

*January 18, 2013*

## **CSMH NEWS AND RESOURCES**

### ***Request for Proposals: 18<sup>th</sup> Annual Conference on Advancing School Mental Health – Submit by February 4<sup>th</sup>!***

Proposals are now being accepted for the 18th Annual Conference on Advancing School Mental Health to be held **October 3-5, 2013** at the Crystal City Gateway Marriott Hotel (1700 Jefferson Davidson Highway) in Arlington, Virginia. The Conference is hosted by the Center for School Mental Health (CSMH) and the IDEA Partnership (funded by the Office of Special Education Programs (OSEP), sponsored by the National Association of State Directors of Special Education). The theme of the conference is ***What Works in School Mental Health: Collaboration from the Inside Out***. The conference features twelve specialty tracks and this year will also include a special topic area on funding and sustainability in school mental health. The Annual Conference offers speakers and participants numerous opportunities to advance knowledge and skills related to school mental health practice, research, training, and policy. 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 families. The intended audience for the conference includes clinicians, educators, administrators, youth and family members, researchers, primary care providers, advocates, and other youth-serving professionals. **The deadline for submissions is February 4, 2013--all proposals must be submitted online, <http://csmh.umaryland.edu>**

### ***Interested in learning more about the evidence-based assessment practices of your school mental health clinicians?***

If you are a school mental health program with at least 15 clinicians and are interested in better understanding the assessment practices of your school mental health clinicians, read on! The CSMH is doing a small study looking at evidence-based assessment practices in school mental health clinicians and would like to include your program. Clinicians in the program would take a 20-minute online survey; in return, we could provide you with:

- Individualized summary of your program data on which assessments your clinicians use, find easiest to administer, and find most useful for their practice, as well as reported barriers to collecting ongoing assessments from students, teachers, and families; and
- Electronic pdfs of 20 free assessment measures for internalizing and externalizing difficulties, with scoring instructions included

If you are interested, please have your Program Director email Elizabeth Connors at [econnors@psych.umaryland.edu](mailto:econnors@psych.umaryland.edu), and she will send you a link to share with your clinicians to complete the anonymous survey. Thank you for your interest!

### ***Center for School Mental Health Evaluation***

**The Center for School Mental Health values your opinion and needs up to 10 minutes of your time.** We are collecting data to evaluate the usefulness, impact, and reach of CSMH conferences, trainings, consultation, products, and overall work across local, state, national, and international

levels. We hope you will take the time this week to respond to this online survey.  
[https://umbpsychiatry.qualtrics.com/SE/?SID=SV\\_8IF8YXYIXH3t8SF](https://umbpsychiatry.qualtrics.com/SE/?SID=SV_8IF8YXYIXH3t8SF)

### ***Invitation for School-Based Mental Health Clinicians to Participate in an Anonymous Online Survey***

The Center for School Mental Health at the University of Maryland School of Medicine is conducting a survey (a) to understand the barriers to engaging caregivers in school-based mental health treatment, and (b) to develop best practices for engaging caregivers in school-based mental health treatment. Mental health professionals who provide school-based mental health services are invited to participate in this survey. Participation involves completing a 20 minute anonymous, online survey of mental health professionals' experiences with engaging caregivers in school-based mental health treatment. Survey responses are completely anonymous and confidential. If you would like to complete the online survey, please click on this link

[https://umbpsychiatry.qualtrics.com/SE/?SID=SV\\_9HQ2P9SNK6RzyoR](https://umbpsychiatry.qualtrics.com/SE/?SID=SV_9HQ2P9SNK6RzyoR)

If you decide to participate, you may discontinue participation at any time. If you feel uncomfortable answering any questions, you may choose "skip" or leave the question blank. Please contact Dr. Nicole Evangelista Brandt at nbrandt@psych.umaryland.edu or 410-706-0980 with any questions. Thank you in advance for completing the survey!

### ***Stay Connected***

The CSMH is on Facebook and Twitter to disseminate information and resources, and to engage in discussions with colleagues. Please become a fan and like our Facebook page!  
<http://www.facebook.com/pages/Center-for-School-Mental-Health/193690780654894>  
and follow us on Twitter @CSMH1.

