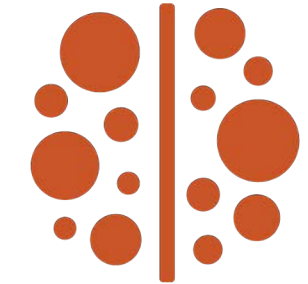


# TRAILS:

## A Collaborative Model to Meet the Mental Health Needs of All Students

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TRAILS Program Director



TRAILS™



**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN

For students contending with environmental stress or symptoms of a mental health difficulty, effective treatment can be life-changing and life-saving, allowing them to participate in important academic, social, and physical activities. Yet, scientific advances in mental health treatment take an average of 17 years to be translated into practice; and even then, availability of these practices remains vastly inadequate to meet the current need.

**At TRAILS, we envision a future in which all young people have reliable access to effective, culturally-responsible mental health care; and to a day when every student can reach their full academic, social, and personal potential without being held back by the effects of an untreated mental health difficulty.**

Our contribution toward this envisioned future is to equip schools, especially schools in under-resourced settings, to make quality care accessible to all students, including those from historically excluded populations.

# The TRAILS focus on equity

Today, a student's zip code, race, ethnicity, socio-economic status, and sexual or gender identity are predictive of their emotional health and thus numerous outcomes across the lifespan. Long term, **TRAILS is focused on eradicating the predictive power of these social determinants of health and dismantling the structures that make mental health treatment least accessible to the young people that most urgently need it.**



TRAILS

**Effective mental health services, accessible in all schools**

# Evidence-based Mental Health Practices

Strong empirical support

Skills-based

Strength and solution-focused

Impact on key outcomes:

- Health
- Social
- Academic
- Personal
- Functional



Cognitive Behavioral Therapy



Mindfulness

# Schools as sources of mental health support

“The research is very clear that when a school has a systematic, evidence-based, whole-school approach to student mental health, all students are **academically engaged academically**. Programs should provide substantive professional development for staff, workshops, resources, and have social and emotional learning competencies integrated into the curriculum.”

*National Education Association: 2018 Education Policy*

<http://neatoday.org/2018/09/13/mental-health-in-schools/>



## Tier 1

### **Wellness Promotion**

Programming for  
all students

Training for all staff



## Tier 2

### **Early Intervention**

Services for students with  
mental health concerns

Training for school mental  
health professionals



## Tier 3

### **Crisis Management**

Support for students  
at risk of suicide

Training for select  
school professions

# AAPS & TRAILS Collaboration

- Across all tiers, 237 staff trained in 1 or more TRAILS program
  - 60 staff trained in SEL
  - 57 staff participated in TRAILS self-care
  - 124 staff trained in CBT & Mindfulness Groups
  - 145 staff trained in Suicide Risk Management
- Participants represent elementary, middle and high schools for all tiers of programming



# Tier 1

## Social and Emotional Learning

Programming for *all* students

# Tier 1

# Tier 1 Programming

Aligned with MDE's 5 SEL Competencies

20 brief lessons / 4 grade bands

K-2

3-5

6-8

9-12

Handouts & activities

Videos & websites

Family letters (lesson summary, tips for home)

Tips for classroom integration

Tools for adaptation

# TRAILS SEL Training

## Training for implementers

2 ½ - 3 hours (virtual)

Intro to SEL: rationale, evidence

Theoretical foundations (CBT)

Skills / lesson demonstrations

Live practice with feedback

60 staff trained across K-12



## Lesson 1:

# Introduction to Social and Emotional Learning

Estimated Time: 30 minutes

## Lesson Objectives

- Define Social and Emotional Learning
- Understand how SEL skills can be helpful during crisis times
- Understand how meeting basic needs can affect our ability to cope well

## Competencies

- Self-Awareness
- Self-Management
- Social Awareness
- Relationship Skills
- Responsible Decision-Making

## Manual Information

Grades 9-12  
Social Emotional Learning  
20 Lessons

## Materials and Preparation

Download all of the resources linked in this lesson at once from the [online curriculum](#) and access the [accompanying lesson slides](#). See [Supplementary Materials](#) for suggestions for adapting this lesson for virtual delivery.

