Missouri Prevention Science Institute

University of Missouri

2020

RESEARCH
COLLABORATION
INTERVENTION
PREVENTION

ANNUAL REPORT

What's Inside

MU

Missouri Prevention Science Institute
University of Missouri

http://moprevention.org/

from our Directors

WHAT IS MPSI?

The MPSI is a multi-disciplinary institute focused on understanding human development; preventing social, behavioral, and emotional health problems; and designing, evaluating, and implementing effective interventions.

The importance of public health approaches to promoting health, safety, and well-being has taken center-stage during the past year. The COVID-19 pandemic has highlighted the value of systematic screening, science, and strategic preventive efforts to solve big world problems. Many of the same tools and strategies that have guided the public health response to the pandemic have been at the core of MPSI activities over the past decade. We will continue to apply these methods in the coming years to promote human health and well-being across the lifespan, in our local community and communities across the state, nation, and world.

MPSI was founded in 2007; at the time we called ourselves the Missouri Prevention Center. Our mission was to reduce the prevalence and burden of youth mental health concerns, especially depression and antisocial behaviors. While this remains an important part of our mission, we have since grown into a larger Institute with a goal to support human health and development even more broadly. In 2019, the University of Missouri recognized MPSI as a campus Center to support our mission, to grow interdisciplinary collaboration, engagement, and high-impact research.

What distinguishes MPSI? First, we are more than a collection of names. We are a group of interdisciplinary scholars (faculty, postdoctoral fellows, graduate and undergraduate students),research assistants and associates, fiscal and grant administrative experts, clinicians, and teaching faculty who work together to solve big world problems. Although we each have independent areas of interest, we come together under one umbrella, prevention science, to advance research, and improve outcomes.

Second, we do not do science for science-sake. From the outset, we have insisted that every MPSI activity needed to consist of at least two areas of impact: science, services, training, or policy. In other words, when we do research, we require that it be science that also directly impacts services that are delivered, training for future generations of scholars and clinicians, and/or policies that impact human well-being.

Third, our science is guided by prevention science. Prevention science is rooted in a public health approach to solving world problems .It is this framework that ensures prevention is more than just a word. It is a strategic approach to improving the human condition.

We are pleased to summarize the work of the MPSI past 18 months. We look forward to this next phase of MPSI growth and impact.

WENDY REINKE
Co-Director

KEITH HERMAN
Co-Director

AARON THOMPSON
Associate Director

Overview of MPSI

NUMBERS & STATISTICS

MPSI is committed to *excellence*. Through *engagement* and *outreach*, MPSI is making a difference each day in the lives of the communities we touch.

42.2%
External Grant Success Rate 2018-20

$27.3 MIL
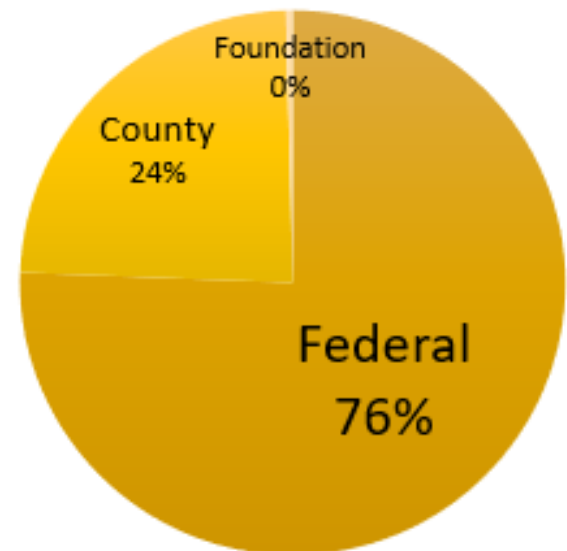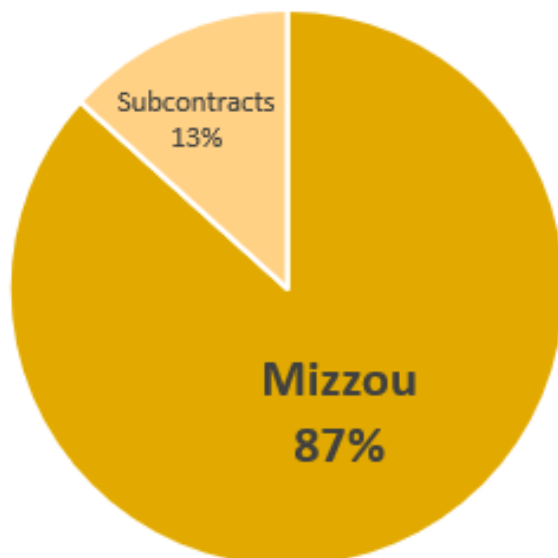*New External Awards 2018-20*

$54.6 MIL
Submitted Proposals 2018-20

16,553
Citations 2018-20
as reported by Google Scholar

Sources of Funding

% of External Grants Staying at Mizzou

21
PROJECTS

FALL 2020
59
MPSI Employees

Cummulative Grant Funding vs. University Investment
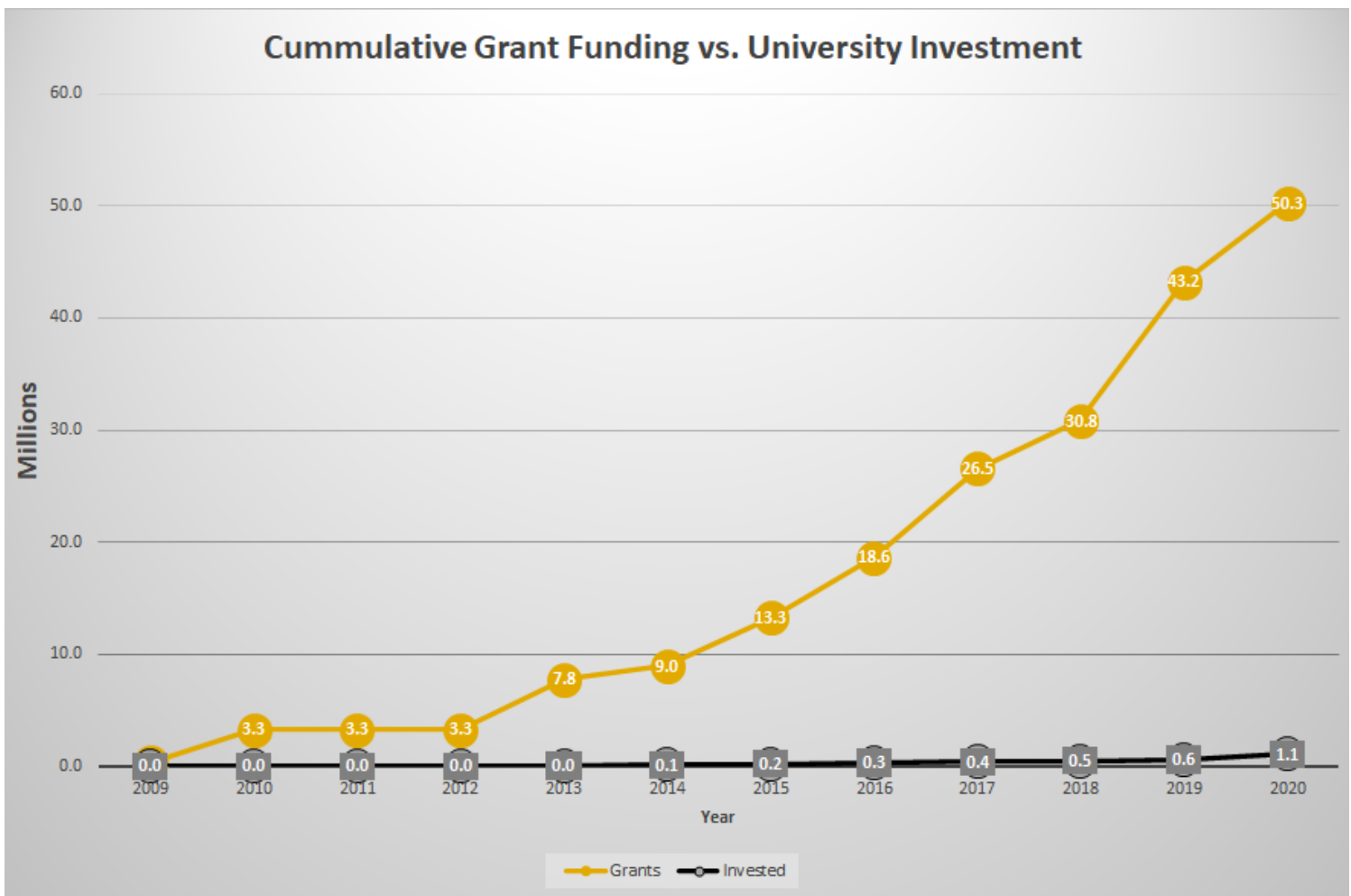

