is currently facilitating the development of a glossary to more effectively deliver services in ways that are accessible and easily understandable to all systems of care stakeholders. 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 expanded, school mental health. 5) To update, build and interpret growing glossary, and facilitate related discussion and article repository

- 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 provide resources and promote sharing of information across individuals and groups interested in improving the quality of school mental health (SMH) programs and services. Priority areas include: improving dissemination and sharing of evidence-based practices in SMH; bridging the research-practice and practice-research gaps in the field; and, understanding and promoting the use of the best student- and program-level evaluation strategies.
- 10) **School Mental Health and Child Welfare.** Children and families in the child welfare system face myriad needs that compromise their mental health and well-being. In response to the complex needs of children in the child welfare system and their foster/biological families, a growing trend is for child welfare organizations to collaborate with other service providers, such as mental health, health, juvenile justice, schools, and substance abuse treatment providers. Our goal as a practice group is to provide resources and share information across individuals and groups who are interested in building collaborative relationships related specifically to addressing the mental health needs of this population, especially opportunities to address their needs through school mental health practice, research and policy.
- 11) **School 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.*

***There will also be a conference strand on School Mental Health for Culturally Diverse Youth.**

This speciality track is seeking proposals that address best practices in school mental health for culturally diverse youth (including, but not limited to Native American and other minority youth, immigrant youth, and LGBTQ youth).

Clinically focused presentations are encouraged across all practice groups.