### Print:

- ☐ [Check-In Sheet](#)
- ☐ [Maslow's Hierarchy of Needs](#)

### Prepare:

- ☐ Paper for mindful check-out

### Review:

- ☐ [Deep Breathing Instructions](#)

## Lesson Overview

1. Introduction to Social Emotional Learning
2. Establishing Norms for SEL Lessons
3. Whatever Comes Next
4. Something something something Dark Side

## Mindful Check-In

(2 minutes)

**Do:** Have students complete the [Check-In Sheet](#) individually.

## Review and Introduction to Clear Communication and More (Two-Line Heading)

(2 minutes)

**Explain:** The [CBT Model](#) reminds us that we need to choose helpful behavior to positively shape the situations we face. We have been learning about behaviors that help us start and maintain healthy relationships. Today we are going to talk about another skill that can help us maintain healthy relationships: assertiveness.

## Defining Assertiveness and Asserting Yourself Using that Assertiveness

(8 minutes)

**Ask:** What does "assertiveness" mean?

**Explain:** Assertiveness is a style of directly communicating and expressing your thoughts, feelings, and opinions in a way that makes your views and needs clearly understood by others, without putting down their thoughts, feelings, or opinions.

**Tip:** Depending on timing, this activity can be completed as a large group; modeling one scenario in front of the entire class, or in pairs.

**Explain:** Assertiveness is one communication style. Other styles of communication you may have heard of include being:

- Aggressive: a communication style that violates or disregards the rights of others (e.g. yelling, hitting, using our words or bodies to threaten or try to control someone else's behaviors)
- Passive: where we violate our own rights or our self-respect

# Sample Tier 1 Lesson

# Tier 2

## Early Intervention

Programming for students impacted by mental illness

# Tier 2

# TRAILS Website

Hundreds of stand-alone resources to support daily work with students and families.

## CBT and Mindfulness Groups

### Group Manuals

Grades 9-12

Grades 6-8

Grades 3-5

### Resources

Getting Started

Check-In and Warm-Up

Assessment Measures

Psychoeducation

Feelings

Anxiety

Depression

Trauma

CBT

Relaxation

Mindfulness

Cognitive Coping

Home > Materials > CBT and Mindfulness Groups > Group Manuals

## Skills Group Manuals

TRAILS offers 7-session and 10-session manuals with individual session agendas and resources needed for leading groups. Please note that all TRAILS materials are under review.

We have expanded access to new materials designed for grades 3-5. These materials are currently under review. If you have any feedback on these materials, please [get in touch](#).



### Grades 9-12

Coping with COVID-19

All agendas and materials needed for leading a 7-session group focused on self-care and coping with COVID-19.

[View](#)

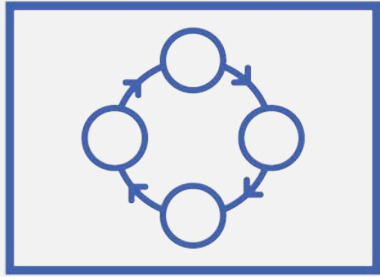


### Grades 9-12

Depression + Anxiety: 10-Session Manual

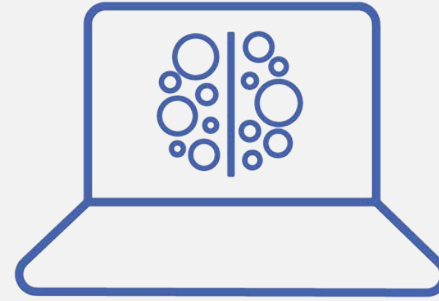
All agendas and materials needed for leading sessions focused for grades 9-12 depression and anxiety.