Founded in 2007, the Missouri Prevention Center morphed into the Missouri Prevention Science Institute in 2019. Since 2009, grant funding increased exponentially with each investment from our Department, our College, and our University.

Since 2009, for every $1 that Mizzou has invested, MPSI has brought in $47.34 in external awards.

The COALITION

MAKING A DIFFERENCE IN BOONE COUNTY SCHOOLS

The **Boone County Schools Mental Health Coalition (BCSMHC),** established in 2015, is a multidisciplinary collaborative among Boone County's six independent school districts, several private schools, and the Missouri Prevention Science Institute at the University of Missouri.
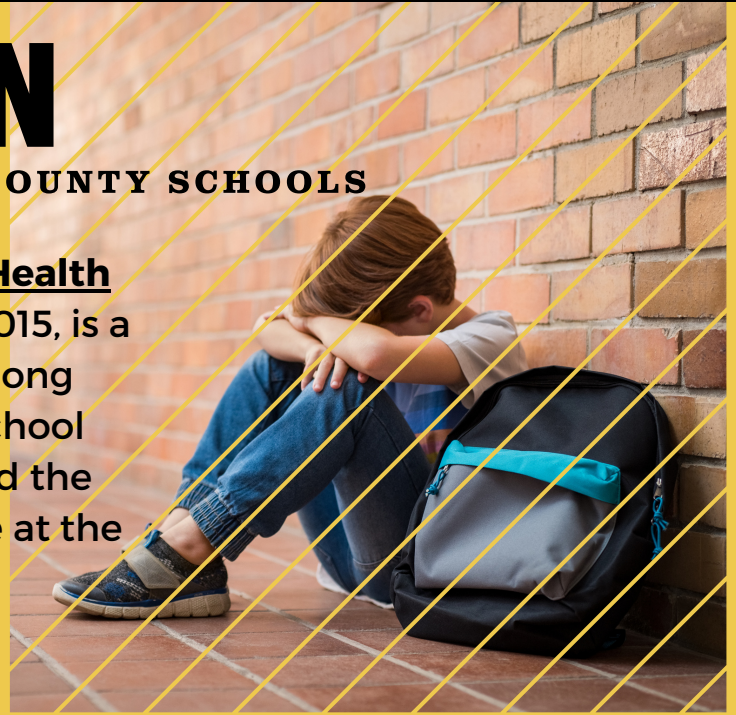
Each year, schools in Boone County conduct universal screening using both teacher (K-12) and student report (3-12), occurring three times per year. These data are disseminated to schools through a fully functional *web-based clinical dashboard system*, which provides schools reports showing the number of students who have each risk indicator.

Using a public health model of risk to provide schools feedback on areas of need for universal prevention efforts, school reports indicating areas of high risk (i.e., 20% or more of students were reported to have this risk indicator) are represented in red, areas with some risk (15-19% of students are reported to have the risk indicator) are represented in yellow, and areas with low risk (less than 15% of students are reported to have the risk indicator) are represented in green. Data can then be used by school level problem solving teams to assess areas of concern at the school and grade levels, determining if and what universal prevention efforts can be put into place. In addition, individual student reports are generated using a similar red, yellow, and green system to indicate students who in comparison to their peers are at risk across the various risk constructs. These reports can be used to determine the appropriate next steps toward supporting those students at greatest risk (e.g., develop individualized behavior support plan, small group counseling, etc.). Each school administrator and their problem-solving teams have access to this dashboard through a secure server. In addition, all district administrators have their own unique account to view all buildings' data through a secure server. This provides district administration with a comprehensive account of risk in their district and across levels.

In the past 5 years, the Coalition has helped screen every youth in county schools **(~25,000)** for mental health concerns 3 times per school year.

During 2019-20, the Coalition provided **4,600** interventions to students.

A recent study found the Coalition approach **decreased student mental health concerns over a 3 year period.** Students in schools that used the whole Coalition model benefited the most.

In the last year, Boone County schools students experienced a steady decline in symptoms. This contrasts with dramatic escalation of symptoms reported by youth in U.S. national surveys.

What services are provided by the BCSMHC?
Services are provided in eight areas across school buildings, including 1) teacher checklist administration, 2) student checklist administration, 3) professional coaching, 4) universal prevention interventions, 5) group therapy, 6) individual therapy, 7) best practices training and 8) case management through interagency committee processes.

Who provide the services to children and youth?
Regional coordinators, school-based mental health clinicians with advanced degrees and experience working with youth with mental health problems, are placed within each school building. These regional coordinators provide support in the administration of the teacher and student checklist assessments, support in interpreting the data, consultation with problem-solving teams in determining universal, selective, and individualized supports for students including implementing direct services to youth in school buildings.

How many youth are served by the BCSMHC each year?
Each year, teachers report on the social, emotional, and behavioral risk of approximately 25,000 students in grades K-12. In addition, students in grades 3 or higher self-report on their social, emotional, and behavioral health (~17,000 students). These data are used to inform the type of supports and for whom. As a result, 4,600 youth received an intervention during the 2019-2020 school year.

How do we know if the supports are effective?
We gather pre and post data on all interventions. We also use progress monitoring data to inform interventions. In addition, we can use the checklist data to examine whether students are reporting fewer problems over time. We can use this data at the district level, school level, individual youth level, and community level.