## **CURRENT EVENTS AND OPPORTUNITIES**

### ***President Obama's Gun Control Plan Includes Recommendations for Increasing School Mental Health Services and Promoting Positive School Climate***

On January 15, 2013, Vice President Biden delivered his policy proposals to President Obama. The package of recommendations, released publicly January 16, 2013, details ways we can help keep guns out of the wrong hands, make our schools safer, and increase access to mental health services. **Recommendations include:**

1 - Make our schools safer with new resource officers and counselors, better emergency response plans, and more nurturing school climates

*The Administration is calling on Congress to help schools hire up to 1,000 more school resource officers, school psychologists, social workers, and counselors, as well as make other investments in school safety. We also need to make sure every school has a comprehensive emergency management plan so they are prepared to respond to situations like mass shootings. In addition, the Administration is proposing to help 8,000*

*schools put in place proven strategies to prevent violence and improve school climate by reducing bullying, drug abuse, violence, and other problem behaviors.*

- 2 - Ensure quality coverage of mental health treatment, particularly for young people  
*Though the vast majority of Americans with a mental illness are not violent, we need to do more to identify mental health issues early and help individuals get the treatment they need before dangerous situations develop. As President Obama has said, "We are going to need to work on making access to mental health care as easy as access to a gun." The Administration is proposing steps to identify mental health issues early and help individuals get the treatment they need before these dangerous situations develop.*

For more information, including a full version of The Plan:

<http://www.whitehouse.gov/issues/preventing-gun-violence>

### ***National Council Introduces Youth Mental Health First Aid***

The National Council for Behavioral Health is offering an evidence-based training program, Youth Mental Health First Aid, to assist individuals in recognizing mental health problems in youth, understanding what to do in mental health crises, and helping to connect youth with mental health services. The Youth Mental Health First Aid is in partnership with the Born Brave Bus Tour hosted by Lady Gaga and her mother Cynthia Germanotta's Born This Way Foundation.

[http://www.thenationalcouncil.org/cs/press\\_releases/recognizing\\_mental\\_health\\_disorders\\_in\\_youth](http://www.thenationalcouncil.org/cs/press_releases/recognizing_mental_health_disorders_in_youth)

### ***No Name-Calling Week: January 21<sup>st</sup> - 25<sup>th</sup>***

Elementary, middle and high school students across the country will participate in **No Name-Calling Week from January 21-25, 2013** to raise awareness and fight against bullying. In the past, this week has reached thousands of students through the work of dedicated school staff, community leaders and participating organizations, all hoping to make 2013 an even bigger success. To learn more about this week and find ways to participate

<http://www.nonamecallingweek.org/>

Visit their Facebook page and share your stories <https://www.facebook.com/nonamecallingweek>

Download GLSEN's Ready, Set, Respect! Elementary Toolkit to address name-calling and bullying all year long <http://www.glsen.org/readysetrepect.html>

### ***Upcoming Webinars***

#### ***Alternatives to School Discipline***

The Safe Supportive Learning webinar series is hosting a webinar titled, *Alternatives to Traditional School Discipline: The Multi-Tiered Behavioral Health Prevention Framework* on **January 23, 2013 from 4:00pm-5:30pm ET**. Participants will learn how schools and secure facilities apply the prevention framework and how the use of discretionary discipline practices focus on prevention and early intervention to transform schools to positive learning environments. For more information and to register

<http://safesupportivelearning.ed.gov/index.php?id=9&eid=1673>

## ***Preventing Underage Drinking***

Nearly 10 million 12-20 year old youth in the United States are underage drinkers. National surveys indicate progress in decreasing underage drinking, but the rates are still high. The Interagency Committee to Prevent Underage Drinking is sponsoring a series on reducing underage drinking by hosting the first webinar of a series titled, *Preventing Underage Drinking: Introduction and Series Overview* that will be held **January 30, 2013 at 2:00pm ET**. National leaders and experts will discuss the issue, lessons learned from research, and evidence-based strategies for addressing underage drinking. For more information and to register <https://www.stopalcoholabuse.gov/default.aspx>

## **POLICY ANNOUNCEMENTS**

### ***Affordable Care Act***

HealthCare.gov has published two fact sheets about the most relevant parts of the Affordable Care Act (ACA) for parents with children and parents with young adults. The fact sheets discuss the top five things parents need to know about ACA, including updates on prevention care, ages of children that can be covered under their parents' insurance, and pre-existing conditions. <http://www.healthcare.gov/news/brochures/families-with-children-top5.pdf>  
<http://www.healthcare.gov/news/brochures/young-adults-top5.pdf>