[View](#)



## Training

6-hr. training in core  
elements of CBT  
Manuals



## Web-Based Support

Electronic resources  
to support  
student services  
Materials organized  
by treatment  
component

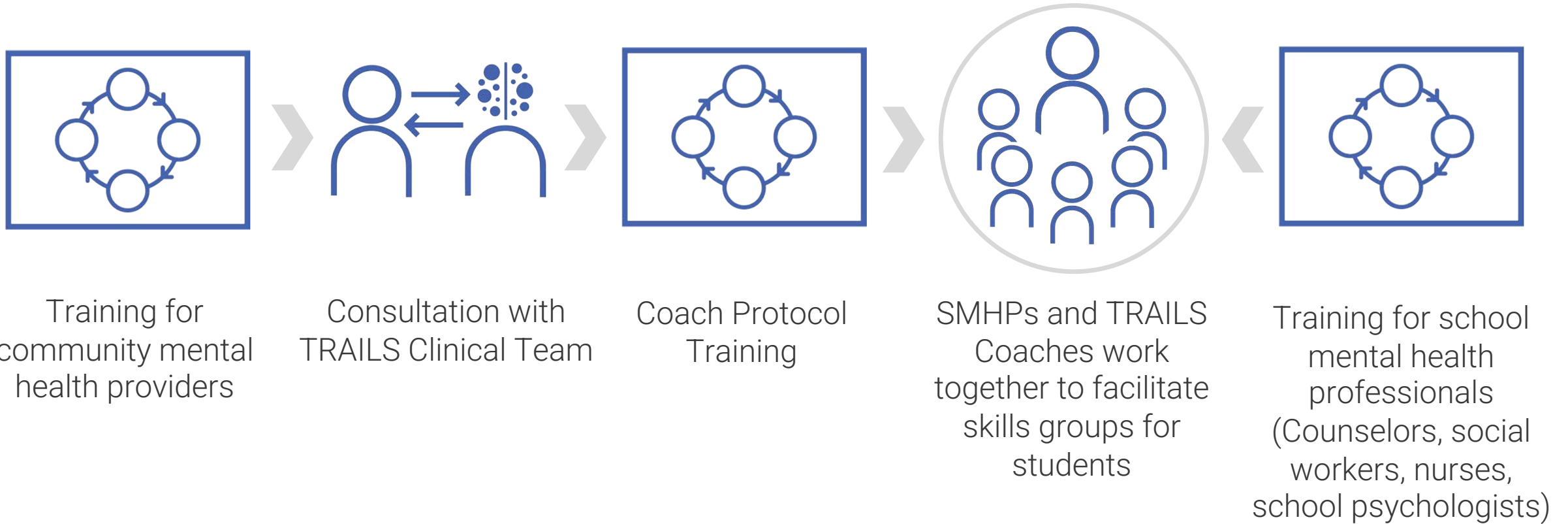


## In-Person Coaching

Comprehensive  
protocol for TRAILS  
Coaches  
Delivered in the  
school setting  
during groups



# Tier 2 Training Model





# Depression and Anxiety

Grades 3-5

## Session Objectives

- Introduce and define the group and its purpose
- Build rapport among group members

## Topics Covered

- Group Orientation

## Manual Information

Grades 3-5  
CBT and Mindfulness  
10 Sessions

## Materials

Download the [online manual](#).  
See Suggested Materials for recommendations.

## Print:

☐ "Who Am I?"

## Print or Project:

☐ Group Orientation

## Important Information

If collecting information from group members, use the Group Orientation Coach, yes.

## Session 1

1. Group Orientation
2. Depression and Anxiety
3. Group Norms
4. Welcome to the Group
5. Student Self-Introduction

# Tips for Supporting Students Who Have Experienced Trauma



## Make sure that the student's environment is safe

- Minimize fighting, arguing, or raised voices
- Allow the student to access quiet or safe spaces
- Make sure there is a safe way for the student to leave the room

## Give voice and choice to the student

- Trauma experiences often involve powerlessness, so giving them a voice in what they need to do can be helpful.