For more information about The Coalition impact click **here**

Figure 1. Longitudinal Community Level Student Report Data

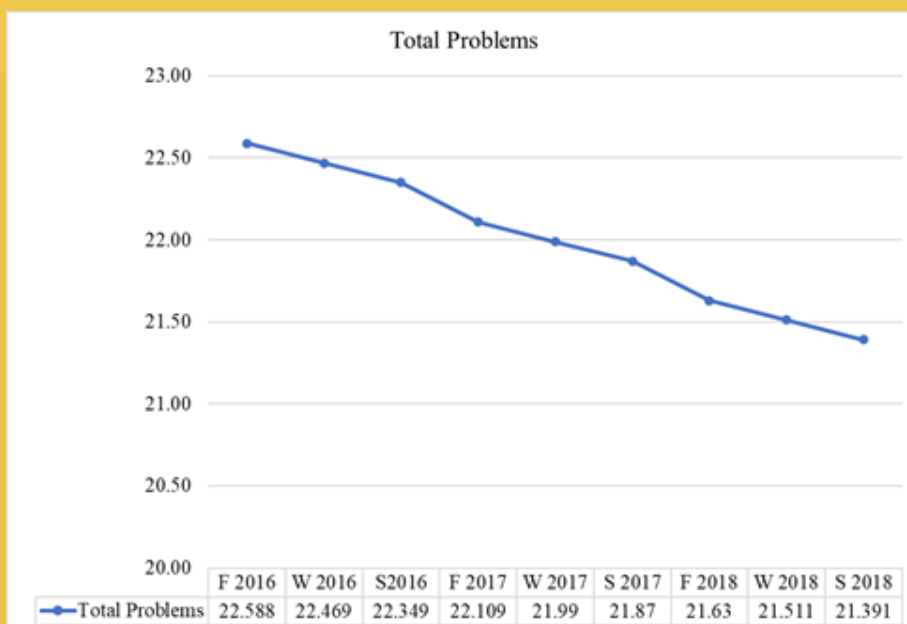*Figure 1 shows the total problems reported by students across three years. It indicates that total problems have been declining.*

This is very promising as nationally the trend is in the opposite direction.

	F 2016	W 2016	S2016	F 2017	W 2017	S 2017	F 2018	W 2018	S 2018
Total Problems	22.588	22.469	22.349	22.109	21.99	21.87	21.63	21.511	21.391

FACE

THE FAMILY ACCESS CENTER OF EXCELLENCE - THE FACE OF BOONE COUNTY

FACE—funded by a Boone County, MO sales tax fund aimed at services to promote youth well-being—is a nonconflicted, cross-sector implementation center that aims to provide a coordinate, transparent, and collaborative approach to improving access to quality social, emotional, and behavioral health services for all Boone County families with a child aged 0-19. FACE works to achieve this mission through a two-pronged approach:

1. **Providing Non-Conflicted and Scientifically-Based Case Management Services**
   - providing free developmentally responsive child-focused and family-based assessments;
   - utilizing evidence-based practices (i.e., Motivational Interviewing [MI]) to enhance family engagement;
   - providing a scientific approach (i.e., Family Check-Up [FCU]) to developing a measurable action plan;
   - increasing access to family choice of providers to address prioritized problem areas listed in action plan;
   - reducing barriers to services through on-going family contact with licensed mental health professionals;
   - monitoring the success of treatment plans using evidence-based youth/family progress monitoring tools.

2. **Promoting and Sustaining a Continuum of Evidence-Based Programs and Practices**
   - providing technical assistance (coordinating services, data linking);
   - improving quality of care (training & coaching, progress monitoring, monitoring gaps in continuum).

HOW IS FACE ORGANIZED?
FACE is led by MPSI leadership (Drs. Thompson, Reinke, Herman, Hawley, and Peters) and operated by 8 licensed mental health providers. MPSI leadership works alongside a community advisory board that includes superintendents from local Boone County schools, county and city law enforcement leaders, juvenile court officers and judges, supervisors from the health department, community advocates for families and youth, and pediatricians as well as early childhood educators. Anyone can refer a Boone County family with a child 0-19—but in 2019 approximately 68% of referrals originated from school personnel.

WHAT IS FACE LIKE FOR FAMILIES AND YOUTH?
Once referred, families will get a call within hours from a FACE clinician to set an appointment. Families can visit FACE or FACE clinicians will meet families in their home to reduce transportation barriers. Once engaged with FACE, youth and families are guided through the FACE Family Check-Up process (FCU; Dishion, et al., 2008)—an evidence-based assessment and case management model. The FACE FCU process includes family access to a master's level mental health clinician who conducts an ecological, youth-focused and family systems assessment on a variety of indicators (developmental history, basic needs, stressors, depression, anxiety, attention, suicidality, family and peer relations, and social-behavioral functioning at home, in the community, and at school). The FACE FCU web-based assessment prompts youth and families to provide responses to self-assessment questions, followed by a brief clinician interview. The FACE FCU process coalesces input from the youth, caregiver(s), and clinician in a single feedback form summarizing risk in a red (in-risk), yellow (at-risk), or green (asset) format for each domain. Next, the clinician, youth and family review the feedback and identify up to 3 top problems (Herman et al., 2019). Clinicians then work with families to create an action plan for each concern—identifying services and making appointments or outlining the next steps to address the problem(s). Clinicians then follow-up with families weekly to gauge progress/barriers. Once families are connected to services, contact reduces to once/month, and termination is based on family choice.

HOW MANY FAMILIES DOES FACE SERVE?
Since opening its doors in 2016, FACE has received over 2000 referrals and has an engagement rate of 55% (i.e., families who are referred show up to appointments). In 2019, FACE served 431 family units. The 431 families who were referred to FACE represent a 6% increase compared to 2018 referral rates.

> In 2019, FACE served 431 families and provided over 500 linkages to community services
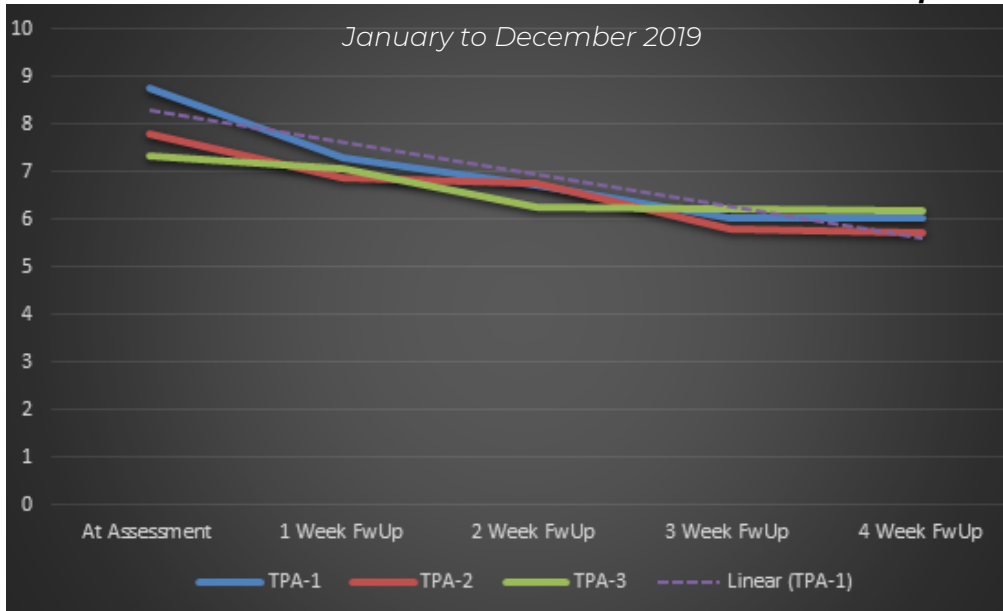
HOW MANY SERVICES DID FACE FAMILIES ACCESS IN 2019?
Comparing 2018 and 2019 data, we closed 2018 with 223 assessments and 389 linkages—an average of 1.7 linked services per assessed family. *In 2019, FACE closed the year with 238 assessments and 517 linkages for an average of 2.17 linkages per assessed family, a 43% increase in the number of services that FACE families linked with compared to 2018.*

> Youth of color are referred for FACE services more often than their white peers and are equally likely to engage in services. National trends show youth of color are less likely to access & engage in mental health services.

IS FACE MAKING AN IMPACT?
The Top Problems Assessment (TPA; Weisz, Chorpita, Frye. et al., 2011) is a family-guided assessment used at FACE to identify treatment needs and track progress or change following assessment. Caregivers identify their three biggest concerns (e.g., "My son and I argue a lot") and rate the severity of each on a scale ranging from 0-not at all to 10-very, very much.

