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Developing and implementing integrated school-based mental health interventions

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OVERVIEW OF SPECIAL ISSUE

Developing and implementing integrated school-based mental health interventions

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Although much progress has been made in developing efficacious school-based prevention and early intervention programmes for a range of emotional and behavioural problems (see National Research Council and Institute of Medicine, 2009), many barriers interfere with the impact of these programmes when implemented in practice (Herschell, McNeil, & McNeil, 2004; Kratochwill, 2007; Stormont, Reinke, & Herman, 2011). First, many schools lack the infrastructure needed to implement interventions with the high levels of fidelity observed in clinical trials and required for maximum impact (Becker & Domitrovich, 2011; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Second, clinicians often have difficulty recruiting and retaining participants in interventions, especially when they target parents or teachers who may not be motivated to participate (see Herman et al., 2012; Reinke et al., 2012). Third, singular interventions typically have modest effects on challenging behaviours, possibly because targeting only one risk factor may be insufficient for reducing severe behaviour problems given that most problems are rooted in a multitude of risk factors (Domitrovich et al., 2010).

Domitrovich et al. (2010) recently argued in favour of integrated models of prevention to address many of these barriers that interfere with the uptake and impact of school-based services. They defined integrated prevention models as ‘the fusing of independent strategies or programs into one enhanced, coherent intervention or strategy’ (Domitrovich et al., 2010, p. 74). They identified several advantages of integrated models, including their ability to target multiple risk factors and maximize intervention exposure as well as their potential for additive or synergistic effects, for reducing system overload, and for improving implementation quality.

Domitrovich et al. distinguished between two types of integrated models. Horizontal integration involves the combination of two or more interventions within the same risk level: universal, selective, or indicated. Vertical integration combines interventions across two or more risk levels. They highlighted their work at integrating the PATHS social emotional curriculum with the PAX classroom management programme, both universal interventions, as an exemplar of a horizontal integrated prevention model.

Consistent with Domitrovich et al.’s call for more work in this area, we highlight five integrated prevention models in this special issue. The purpose of the special issue is to advance knowledge and understanding of integrated interventions and their potential

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implementation impact. We asked each author in the issue to describe the process and steps involved in their integration, provide practical strategies for clinicians to use as part of the integration, and summarize any evidence supporting the integrated model.

Articles in the special issue

In the first article, Chaparro, RyanJackson, Baker, and Smolkowski (2012) describe their Effective Behavioural and Instructional Support Systems (EBISS) model. The EBISS is both a horizontal and vertical integration of effective school-wide behaviour and academic supports within schools currently being implemented in 140 schools across the country. The EBISS model specifies the district and school capacity and processes needed for effective integration of behaviour and academic supports. Chaparro et al. review literature on implementation science that guided their integration effort and provide clear guidance for essential elements needed for successful wide-scale implementation and dissemination of promising practices.

Bradshaw, Pas, Goldweber, Rosenberg, and Leaf (2012) describe their efforts to combine school-wide PBIS with a systematic training model for FBAs for enhancing selective and indicated interventions in schools. As they note, although a large number of schools have adopted school-wide PBIS and can implement the school-wide component with high fidelity, many schools continue to struggle to deliver optimal services to students who need supports beyond the universal level. Bradshaw et al. describe their efforts to integrate the enhanced FBA training model with PBIS, the coaching model developed to support the integration, and the findings of their randomized control trial of its effects.

The final three papers describe horizontal integrations to bolster parent and/or teacher participation in evidence-based interventions by combining them with motivational enhancement interventions. Shepard, Armstrong, Silver, Berger, and Seifer (2012) describe their integration of the Family Check-Up model with the Incredible Years parenting programme in a Head Start setting. Although IY is a well-established programme for reducing child behaviour problems, school-based professionals often have trouble recruiting parents who need the services to groups. The Family Check-Up was designed to increase parent motivation to participate in a range of service options and has a large literature to support its success in this regard. Shepard et al. describe the process they used to integrate these two approaches, beginning with the critical Implementation Planning phase where they worked with Head Start personnel and leaders to ensure the success of the programme. They also conducted focus groups to identify targets for their motivational intervention by uncovering common parent beliefs that fostered or interfered with participation in services. Their initial data suggests that the combined model was perceived as feasible by implementers and that it has led to increases in IY participation.