## Create a safety plan for situations where there is violence, unsafe neighborhoods

- Set up a written plan for specific risks and triggers.
- Have back-up plans for getting in contact with trusted people or using usual methods.
- Identify safe people and places that the student can go to.
- Report any suspected child abuse or neglect.

Adapted from Stress and Development Lab, University of Michigan  
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Last edited: 11/15/2021

# Types of Thinking Styles

Unhelpful Thinking Styles



## All-or-Nothing Thinking

Sometimes called 'black and white' thinking, this style doesn't leave room for anything in between.

*Example: I have to get all A's to get the lead; Either I do it right or I don't.*



## Jumping to Conclusions

Forming an opinion without evidence. There are two key types of jumping to conclusions:

- Mind reading (imagining what others are thinking)
- Fortune telling (predicting the future)

*Example: I'm going to fail the test; I'm stupid; She didn't call because she hates me.*



## Emotional Reasoning

Assuming that because we feel a certain way, it must be true.

*Example: I feel embarrassed, so I must be awkward; I feel nervous, so I must be that means I don't have any friends.*



## Over-generalizing

Seeing a pattern based upon a single event, often using words like 'always' or 'never'.

*Example: Nothing ever goes right for me.*



## Ignoring the good

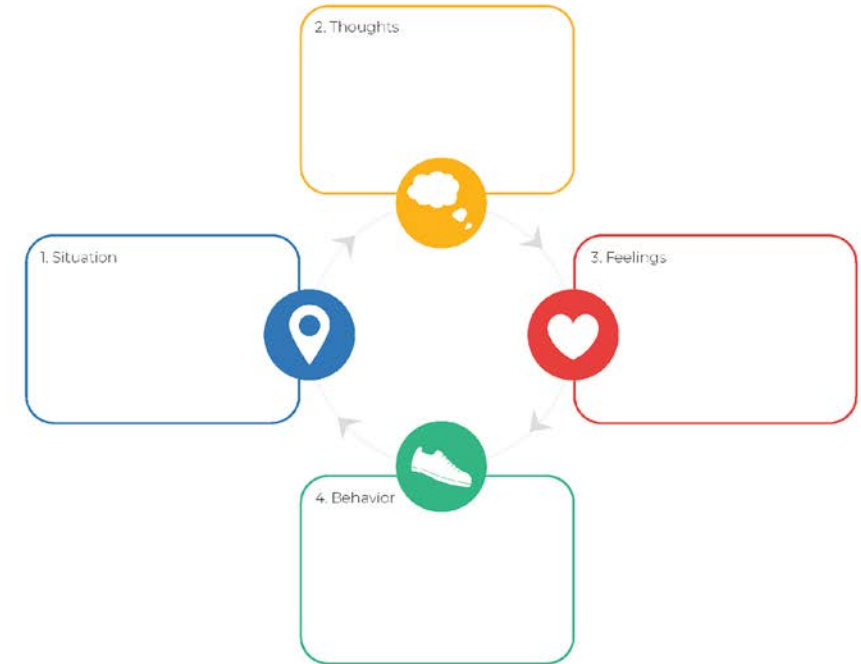
Discounting or ignoring the good things in life, thinking that good things 'don't count' or 'don't matter' because of our failures but not our successes.

*Example: It doesn't matter that I have a good friend (even though I have a lot of friends).*

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Last edited: 08/16/2021

# CBT Model Worksheet

Think of a situation you recently experienced that either upset you or made you feel nervous. Using the [CBT Model](#), describe what happened in your situation by filling in boxes 1-4.



Looking back on the situation now, answer the following:

1. Were your thoughts based in fact? ☐ Yes ☐ No
2. Did your behavior make the situation... ☐ Better ☐ Worse ☐ No Difference
3. What was the new situation your behavior created?