FACE TPA Scores from Assessment to Week 4 Follow-up

January to December 2019

[chart: Line graph with y-axis from 0 to 10 and x-axis categories: At Assessment, 1 Week FwUp, 2 Week FwUp, 3 Week FwUp, 4 Week FwUp. Lines for TPA-1, TPA-2, TPA-3, and Linear (TPA-1)]

The figure here shows the average decline in TPA ratings for family self-selected problems from the initial assessment each week to the four-week follow-up.

During 2019, families who received FACE services reported significant and positive change across family ratings for TPA-1 (average reduction of 2.67) and TPA-2 (average reduction of 2.16). For TPA-3 (average reduction of 1.50). These reductions in the severity of family self-rated Top Problems from assessment to the follow- up are statistically significant and large (effect sizes ranging from .56 to .92).

IS FACE IMPROVING THE SOCIAL, EMOTIONAL, BEHAVIORAL AND ACADEMIC ABILITIES OF YOUTH?
To judge the impact of FACE on relevant youth outcomes, we used the educational data collected from Boone County Schools Mental Health Coalition of youth who were referred after the start of the 2018-19 school year (August 1, 2018 to June 1, 2019; N = 432). We then compared those youth who showed up and engaged in FACE services (n = 251) to those who opted to not engage in FACE services (n =181). To gauge the impact on FACE youth's social and emotional outcomes, we examined group differences on the teacher and student EIS total scores. To control for differences between the FACE and Comparison groups as listed above, we used each of the demographic variables to reduce unexplained differences.

SEL Outcomes: Teacher & Student EIS Risk Score

SEL Indicators	FACE (n = 251) Mean (s.d.)	Comparison (n = 181) Mean (s.d.)
EIS-TR Total Risk Score	Range possible (0 – 36)	
Fall pretest	9.83 (8.89)	10.12 (9.57)
Spring posttest	9.77 (9.96)	12.03 (9.91)*
EIS-SR Total Risk Score	Range possible (0 – 80)	
Fall pretest	27.39 (15.95)	28.26 (14.25)
Spring posttest	30.43 (14.75)	29.03 (13.99)

In short, participation in FACE is associated with an average of a .24 standard deviation decrease in the EIS total risk score as measured by teachers in Spring of 2019 compared to youth who were referred and did not show up to FACE. There were no significant differences between FACE and comparison youth self-reported EIS total scores.

We then examined the end of the 2018-2019 school year totals for percent attendance and the total end of year counts for office referrals, out of and in school suspensions, and for the total count of suspensions. The means and standard deviations for each of these outcomes are listed on the next page.

Youth of color receiving FACE services have significant improvements in mental health concerns indicated by parent/ teacher reports & school discipline/performance as compared to _similar_ peers.

Behavioral Outcomes: Attendance, ODRs & OSS

Behavioral Indicators	FACE (n = 251) Mean (s.d.)	Comparison (n = 181) Mean (s.d.)
Attendance	91.68 (7.65)	89.24 (10.07)*
Office Discipline Referrals	4.59 (11.04)	7.83 (16.07)*
Out-Of-School Suspensions	0.48 (1.38)	1.02 (1.98)*
In-School Suspensions	0.72 (2.06)	2.14 (6.82)*
Suspensions—Total (OSS+ISS)	1.17 (2.91)	3.32 (8.36)*

In short, engagement in FACE services was associated with an average of a
- **.27 of a standard deviation's improvement in attendance**
- **-.24 or a standard deviation's reduction in office referrals**
- **-.32 of a standard deviation's reduction in out-of-school suspensions**
- **-.33 of a standard deviation's reduction in the in-school suspensions**
- **-.39 of a standard deviation's reduction in total number of suspensions (OSS + ISS)**

Because we have yet to receive MAP math and communication test results for the full data set we are unable to report these outcomes at these times. However, Columbia Public School District uses the STAR Reading and Math assessments. Not all students in the sample took these tests, so the sample size only includes 220 students out of the 432 students referred to FACE in the 2018-2019 school year.

Academic Indicators	FACE (n = 251) Mean (s.d.)	Comparison (n = 181) Mean (s.d.)
Spring Reading Score	40.80 (31.78)	22.58 (24.85)*
Spring Math Score	46.01 (32.60)	26.44 (28.37)*

Examining the academic indicators, we see moderate differences between groups on the spring scores, with *youth referred to and showing up to FACE outperforming their comparison peer group who did not show up to FACE by nearly a .64 standard deviation higher in reading and a .65 standard deviation higher in math performance.*

Find out more about FACE's impact by clicking *here*

Learn more about Face's Orientation to Change here

RURAL SCHOOLS

BENEFIT FROM TARGETED MENTAL HEALTH INTERVENTIONS

The challenges presented by the growing prevalence, burden, and unmet service needs of youth mental health problems are formidable. Nearly 20% of children will experience a serious mental health condition prior to adulthood and only a fraction of them will receive care for their condition (Merikanga et al., 2010; Merikangas et al., 2011). Children with mental health problems including emotional or behavioral disturbances (EBDs) are at risk for a range of deleterious outcomes including truancy, low academic achievement, and repeated school discipline referrals (Walker, Zeller, Close, Webber, & Gresham, 1999). These short-term outcomes in turn lead to school failure. Approximately 50% of students with EBDs drop out of school and, consequently, have poor employment outcomes (Wagner et al., 2006). Further long-term outcomes often include delinquency, criminality, substance use, incarceration, and in some cases, violent acts (Copeland, Miller-Johnson, Keeler, Angold, & Costell, 2007; Reid, Patterson, & Snyder, 2002; Substance Abuse and Mental Health Services Administration, 2014).

Youth mental health is of particular concern in rural settings. Compared to those living in cities and towns, rural youth experience more disruptive and externalizing behavior problems (Sheridan, Koziol, Clarke, Rispoli, & Coutts, 2014). Youth living in rural poverty are also more likely to report problems with loneliness and depression and to experience negative behavioral outcomes than their urban and suburban counterparts (Lempers, Clark-Lempers. & Simons, 1989). However, due to their small populations and low residential density, rural communities are perceived as having fewer problems; therefore, their needs are often overshadowed by discussions of problems in urban communities resulting in sparse services in rural settings that are inaccessible, poorly developed, ineffective, or fragmented (Moore, 2001).

The isolation inherent to rural communities creates a unique set of challenges to providing youth with effective mental health care. Significant barriers exist for youth seeking to access services in rural settings (Holmes, Witte, & Sheridan, 2017; Beloin & Peterson, 2000; Owens, Richerson, Murphy, Jageleweski, & Rossi, 2007). Even when families pursue specialized youth mental health services, these services are regularly unavailable in rural communities. Indeed, the majority of mental health care shortage areas are located in rural regions (U. S. Department of Health

> In the U.S., the majority of mental health care shortage areas are in RURAL regions.

and Human Services, 2011). As a result, rural families frequently have to travel long distances to access mental health services. These same families are more likely to experience poverty than non-rural families, and the difficulties associated with cost, travel, and time impede their ability to receive effective mental health treatment.

With limited availability of services, rural communities often rely on schools to address youths' mental health concerns. Indeed, when available, rural families will use school-based health services for their child at least as often as their urban counterparts (Wade et al., 2008). However, few school mental health approaches have been designed for implementation in rural settings (with some exceptions, e.g., Owens et al., 2012; Sheridan et al., 2017). Moreover, none of these approaches are comprehensive models to reduce the population prevalence of mental health concerns and packaged for widespread dissemination. Of particular relevance to our proposal, no existing approaches have included integrated data tools to link rural schools to ongoing scientific research that evaluates and improves rural mental health services.