## **RESEARCH and GRANT OPPORTUNITIES**

### ***Grants***

#### ***Youth Mental Health Grants***

The Viola W. Bernard Foundation Youth Mental Health grant provides support for the creation of innovative mental health programs for youth and families. Specifically, grants will provide funding for innovative programs that address the relationship between social conditions and the psychological health of the child and family. The **deadline** to submit applications is **January 31, 2013**. <http://www.violawbernardfoundation.org/application.html>

#### ***Health Insurance and Financing for Children and Youth with Special Health Care Needs***

This funding opportunity, sponsored by the Health Resource and Services Administration (HRSA), supports the creation of a National Center to collaborate with national, state, and community stakeholders to develop and disseminate innovative strategies and policies to improve access to health insurance and other financial options to pay for health care for children with special health care needs. One National Center will be awarded approximately \$473,000. The **deadline** to apply is **February 8, 2013**. <http://apply07.grants.gov/apply/opportunities/instructions/oppHRSA-13-217-cfda93.110-cid5491-instructions.pdf>

## ***Sober Truth on Preventing Underage Drinking (STOP) Act Grants***

The Substance Abuse and Mental Health Services Administration (SAMHSA) STOP Act Grants provides support to programs with the goal of preventing and reducing alcohol use among youth ages 12-20. Approximately 15 grants of up to \$50,000 per year for up to 4 years will be provided to eligible organizations. The **deadline** to submit applications is **March 1, 2013**.

<http://www.samhsa.gov/grants/2013/sp-13-001.aspx>

## **NEW LITERATURE AND RESOURCES**

### ***Reports***

#### ***Connecticut School Shooting Position Statement***

Nine school violence prevention researchers and practitioners nationwide have developed a position statement in response to the tragic acts of violence at Sandy Hook Elementary School. This position statement has been endorsed by more than 200 professional organizations and nationally recognized researchers and practitioners, including the Center for School Mental Health. The driving force behind the statement is to communicate scientifically informed principles and recommendations for practitioners, policymakers and the public at large. The co-authors' goal is to help build consensus on a course of meaningful action.

<http://curry.virginia.edu/articles/sandyhookshooting>

#### ***Unmet Educational Needs of Children in the Juvenile Justice and Child Welfare Systems***

Georgetown University's Center for Juvenile Justice Reform (CJJR) has released the second edition of *Addressing the Unmet Educational Needs of Children and Youth in the Juvenile Justice and Child Welfare Systems*. This paper outlines strategies for meeting the complex educational needs of children and youth involved with the juvenile justice and foster care systems. Updated material includes references and guides developed by the National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At-Risk (NDTAC). <http://cjjr.georgetown.edu/pdfs/ed/edpaper2012.pdf>

### ***Resources***

#### ***CDC Teen Pregnancy Prevention Resources***

The Centers for Disease Control and Prevention's website on teen pregnancy prevention has up to date information on teen pregnancy and practical prevention tools for parents, guardians, and health care providers.

<http://www.cdc.gov/TeenPregnancy/index.htm>

#### ***SAMHSA Child Disaster Behavioral Health Resources and Template Toolkit***

This Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Behavioral Health Information Series installment focuses on the reactions and mental health

needs of children and youth after a disaster and contains resources from both the child trauma and disaster behavioral health fields. SAMHSA has also created a disaster response template toolkit featuring public education materials that disaster behavioral health response programs can use to create resources for reaching people affected by a disaster.

[http://www.samhsa.gov/dtac/dbhis/dbhis\\_children\\_intro.asp](http://www.samhsa.gov/dtac/dbhis/dbhis_children_intro.asp)

[http://www.samhsa.gov/dtac/dbhis/dbhis\\_templates\\_intro.asp](http://www.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp)

## ***Journal Articles***

### **Title: The Strengths and Difficulties Questionnaire (SDQ): The factor structure and scale validation in U.S. adolescents**

Authors: He, J., Burstein, M., Schmitz, A., & Merikangas, K. R.