Herman et al. (2012) also used the FCU as a platform for engaging families in school-based services. They combined the FCU with the Coping Power parenting programme in a pilot study in Baltimore City schools. Unlike Shepard et al.'s integration which left IY as an intact group intervention, Herman et al. describe their process for revising the Coping Power programme from a 16-session group intervention to a modular, individualized intervention. In this way, parents select which module of the intervention they want to complete after the FCU. The initial findings suggest both clinicians and families perceive the integrated model as feasible, impactful, and culturally appropriate.

Finally, Reinke et al. (2012) describe their efforts to bolster teacher implementation of the Paths to PAX integrated model by combining it with the Classroom Check-Up. Thus, Reinke et al. describe a triple component integration. They elaborate the process they used

to integrate the models and provide initial evidence suggesting the positive effects of the integrated model.

Summary

These papers describe cutting-edge developments in school-based intervention development science. The papers are intended to stimulate reflection and ideas about how best to improve the quality and impact of school-based services. We believe they highlight the next stage of advance in implementation science.

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References

- Becker, K., & Domitrovich, C. (2011). Conceptualization, integration, and supports of evidence-based interventions in schools. *School Psychology Review*, 40, 582–589.
- Bradshaw, C., Pas, E., Goldweber, A., Rosenberg, M., & Leaf, P. (2012). Integrating school-wide positive behavioral interventions and supports with tier 2 coaching to student support teams: The PBISplus model. *Advances in School Mental Health Promotion*.
- Chaparro, E.A., RyanJackson, K., Baker, S.K., & Smolkowski, K. (2012). Effective behavioral and instructional support systems: An integrated approach to behavior and academic support at the district level. *Advances in School Mental Health Promotion*.
- Domitrovich, C.E., Bradshaw, C.P., Greenberg, M.T., Embry, D., Poduska, J.M., & Ialongo, N.S. (2010). Integrated models of school-based prevention: Logic and theory. *Psychology in the Schools*, 47, 71–88.
- Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). Retrieved from <http://nirn.fmhi.usf.edu/resources/publications/Monograph/index.cfm>
- Herman, K.C., Reinke, W.M., Bradshaw, C., Lochman, J., Boxmeyer, C., Powell, N., . . . Ialongo, N. (2012). Integrating the family Check-up and the parent coping power program. *Advances in School Mental Health Promotion*.
- Herschell, A.D., McNeil, C.B., & McNeil, D.W. (2004). Clinical child psychology's progress in disseminating empirically supported treatments. *Clinical Psychology: Science and Practice*, 11, 267–288.
- Kratochwill, T.R. (2007). Preparing psychologists for evidence-based school practices: Lessons learned and challenges ahead. *American Psychologist*, 62, 829–844.
- National Research Council and Institute of Medicine (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.
- Reinke, W.M., Herman, K.C., Darney, D., Pitchford, J., Becker, K., Domitrovich, C., & Ialongo, N. (2012). Using the classroom check-up to support implementation of PATHS to PAX. *Advances in School Mental Health Promotion*.
- Stormont, M., Reinke, W.M., & Herman, K.C. (2011). Teachers' knowledge of evidence-based interventions and available school resources for children with emotional or behavioral problems. *Journal of Behavioral Education*, 20, 138–147.
- Shepard, S., Armstrong, L. M., Silver, R. B., Berger, R., & Seifer, R. (2012). Embedding the Family Check Up and evidence-based parenting programs in Head Start to increase parent engagement and reduce conduct problems in young children. *Advances in School Mental Health Promotion*, 5, pp.