In general, rural schools lack integrated, systematic methods for addressing youths' mental health problems (Thornton, Hill, & Usinger, 2006). Moreover, specialized support staff, including school psychologists and special educators, tend to work across several districts making them unavailable on a regular basis (Curtis, Hunley, & Grier, 2004; McLeskey, Huebner, & Cummings, 1986). Rural educators are often the only available mental health resource. Yet, due to a lack of professional development opportunities (Monk, 2007), limited support and facilities (Malboit, 2005) these educators are less equipped to address mental health problems than their non-rural counterparts (Arnold, Newman, Gaddy, & Dean, 2005; Howley & Howley, 2004).

> **Rural educators are often the only available mental health resource, yet are often less able to address these issues than their non-rural peers.**

One potential solution to the challenges of rural school mental health may be found in schoolwide, multi-tiered approaches to service delivery (e.g., positive behavior interventions and supports; PBIS). Recent research trials have found that school-wide, tiered response models were associated with improvements in school safety and climate, academic achievement, and positive student behaviors (Bradshaw, Mitchell, & Leaf, 2010; Horner et al., 2009). *Thus, available evidence indicates that tiered response models improve important student- and school-related outcomes linked to youth mental health.* Service delivery models with prevention components may also ease the burden of total problems to be managed by limited staff and resources employed by rural schools. Moreover, extensive research and systematic reviews suggest there are many effective evidence-based universal, selective, and indicated behavioral supports available to actualize the implementation of tiered response models in schools (Bruhn, Lane, & Hirsch, 2013; Durlak et al., 2011; Fairbanks, Simonsen, & Sugai, 2008; Mitchell, Stormont, & Gage, 2011).

Despite the promise of these methods, school personnel across residential contexts, including rural settings, have difficulty identifying and implementing EBIs with high fidelity without the appropriate infrastructure, training, and resources (Fixen, Naoom, Blasé, Friedman, & Wallace, 2005; Becker & Domitrovich,2011). Unfortunately, even when youth are able to access typical school or community mental health services, most youth will benefit little from these services (Bickman et al., 1996, 1999, 2000; Weisz et al., 2006; Zima et al., 2005; Weisz, Kuppens, et al., 2013). Four key barriers to adopting and implementing high quality EBIs in rural settings and improving youth outcomes include the lack of:

(*a*) efficient and user-friendly surveillance tools to identify at risk students and assess current needs [Levitt et al., 2007; Williams & Cole, 2007];
(*b*) professional development and resources to identify and select EBIs matched to areas of need [Fixen et al.,2005];
(*c*) accessible and informative tools for monitioring fidelity to EBIs and program effectiveness [Biglan, 2003; Cook et al., 2017; Garland, Bickman & Chorpita, 2010]; and
(*d*) contextually-relevant, culturally responsive strategies for rural education (Owens et al., 2012).

To address these barriers to rural school health, the National Center for Rural School Mental Health (NCRSMH) will develop and evaluate a comprehensive, public health, and prevention science approach to systematic mental health screening and supports for schools in rural settings. Through the NCRSMH, we will expand the Early Identification System (EIS) model to provide an efficient, easily accessible, and technically adequate method for identifying risk signs in youth early, linking school-based supports to address those risk factors, and monitoring the severity of risk factors over time. Additionally, the fully-developed EIS will provide training, coaching and support to rural schools to deliver and monitor the effects of universal, selective and indicated interventions, including supports for youth with more serious mental health concerns. Finally, all of these supports will be sensitive to the sociocontextual environments of rural schools and be embedded in distance technology to support rapid uptake, implementation, and ongoing technical assistance in a feasible way. Thus, the NCRSMH will offer a strategic response to address the neglect of rural education summarized in a recent report, "Rural schools are largely left out of research and policy discussions, exacerbating poverty, inequity, and isolation" (Lavally, 2018).

The National Center for Rural School Mental Health is a 5 year project, funded in 2019 by the Institute of Education Sciences (R305C190014). The first two years involve the development and refinement of the Early Identification System, including the development of online tools and interventions tailored to the needs of rural schools. Year three involves a feasibility test of the full EIS system among rural school districts in Missouri, Virginia, and Montana. Year four and five we will conduct a randomized controlled trial to evaluate the efficacy of the EIS system in 110 Rural Schools.

National Center for
Rural School Mental Health

LOOK
AROUND

SEE SOMETHING. DO SOMETHING.

HTTPS://WWW.LOOKAROUNDBOONE.ORG//

LOOK AROUND BOONE

Mental health (MH) stigma affects help seeking behaviors of youth, particularly youth of color. Look Around Boone (LAB) is a a social media campaign designed to reduce MH stigma and increase help seeking in 6th-12th grade youth in Boone County. **The LAB campaign was designed to reduce stigma and increase help seeking for MH related conditions.** The campaign content was developed in partnership with leaders from schools, community MH providers, researchers, and students. Later, as the content was rolled into the community, additional LAB content included artwork and messaging created by community youth. LAB messaging was promoted through school-based (posters, art contests, counseling curricula, written communications with educators and parents/ caregivers) and community efforts (social media, radio, movie theater spots).

LAB REACHED

K-12 Students	**23,271**
Parents/Caregivers	**26,997**

Regarding the overall effect of the LAB campaign on all student responses to each survey item gauging student stigma and help seeking, there were significant overall improvements in student stigma and help seeking attitudes. Paired t-tests revealed significant pre to posttest change in all survey item scores examining stigma attitudes, *"It is okay if someone has a problem with their MH."* (N=8,831; d = .45); and *"People like me can have a problem with their MH,"* (N=8,831; d = .53)—a mild to moderate average improvement of .45 and .53 of a standard deviation for the average person in the sample, respectively. Likewise, analyses revealed significantly higher post-test versus pre-test scores on the survey items tapping help seeking, *"There is an adult I can talk to at school if I need help"* (N=8,831; d = .78); and *"If I had a personal or MH problem I would ask for help,"* (N=8,831; d = .35), an improvement of .78 and .35 of a standard deviation for the average person in the sample, respectively. However, these social media campaigns are not experienced by all youth the same. African American students (n=987; d=.07) compared to all other student racial groups (n=7254, d=.12) appear to have demonstrated *significantly* less change from pre to posttest in stigma and help seeking attitudes (N=8,241). Additional community participatory research supported by Mizzou funding is focuses on improving the impact of LAB on African American youth.

Read more about the LAB campaign *here*

MPSI METHODS & MEASUREMENT

A core tenet of prevention science is that innovative methods are needed to improve research questions and impact. Thus, MPSI-Methods and MPSI-Measurement are two key branches of our Institute. Drs. Huang and Wiedermann co-direct the Methods branch; Dr. Bonifay is the director of the Measurement branch. In 2019, MPSI hosted a successful **Summer of R** training conference. Look for more R training in 2021.

MPSI-Method's branch's core areas of excellence include (1) Causal Inference in Prevention Science, and (2) Beyond 'Average' Prevention Methods (e.g., person-centered and non-standard analysis of intervention effects). Continued advances in these areas led by our faculty will improve research questions and our understanding of the impacts of preventive interventions.

Francis Huang

Wolfgang Wiedermann

The *MPSI-Measurement* branch focuses on two core areas of excellence: (1) Improving measurement precision through application of advanced statistical models and methods, and (2) Developing new methods for evaluating the quality of measurement models. Progress in these core areas will ensure that research efforts at the MPSI and in the prevention sciences more broadly will be based on sound measurement.

