**Title: Engaging Stakeholders in Treatment Development and Implementation: Increasing Inclusivity and Improving Access to Evidence-based Care**

**Chair:** Jordan Albright, Ph.D.

**Discussant:**  Cameo Stanick, Ph.D.

**Topic: Dissemination & Implementation Science**

**Keywords: Stakeholder Relevant, Treatment/ Program Design, Implementation**

**Abstract Body:** The process of developing and implementing evidence-based practices (EBPs) is complex and fraught with challenges, resulting in mental health service programs that often fail to reach their full potential (Aarons et al., 2011; Kendall et al., 2023; Wolk et al., 2022). Implementation science frameworks emphasize the importance of stakeholder engagement to prevent these challenges and ensure that selected interventions are appropriate for the given context (Triplett et al., 2022). By working with communities directly impacted by EBP implementation, stakeholder-engaged research increases EBP inclusivity and improves access to care. It also services to bridge the gap between clinical science and practice, as well as improve the sustainability of EBPs.

This symposium describes several ways in which engagement with community partners has been leveraged to successfully develop and implement treatment protocols in community settings. Presentations describe working with a wide range of stakeholders, including clinicians in an urban school district; middle school staff, teachers, and students; service providers and community members; and community-based suicide prevention coalitions and firearm safety experts. Presenters will describe ways in which engaging stakeholders improved the inclusivity of the EBP and increased access to care for community members, as well as detailing barriers and facilitators to stakeholder-engaged research.

The first presentation reports on a collaborative stakeholder-engaged process for selecting, adapting, and implementing a trauma-informed mental health teacher consultation model in a large, urban school district. The second presentation details the school-based participatory-action research process used to create a justice-focused body image program for middle schoolers. The third presentation describes the community-partnered Delphi approach used to develop a measure of the impact of community-based mental health outreach programming. Finally, the fourth presentation explains the multi-stakeholder engaged framework used to develop a workshop on firearm safety for suicide prevention.

Presenters bring their experiences from a wide range of backgrounds to highlight the versatile nature of stakeholder engagement in mental health contexts. The discussant will draw on her experience overseeing large-scale community implementation of EBPs to provide recommendations for engaging stakeholders, particularly in the treatment development and implementation process.

**Learning Objectives:**

* Identify ways to engage stakeholders as guided by the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework.
* Describe a community-based participatory research process for developing an inclusive body image intervention with underserved populations.
* Describe potential challenges that may arise in the process of treatment development and implementation with stakeholders.
* Compare processes for treatment development and adaptation of evidence-based practices with stakeholders in different community contexts.
* Discuss the process of integrating feedback from multiple stakeholder groups to develop and disseminate interventions.

**Recommended Readings:**

Wolk, C. B., Arnold, K. T., & Proctor, E. K. (2022). Implementing evidence-based practices in nonspecialty mental health settings. Families, Systems, & Health, 40(2), 274–282. <https://doi.org/10.1037/fsh0000506>

Valentine, S. E., Fuchs, C., Carlson, M., & Elwy, A. R. (2021). Leveraging multistakeholder engagement to develop an implementation blueprint for a brief trauma-focused cognitive behavioral therapy in primary care. Psychological Trauma: Theory, Research, Practice, and Policy <https://psycnet.apa.org/doi/10.1037/tra0001145>

Ciao, A. C., Duvall, A., Pascual, S., & Lawley, K. A. (2022). Expert peer facilitation of the EVERYbody Project: A randomized‐controlled evaluation of a diversity‐focused, dissonance‐based, universal body image program for college students. International Journal of Eating Disorders

Burgard, S. A., & Chen, P. V. (2014). Challenges of health measurement in studies of health disparities. Social science & medicine https://doi.org/10.1016/j.socscimed.2014.01.045

**Individual Abstracts**

**Title: A Stakeholder-engaged Process for Adapting a Trauma-informed Mental Health Teacher Consultation Model for a Large-scale Rollout in Urban Schools**

**Presenter:**  Jordan Albright, Ph.D.

Bridging Mental Health and Education in Urban Schools (BRIDGE) is an evidence-based model for embedding teacher consultation and coaching activities into mental health teams’ regular workflow. In partnership with a large urban school district in the Mid Atlantic area of the United States and a local managed care organization, we are rolling out BRIDGE with approximately 180 clinicians across 150 schools over a four-year period. To date, 56 clinicians have completed training and consultation and approximately 21 additional clinicians will have complete data by June 2023.