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Last edited: 06/05/2020

# Early Intervention Training

- 124 AAPS staff have attended a 1-day training
- Coaching provided in many middle and high schools in AAPS



# Tier 3

## Suicide Risk Management

Programming for students at highest risk

# Tier 3



# Tier 3 Programming

Resources to support effective screening and early identification

Tools to improve communication with local providers

System-level partnerships to improve care coordination and delivery

183 SMHPs trained across the county, the majority in AAPS serving K-12

## Psychiatric Emergency Services Referral Worksheet

A summary of the completed [Columbia-Suicide Severity Rating Scale](#) should be communicated to PES along with information from the top half of this referral form.

### Student and School Information and Primary Concerns

Date: \_\_\_\_\_

Student name: _____	Grade level: _____
School: _____	
Primary concerns (check all that apply):	
<input type="checkbox"/> Self-report of attempted suicide	<input type="checkbox"/> Severe and persistent suicidal ideation
<input type="checkbox"/> Self-report of a planned suicide	<input type="checkbox"/> Suicidal or severe self-harm behavior
<input type="checkbox"/> Third-person report of an attempted or planned suicide	<input type="checkbox"/> Homicidal plan or intent
Further details/information: _____	
Consulted w/ 24-hour Washtenaw Community Mental Health Crisis Team (734-544-3050): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Crisis Team contact: _____	Phone: _____
Referring school mental health professional(s): _____	
Daytime phone: _____	After-hours phone: _____ <input type="checkbox"/> Okay to leave a confidential voicemail
Contact fax: _____ <input type="checkbox"/> May receive confidential health information	Email: _____
Who should receive plan of care recommendations for this referral: <input type="checkbox"/> Me <input type="checkbox"/> District administrator	
District administrator name (if selected above): _____	Phone: _____ Email: _____
<b>UM Psychiatric Emergency Services:</b> Phone: 734-936-5900, Fax: 734-763-7204 <b>UM Emergency Dept:</b> 1500 E Medical Dr., Ann Arbor, MI 48109	

### PES Recommendations

Date: \_\_\_\_\_

<input type="checkbox"/> Admitted to inpatient unit – further information to follow at discharge	
<input type="checkbox"/> Enroll in a partial day program. Referral made to: _____	
<input type="checkbox"/> Follow up with outpatient mental health care provider	
<input type="checkbox"/> Referral provided to family for new outpatient treatment	
Agency/Provider name: _____	Date of scheduled appointment: _____
<input type="checkbox"/> Continue with established provider	Provider name: _____ Phone: _____
<input type="checkbox"/> Review safety plan with a school counselor or school mental health care provider	Copy of plan provided to: <input type="checkbox"/> Family <input type="checkbox"/> School Safety plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Referral to school-based CBT (if available)	Contributing factors of suicidality: _____
<input type="checkbox"/> Family declined recommended admission, hospitalization, or partial day treatment program	
PES / UMHS contact name: _____	
Contact phone: _____	Email: _____
Secure email sent to: <input type="checkbox"/> GEclinical@WashtenawISD.org <input type="checkbox"/> School Mental Health Professional <input type="checkbox"/> District Admin	

Signature below indicates that a medical provider may share information collected on this form with the referring school mental health professional(s) and/or the appropriate school staff administrator listed above for coordination of care and follow-up.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Sustainability & Future Partnership

Via state appropriation dollars, WISD is identifying 10 middle schools in the county to implement TRAILS programming between now and 2024

Currently training (2) 31n providers as TRAILS coaches to support SMHP professional development in the future

# Questions?

# Thank you!

## TRAILS Website

[TRAILStoWellness.org](http://TRAILStoWellness.org)

## About TRAILS

[youtube.com/watch?v=c\\_ixb11fTL4](https://youtube.com/watch?v=c_ixb11fTL4)

## Contact me

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