Wes Bonifay

Nearly every aspect of attempting to improve youth social, emotional, and behavioral health intersects with social injustice, discrimination, and structural inequities.

INCLUSIVE EXCELLENCE

6
KEY THINGS MPSI IS DOING

1. Culturally Responsive *Instruction & Discipline* in Schools. As part of an Institute of Education Sciences funded project, MPSI interviewed 100 middle and high school students about their experiences with regard to culturally responsive education. Based on this data, we are refining measures to help support culture responsive teacher development.

2. Committed to recruiting, retaining, and supporting scholars, clinicians, and staff from *diverse backgrounds*.

3. *Collaborating* with Prevention Science scholars from around the world, including Turkey and Japan.

4. In 2020, MPSI initated a culturally responsive *research seminar*.

5. *MPSI scholarship* supports inclusive excellence - **Eddy et. al. (2020)** found that Black students were 3x more likely to be suspended than their White peers even after accounting for observed disruptive behaviors. Similarly, **Huang (2020)** found that prior behavior problems did not account for suspension and discipline disparities between Black and White students. **Herman et. al (2020)** found Black youth reports of low parental monitoring in high risk neighborhoods during early adolescence predicted an escalation of youth problem behaviors two years later, and these effects were sustained at five years.

6. As an Institute, we commit to *taking action against and rejecting* bigotry, discrimination, violence, or intimidation of any kind.

Click here to find out more about MPSI's orientation to culture

GRANT FUNDING HIGHLIGHTS 2018-2020

2018

Keith Herman- *Identifying Discrete and Malleable Indicators of Culturally Responsive Instruction and Discipline* Institute of Education Sciences award, 7/1/2018-6-30/2021, $1,399,990 total award.

Keith Herman - *A Study of Discipline in the Secondary Classroom: A Positive Approach to Behavior Management,* subcontract to SRI International on a Institute of Education Sciences award, 7/1/2018-6/30/2022, $1,623,899 total award.

Francis Huang - *Improvement of School Climate Assessment in Virginia Secondary Schools,* subcontract to University of Virginia on a National Institute of Justice award, 1/1/2018-12/31/2020, $79,540 total award.

Wendy Reinke - *Boone County Schools Mental Health Coalition: 2018 Renewal* Boone County Childrens' Services, 1/1/2018-12/31/2018, $973,405 total award.

2019

Wesley Bonifay - *Development of Assessment Tools and Educator Training to Support Tier 2 Behavioral Intervention Selection,* subcontract to University of Wisconsin-Madison on an Institute of Education Sciences award, 4/22/2019-7/30/202, $64,223 total award

Keith Herman - *Empirical Benchmarks for Interpreting Effect Size and Design Parameters for Planning Multilevel Randomized Trials on Social & Behavioral Outcomes,* subcontract to University of North Carolina-Chapel Hill on an Institute of Education Sciences award, 8/1/2019-7/31/2022, $82,897 total award.

Francis Huang - *Student Threat Assessment as a Safe and Supportive Prevention Strategy,* subcontract on University of Virginia National Institute of Justice award, 1/1/2019-12/31/2019, $50,715 total award.

Wendy Reinke *Enhancing the Capacity of Rural Schools to Identify, Prevent, and Intervene in Youth Mental Health Concerns* Institute of Education Sciences award, 2/1/2019-1/31/2024, $9,999,723 total award.

Wendy Reinke *Boone County Schools Mental Health Coalition: 2019 Renewal* Boone County Childrens' Services, 1/1/2019-12/31/2019, $960,122 total award

Tyler Smith - T*he Development and Evaluation of a Consultation Model to Improve Teachers' Family Engagement Practices,* Society for the Study of School Psychology award, 7/1/2019-6/30/2021, $20,000 total award.

Aaron Thompson - *Family Access Center for Excellence-Renewal 2019* Boone County Childrens' Services, 1/1/2019-12/31/2019, $1,226,888 total award.

2020

Aaron Thompson *- FACE: Tele-Health Supplement,* Boone County Childrens' Services, 04/01/2020-12/31/2020, $121,847 total award.

Wendy Reinke -*Evaluation of a Web-Based Classroom Management Program to Promote Effective Classroom Management Practices among Early Career Teachers,* Institute of Education Sciences award, 8/1/2020-7/31/2025, $3,292,085 total award.

Aaron Thompson *- Developmental Adapatation of a Self-Monitoring Training Program for Middle School Students,* Institute of Education Sciences award, 8/1/2020-7/31/2024, $1,398,678 total award.

Wendy Reinke *- COVID-19 Community Needs Assessment,* Boone County Childrens' Services, 07/01/2020-10/31/2020, $35,000 total award.

Clark Peters & David Aguayo - *Look Around Youth Participatory Action Research,* Robert Wood Johnson Foundation, 11/01/2020-10/31/2021, $6,500 total award.

University of Missouri Internal Awards 2020 -
    Aaron Thompson & Toby Mills: $9,985
    Wendy Reinke & Chynna McCall: $10,000
    Shannon Holmes & Christa Copeland $9,998
    Clark Peters & David Aguayo: $27,238

MPSI PUBLICATIONS 2019-2020

JOURNAL PUBLICATIONS

Cooper, J., Smith, T. E., Holmes, S. R., Bloomfield, B., Preast, J., & Sheridan, S. M. (in press). *Methodological advancements in indirect service delivery: An introduction to the special issue.* Journal of Educational and Psychological Consultation.

First, J., Bonifay, W., & Houston, J. B. (in press). *Gender differences in posttraumatic stress symptoms after a disaster: A differential item functioning analysis of the Impact of Event Scale-Revised (IES-R).* Journal of the Society for Social Work and Research

Henry, L., Reinke, W.M., Herman, K.C., Thompson, A., & Lewis, C. (in press). *Motivational interviewing with At-Risk Students (MARS) Mentoring Program: Addressing the unique mental health needs of students in alternative school placements.* School Psychology Review.

Herman, K.C., Reinke, W.M., Dong, N., & Bradshaw, C. (in press). *Can effective classroom behavior management increase student achievement in middle school? Findings from a group randomized trial.* Journal of Educational Psychology.

Herman, K. C., Reinke, W. M., & Thompson, A. (in press). *Prevention science as a platform for solving major societal problems and improving population health.* Journal of Prevention and Health Promotion.

Herman, K. C., Reinke, W. M., Thompson, A.M., Hawley, K.M., & Stormont, M. (in press). *Reducing the societal prevalence and burden of youth mental health problems: Lessons learned and next steps.* School Psychology Review.

Herman, K. C., Reinke, W. M., Thompson, A., Hawley, K., Wallis, K., Stormont, M., & Peters, C. (in press). *A public health approach to reducing the societal prevalence and burden of youth mental health problems: Introduction to the Special Issue.* School Psychology Review

Kilgus, S. P., Bonifay, W., Eklund, K., von der Embse, N. P., Peet, C., Izumi, J., Shim, H., & Meyer, L. N. (in press). *Development and validation of the Intervention Skills Profile-Skills: A brief measure of student social-emotional and academic enabling skills.* Journal of School Psychology

Reinke, W.M., Herman, K.C., Stormont, M., & Dong, N. (in press). *Effects of the Incredible Years Teacher Classroom Management Training Program on elementary students with disabilities.* Remedial and Special Education.

Sims, W., King, K., Reinke, W.M., Herman, K.C., & Riley-Tillman, C. (in press). *Development and preliminary validity evidence of the Direct Behavior Rating – Classroom Management (DBR-CM).* Journal of Educational and Psychological Consultation.