Journal: *Journal of Abnormal Child Psychology*

Year: November 2012

Abstract: The Strengths and Difficulties Questionnaire (SDQ) is one of the most commonly used instruments for screening psychopathology in children and adolescents. This study evaluated the hypothesized five-factor structure of the SDQ and examined its convergent validity against comprehensive clinical diagnostic assessments. Data were derived from the National Comorbidity Survey - Adolescent Supplement (NCS-A), a nationally representative sample of U.S. adolescents aged 13 to 18 years. Parents/parent surrogates (n=6,483) was asked to complete a self-administered questionnaire including the SDQ and DSM-IV comprehensive diagnostic information on the participating adolescents. Confirmatory factor analysis (CFA) was conducted to assess the factor structure of the SDQ. The five-factor solution of the SDQ (including emotional, conduct, hyperactivity-inattention, peer relationship, and prosocial) provided a satisfactory fit to the data, and was invariant across sex, age, race/ethnicity and income subgroups. SDQ scores predicted a significantly increased probability of meeting criteria for a DSM-IV disorder, with better prediction for behavior disorders than for mood disorders. Decreasing the SDQ cutoffs to the 80th percentile significantly increased the sensitivity from 39% to 63% for the SDQ Total Difficulties Score, with an expected decrease in specificity from 93% to 87%. This work confirms the five-factor structure of the SDQ in an ethnically and sociodemographically diverse community sample of adolescents. Our findings strengthen empirical evidence for the use of the parent-reported SDQ as a screening tool for DSM-IV behavioral and emotional disorders in adolescents identified in the general population.

### **Title: Evaluating a Comprehensive Strategy to Improve Engagement to Group-based Behavioral Parent Training for High-risk Families of Children with ADHD**

Authors: Chacko, A., Wymbs, B. T., Chimiklis, A., Wymbs, F. A., & Pelham, W.E.

Journal: *Journal of Abnormal Child Psychology*

Year: November 2012

Abstract: Behavioral parent training (BPT) is an evidence-based intervention for the treatment of attention-deficit/hyperactivity disorder (ADHD) and related disruptive behavioral disorders of childhood. Despite convincing data on effectiveness, engagement to BPT, particularly for high-risk families, has been a long standing, yet understudied, issue. Data from a clinical trial of a comprehensive BPT approach to enhance engagement and outcomes (the Strategies to Enhance Positive Parenting [STEPP] program) are presented herein. The STEPP program was compared to a traditional group-based BPT program on propensity to attend treatment, propensity to

complete homework over the course of treatment, and dropout from BPT. Additionally, factors empirically related to engagement to treatment and targeted by the STEPP program were analyzed to determine whether these factors were enhanced by participation in the STEPP program. In a randomized cohort of 80 single-mothers of school-age children with ADHD, analyses demonstrated that the STEPP program lead to greater propensity to attend treatment over time and a greater propensity to complete homework over the course of treatment. Furthermore, participation in the STEPP Program was associated with a lower rate of dropout. Finally, data suggested that parents assigned to the STEPP program reported significant improvements in factors empirically related to engagement that were targeted within the STEPP program (i.e., amount and quality of social support from their group members, expectations for treatment, and perceived barriers to treatment participation). Results of the study have implications for targeting engagement throughout the process of BPT, particularly for high-risk families.

**Title: System of care development in children's mental health: Lessons learned from a process evaluation**

Authors: Mendenhall, A. N. & Frauenholtz, S.

Journal: *Journal of Child and Family Studies*

Year: December 2012

Abstract: Despite ongoing public calls for reform, the mental health needs of many children with psychological, emotional and behavioral disorders remain unmet. In response, providers continue to seek effective alternatives to institutional treatment by implementing comprehensive systems of care. The Children's Enhancement Project (CEP) is a collaborative effort to provide holistic, community-based mental health services for children with an individualized, flexible, family-driven approach. We conducted a process evaluation of CEP's early stage development and implementation utilizing both qualitative stakeholder interviews and quantitative survey components. The current article describes that evaluation and highlights the challenges and potential solutions encountered in developing a system of care. The lessons learned regarding system of care development, including the importance of a shared vision, establishing programmatic guidelines, achieving collaboration, and addressing sustainability concerns, are discussed.

**Title: Using motivational interviewing with children and adolescents: A cognitive and neurodevelopmental perspective**

Authors: Gill Strait, G., McQuillin, S., Smith, B. & Englund, J. A.

Journal: *Advances in School Mental Health Promotion*

Year: 2012

Abstract: Motivational interviewing (MI) is an effective method of promoting change in adults, but its efficacy with children and adolescents is in the early stages of evaluation. The brevity of the intervention, documented effectiveness in adult populations and emphasis on motivating behavioural change have encouraged some researchers to test MI in educational settings. However, the number and quality of studies of MI with children and adolescents are limited, and it remains unclear whether MI is developmentally appropriate for children. This conceptual paper reviews cognitive and neurodevelopmental evidence of children's and adolescents' cognitive and social-emotional readiness for mental tasks thought to drive behavioural change in MI. Owing to the social context of MI, we place this research in a developmental framework

using the social information processing network model of Nelson, Leibenluft, McClure, and Pine (2005). Based on these findings, we recommend continued testing of MI with students in middle and high schools but caution against using MI with elementary school students.