Sinclair, J., Herman, K. C., Reinke, W. M., Dong, N., & Stormont, M. (in press). *Effects of a Universal Classroom Management Intervention on Middle School Students with or At Risk for Behavior Problems.* Remedial and Special Education.

Stormont, M., & Reinke, W.M. (in press). *Enhancing the outcomes of Tier 2 interventions through planful adaptation.* Journal of Applied School Psychology.

Thompson, A. M., Stinson, A. E., Sinclair, J., Stormont, M., Prewett, S. & Hammons, J. (in press). *Changes in disruptive behavior mediated by social competency: Testing STARS theory of change in a randomized sample of elementary students.* Journal of the Society for Social Work and Research.

Wang, B.,Ha-Brookshire, J., & Bonifay, W. (in press). *Measuring perceived benefit and perceived cost of new technology adoption: In the context of Chinese textile and apparel firm managers.* Clothing and Textiles Research Journal.

Watts, A. L., Lane, S. P., Bonifay, W., Steinley, D., & Meyer, F. A. C. (in press). *Building theories on top of, and not independent of, statistical models: A case of the p-factor.* Psychological Inquiry.

Wiedermann, W., Reinke, W. M., & Herman, K.C. (in press). *Prosocial skills causally mediate the relation between effective classroom management and academic competence: An application of direction dependence analysis.* Developmental Psychology.

Smith, T. E., Reinke, W. M., Herman, K. C., & Sebastian, J. (2021). *Exploring the link between principal leadership and family engagement across elementary and middle school.* Journal of School Psychology, 84, 49-62.

Chuang, C., Reinke, W.M., & Herman, K.C., (2020). *Effects of a universal classroom management teacher training program on elementary children with aggressive behaviors.* School Psychology, 35, 128-136.

Eddy, C., Huang, F., Cohen, D., Baker, K., Edwards, K., Herman, K., & Reinke, W. (2020) *Does teacher emotional exhaustion and efficacy predict student discipline sanctions?,* School Psychology Review. doi: 10.1080/2372966X.2020.1733340

Herman, K. C., Hodgson, C., Eddy, C.L., Cohen, D., Reinke, W. M., Burrell, L., McFarlane, E.C., & Duggan, A. K. (2020). *Does child likeability mediate the link between competence and depressive symptoms during elementary school?* Child Development, 91, 331-344.

Herman, K.C., Prewett, S., Eddy, C.L., Salva, A., & Reinke, W.M., (2020). *Profiles of middle school teacher stress and coping: Concurrent and prospective correlates.* Journal of School Psychology, 78, 54-68.

Herman, K.C., Reinke, W.M., & Eddy, C. (2020). *Advances in understanding and intervening in teacher stress and coping: The Coping-Competence-Context Theory,* Journal of School Psychology, 78, 69-74.

Holmes, S. R., Sheridan, S. M., & Smith, T. E. (2020). *Unpacking conjoint behavioral consultation: A latent profile analysis of parent-teacher interactions.* Journal of Educational and Psychological Consultation. doi: 10.1080/10474412.2020.1759080

Huang, F., & Cornell, D. (2020). *Teacher support for zero tolerance is associated with higher suspension rates and lower feelings of safety.* School Psychology Review. 10.1080/2372966X.2020.1832865

Huang, F., Olsen, A., Cohen, D., & Coombs, N. (2020). *Authoritative school climate and out-of-school suspensions: Results from a nationally-representative survey of 10th grade students.* Preventing School Failure. Advance online publication. doi: 10.1080/1045988X.2020.1843129

Huang, F. (2020). *Prior problem behaviors do not account for the racial suspension gap.* Educational Researcher, 49, 493-502. doi.org/10.3102/0013189X20932474.

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Huang, F., & Anyon, Y. (2020). *The relationship between school disciplinary resolutions with school climate and attitudes toward school.* Preventing School Failure, 64, 212-222. https://doi.org/10.1080/1045988X.2020.1722940

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Smith, T. E., Holmes, S. R., Sheridan, S. M., Cooper, J., Bloomfield, B., & Preast, J. (2020). *The effects of consultation-based family-school engagement interventions on student and parent outcomes: A meta-analysis.* Journal of Educational and Psychological Consultation. doi: 10.1080/10474412.2020.1749062

Smith,T. E., Sheridan, S. M., Kim, E. M., Beretvas, S. M., & Park, S. (2020). *The effects of family-school partnership interventions on academic and social-emotional functioning: A meta-analysis exploring what works for whom.* Educational Psychology Review, 32, 511-544. doi: 10.1007/s10648-019-09509-w

Southam-Gerow, M. A., Bonifay, W., McLeod, B. D., Cox, J. R., Violante, S., Kendall, P. C., & Weisz, J. R. (2020). *Generalizability and decision studies of a treatment adherence instrument.* Assessment, 27, 321-333.

Stormont, M., Thompson, A. M., & Sinclair, J. (2020). *The effect of STARS for students with high incidence disabilities: a randomized pilot study.* Preventing School Failure: Alternative Education for Children and Youth, DOI: 10.1080/1045988X.2020.1811625

Thompson, A., Wiedermann, W., Herman, K.C., & Reinke, W.M. (2020). *Effect of daily teacher feedback on subsequent motivation and mental health outcomes in fifth grade students: a person-centered analysis,* Prevention Science doi: 10.1007/s11121-020-01097-4.

Wiedermann, W., & Li, X. (2020). *Confounder detection in linear mediation models: Performance of kernel-based tests of independence.* Behavior Research Methods, 52, 342-359. doi: 10.3758/s13428-019-01230-4

Wiedermann, W., & von Eye, A. (2020). *Log-linear models to evaluate direction of effect in binary variables.* Statistical Papers, 61, 317-346. doi: 10.1007/s00362-017-0936-2

Wiedermann, W., & von Eye, A. (2020). *Reciprocal relations in categorical variables.* Psychological Methods. doi: 10.1037/met0000257

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Herman, K.C., Reinke, W.M., Thompson, A., & Hawley, K. (2019). *The Missouri Prevention Center: A multidisciplinary approach to reducing the societal prevalence and burden of youth mental health problems.* American Psychologist, 74, 315-328
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Huang, F., Reinke, W.M., Thompson, A., Herman, K.C., & County Schools Mental Health Coalition., (2019). *An Investigation of the psychometric properties of the Early Identification System (EIS)-Student Report.* Journal of Psychoeducational Assessment, 37, 473-485.

Huang, F., Eddy, C., & Camp, E. (2019). *The role of the perceptions of school climate and teacher victimization by students.* Journal of Interpersonal Violence, 35, 5526-5551. doi: https://doi.org/10.1177/0886260517721898

King, K., Gonzales, C., & Reinke, W.M. (2019). *Empirically derived subclasses of academic skill among children at-risk for behavior problems and association with distal academic outcomes*. Journal of Emotional and Behavior Disorders, 27, 131-142.

Reinke, W. M., Smith, T. E., Herman, K. C., & Huang, F. (2019). *Family-school engagement across child and adolescent development.* School Psychology, 34, 346-349.

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Sebastian, J., Herman, K.C., & Reinke, W.M. (2019). *Do organizational conditions influence teachers implementation of effective classroom management practices: Findings from a randomized trial.* Journal of School Psychology, 72, 134-149

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Sheridan, S. M., Smith, T. E., Kim, E. M., Beretvas, S. N., & Park, S. (2019). *A meta-analysis of family-school interventions and children's social-emotional functioning: Child and community influences and components of efficacy.* Review of Educational Research, 89, 296-332

Smith, T. E. (2019). *The impact of training on teachers' family-school engagement practices, attitudes, and knowledge: Exploring conditions of efficacy.* The School Psychologist, 73, 21-32.

Smith, T. E., Reinke, W. M., Herman, K. C., & Huang, F. H. (2019). *Understanding family–school engagement across and within elementary- and middle-school contexts.* School Psychology, 34, 363-375.

Smith, T. E., & Sheridan, S. M. (2019). *The effects of teacher training on teachers' family engagement practices, attitudes, and knowledge: A meta-analysis.* Journal of Educational and Psychological Consultation, 29, 128-157.

Splett, J.W., Garzona, M., Gibson, N., Wajtalewicz, D., Raborn, A., & Reinke, W.M. (2019). *Teacher recognition, concern, and referral of children's internalizing and externalizing behavior problems*. School Mental Health, 11, 228-239.

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von Eye, Wiedermann, W., & von Weber, S. (2019). *A hybrid approach to regime switch detection.* Journal of Person Oriented Research, 5, 37-49. doi: 0.17505/jpor.2019.04

von Eye, A., Wiedermann, W., & von Weber, S. (2019). *Log-linear and configural* analysis of tree structures. *Psychological Test and Assessment Modeling, 61, 435-451.*

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Wiedermann, W., Dong, N., & von Eye, A. (2019). *Advances in statistical methods for causal inference in prevention science: Introduction to the special section.* Prevention Science, 20, 390-393. doi: 10.1007/s11121-019-0978-x

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BOOK

Wiedermann, W., Kim, D., Sungur, E., von Eye, A. (2020). *Direction dependence in statistical modeling: Methods of analysis.* Hoboken, NJ: Wiley and Sons.

CHAPTERS in BOOKS

Holmes, S. R., Smith, T. E., & Garbacz, S. A., (accepted for publication). *Theories and frameworks related to family-school partnerships.* In Kelly, K. K., Albers, C. & Garbacz, S. A. (Eds.) Theoretical foundations of school psychology research and practice.

Smith,T. E., Herman, K. C., & Reinke, W. M. (accepted for publication). *Theories of behavior change.* In Kelly, K. K., Albers, C. & Garbacz, S. A. (Eds.) Theoretical foundations of school psychology research and practice.

Holmes, S.R., Reinke, W. M., Herman, K.C., Thompson, A. M., & Danforth, L. (2020). *Supporting family-school partnerships in multi-tiered systems of supports.* In S. A. Garbacz & C. Albers (Eds.), Implementing family-school partnerships: Student success in school psychology research and practice (pp. 42-65). New York, NY: Routledge Taylor & Francis Group.

Li, X., & Wiedermann, W. (2020). *On the causal relation of academic achievement and intrinsic motivation: An application of direction dependence analysis using SPSS custom dialogs.* In W. Wiedermann, D. Kim, E. Sungur,& A. von Eye (eds.), Direction Dependence in Statistical Modeling: Methods of Analysis. Hoboken, NJ: Wiley & Sons.

Nigg, J. T., Stadler, D. D., von Eye, A. & Wiedermann, W. (2020). *Determining causality in relation to early risk factors for ADHD: The case of breastfeeding duration.* In W. Wiedermann, D. Kim, E. Sungur, & A. von Eye (eds.), Direction Dependence in Statistical Modeling: Methods of Analysis. Hoboken, NJ: Wiley & Sons.

von Eye, A., & Wiedermann, W. (2020). *Locating direction dependence using log-linear modeling, configural frequency analysis, and prediction analysis.* In W. Wiedermann, D. Kim, E. Sungur, & A. von Eye (eds.), Direction Dependence in Statistical Modeling: Methods of Analysis. Hoboken, NJ: Wiley & Sons.

Wiedermann,W. (2020). *Asymmetry properties of the partial correlation coefficient: Foundations for covariate adjustment in distribution-based direction dependence analysis.* In W. Wiedermann, D. Kim, E. Sungur, & A. von Eye (eds.), Direction Dependence in Statistical Modeling: Methods of Analysis. Hoboken, NJ: Wiley & Sons.

Wiedermann, W., Li, X., & von Eye, A. (2020). *Direction dependence analysis: Statistical foundations and Applications.* In W. Wiedermann, D. Kim, E. Sungur, & A. von Eye (eds.), Direction Dependence in Statistical Modeling: Methods of Analysis. Hoboken, NJ: Wiley & Sons.

CURRENT MPSI PROJECTS

STARS: Self-Monitoring Training Program for Students (2015-2021)
funded by Institute of Education Sciences grant award #R305A150517

BCSMHC: Boone County Schools Mental Health Coalition (2015-2020)
funded by Boone County Childrens' Services grant awards

Interdisciplinary Postdoc Research & Training (2015-2021)
funded by Institute of Education Sciences grant award #R305B150028

FACE: Family Access Center of Excellence of Boone County (2016-2021)
funded by Boone County Childrens' Services grant awards

LAB: Look Around Boone (2016-2021)
funded by Boone County Childrens' Services grant awards, Robert Wood Johnson Foundation & University of Missouri System internal funding

SCSL: Safe & Civil School Leadership (Principals) (2017-2022)
funded by Institute of Education Sciences grant award #R305A170180

START: Principal Training and School Climate (2017-2020)
funded by National Institute of Justice grant award #2016-CK-BX-0004

DiSCO: Efficacy Study of Discipline in the Secondary Classrooms (2018-2023)
funded by a subcontract from SRI International (IES award R305A170040)

ECP: Exploring Cultural Practices (2018-2021)
funded by Institute of Education Sciences grant award #R305A170180

STEP: Supporting Teachers in Engaging Parents (2019-2021)
funded by Society for the Study of School Psychology & a University of Missouri Research Council award

National Center for Rural School Mental Health (2019-2024)
funded by Institute of Education Sciences grant award #R305C190014

Teacher Stress & Coping (2019-2021)
funded by University of Missouri Research Council award

CCU: Evaluation of a Web-Based Classroom Management Program to Promote Effective Classroom Management Practices among Early Career Teachers (2020-2025)
funded by Institute of Education Sciences grant award #R305A200297

SMARTS: Developmental Adaptation of a Self-Monitoring Intervention for Middle School Students (2020-2024)

funded by Institute of Education Sciences grant award #R305A200111

TAP: Therapy Access Program **(**2020-2021)

funded by Boone County Childrens' Services grant awards

BAASE: Build Awareness and Advocacy in School Equity - The Development and Pilot Test of an Inequality Based Social-Emotional Learning Curriculum (2020-2021)

funded by University of Missouri Research Council award

DMind: Dynamic Mindfulness Program Evaluation -A Group Mindfulness Intervention for Middle School Students (2020-2021)

funded by University of Missouri Research Council award

The Development and Pilot Test of a Multi-Tiered Teacher Supports for Behavior Interventions (2020-2021)

funded by University of Missouri Research Council award

Additional subcontract work on projects to University of Wisconsin-Madison, University of North Carolina, and University of Virginia

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SCSL/IES Training Coach

Julia Burke
SCSL/IES/DiSCO Training Coach

Judy Healy-Mendez
Research Funding Director

RABIA ÖZEN UYAR AND WENDY REINKE

In 2020, MPSI hosted visiting scholar Rabia Özen Uyar. Rabia is from Çukurova Üniversitesi, Adana ,Turkey. Unfortunately Rabia spent much of her time in the U.S. wearing a mask! Dr. Reinke served as her mentor during her stay.

2019 MPSI Team

Our Mission:

To improve the lives and well-being of
children, adults, and families