**Title: Nonpharmacological interventions for preschool ADHD: State of the evidence and implications for practice.**

Authors: Rajwan, E., Chacko, A., & Moeller, M.

Journal: *Professional Psychology: Research and Practice*

Year: October 2012

Abstract: What exactly is the psychologist to do to increase the probability that intervention can alter the multiple impairments and often poor long-term outcomes associated with preschool-onset attention-deficit/hyperactivity disorder (ADHD)? Intervening to support a preschool child with ADHD is complex given the child's developmental stage and the need to coordinate services across multiple people and settings. Identifying what interventions have been empirically evaluated and the extent to which these interventions affect ADHD-related behaviors and impairments is a critical first-step to providing quality care for these children. Recent guidelines set forth by the American Academy of Pediatrics (2011, ADHD: Clinical practice guidelines for the diagnosis, evaluation and treatment of attention/deficit-hyperactivity disorder in children and adolescents. *Pediatrics*, 128, 1007–1022. doi:10.1542/peds.2011-2654) recommend that medication only be used when behavioral interventions are not available or when significant room for improvement exists following effective implementation of behavioral interventions. As such, we review herein nonpharmacological interventions for preschool ADHD, identifying approaches in the published literature focused on training parents, teachers, and children, as well as dietary restrictions, nutritional supplements, and acupuncture interventions. This review suggests that behaviorally based approaches focused on parent and teacher training are the most well-studied and effective interventions. Child-training approaches, dietary interventions, nutritional supplements, and acupuncture require substantially more evaluation before clinical implications can be fully appreciated. We conclude by discussing key principles gleaned from this literature for psychological practice for the treatment of preschool children with ADHD.

## IN THE NEWS

### ***Funds Awarded to Promote School-Based Mental Health***

Under the Affordable Care Act, the Department of Health and Human Services (HHS) has awarded more than \$80 million to school-based mental health centers nationwide. The funds are dedicated to help school-based health centers establish new sites or update current facilities. School-based mental health centers have been shown to decrease absenteeism, reduce unnecessary emergency room visits, and ensure quality and cost-effective care for children and adolescents. <http://www.nasbhc.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/HRSA%20Press%20Release%2012%2012.pdf>

### ***Exercise and ADHD***

A new study suggests that a small amount of exercise a day can help children with ADHD do better academically. In the study, a single session of exercise was able to help children with ADHD ignore distractions and focus on a task. This may provide an alternative for parents who are concerned about the side effects associated with placing their children on medication. <http://www.suntimes.com/lifestyles/17016478-423/new-study-says-exercise-good-for-kids-with-adhd.html>

### ***Special Education Students and Baking***

One group of teachers has started using baking as a new strategy to help students with communication or behavioral disorders learn new work skills that can be meaningful outside of the classroom setting. These teachers and students have started selling the baked goods (i.e., dog biscuits) district wide and in turn are learning language, math, and marketing skills. <http://www.shawneedispatch.com/news/2012/dec/11/special-education-students-seeing-benefits-baking-/>

### ***Flame Retardants and Neurodevelopmental Delays***

Researchers recently found that prenatal and childhood exposure to flame retardants were linked to several developmental delays including poorer attention, fine motor coordination, and IQ. The study focused on a class of persistent endocrine-disrupting compounds that are found in foam furniture, electronics, carpets, upholstery, and other consumer products that are frequently inhaled or ingested through dust. <http://newscenter.berkeley.edu/2012/11/15/pbdes-and-neurodevelopmental-deficits/>

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**The CSMH is on Facebook and Twitter to disseminate information and resources, and to engage in discussions with colleagues. Please become a fan and like our Facebook page! <http://www.facebook.com/pages/Center-for-School-Mental-Health/193690780654894> and follow us on Twitter @CSMH1.**

*Please feel free to share this announcement with others who are interested in school mental health research, training, policy, and/or practice. These announcements are archived on the CSMH website at <http://csmh.umaryland.edu/resources/CSMH/Archived%20Listserv>*

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