In this presentation, we describe the (1) collaborative process that led to the selection of the intervention, (2) stakeholder-engaged process for adapting BRIDGE in partnership with the intervention developer, and (3) preliminary feasibility and acceptability outcomes. The implementation process, guided by the Exploration, Preparation, Implementation, Sustainment (EPIS) framework, will be detailed along with programmatic adaptations, organized using the Framework for Reporting Adaptations and Modifications to Evidence-based interventions (FRAME).

Adaptations and modifications to BRIDGE were necessary to accommodate implementation in this new district. Adaptations included contextual changes to treatment delivery (e.g., implemented in classrooms with students on clinician caseloads only), content adjustments to intervention materials (e.g., developing strategy briefs to aid in dissemination, updated intervention manual to include additional evidence-based practices), and training and evaluation modifications (e.g., incorporated experiential learning strategies, training components on understanding student experiences of trauma, developing case vignettes highlighting culturally relevant examples from this school district).

Preliminary feasibility data indicate that all BRIDGE-trained clinicians continued to participate in consultation and use BRIDGE six months later. Clinicians completed 77% of live consultation visits and 97% of virtual consultations. With minor adaptations to the BRIDGE model, it can be rapidly implemented and scaled in a large, under-resourced school district, and clinicians can sustain their use of BRIDGE over time. This work can inform future iterations of BRIDGE implementation and may provide guidance to other districts and community mental health organizations seeking to adapt and implement school mental health interventions.

**Title: Engaging Suicide Prevention and Firearm Safety Stakeholders to Develop a Workshop on Firearm Safety for Suicide Prevention**

**Presenter**:  Gabriela K. Khazanov, Ph.D.

Most suicide deaths in the US are from firearm injury. Increasing safe firearm storage can protect both individuals at risk and their family members from suicide. Family members and other loved ones are also in a unique position to encourage safe firearm storage. However, efforts to promote safe firearm storage have typically relied on delivery by clinicians or firearm safety trainers and have not focused on family members or other loved ones. Furthermore, given cultural and political tensions surrounding firearm access, it is critical to engage multiple stakeholder groups when developing interventions on this topic.

In this study, we used a multi-stakeholder engagement framework, including the patient-centered outcomes research stakeholder engagement principles and rubric, to develop a workshop empowering families and loved ones of individuals at risk for suicide to discuss firearm safety. Stakeholder groups included: (1) five New York State county-level suicide prevention coalitions representing diverse populations and regions (in Erie, Monroe, Onondaga, Jefferson, and Orange counties), (2) subject matter experts in suicide prevention, firearm safety, and family processes, (3) individuals with firearms expertise, and (4) family members of individuals at risk for suicide.

Integrating feedback from various stakeholders confirmed a final format of an hourlong workshop including content on (1) firearms and firearm safety, (2) discussing firearm safety with loved ones, and (3) developing a plan for safe storage. Coalitions indicated the importance of considering firearm safety through the lens of suicide prevention. Subject matter experts highlighted the need to identify the audience and tailor recruitment and workshop materials accordingly. Firearm experts noted that presenting information on safe firearm storage within the context of responsible firearm ownership and safe handling would be more acceptable to attendees.

Including the perspective of multiple stakeholder groups enabled us develop a workshop that (1) contains skills to promote firearm safety valued by experts, (2) is in a format likely to be acceptable to family members of individuals at risk for suicide, and (3) can feasibly be delivered by county coalitions across New York State. This study can serve as a model for the development of community-based workshops on firearm safety for suicide prevention using multi-stakeholder engagement processes. The workshop itself will be disseminated across New York State, with the potential for wider dissemination.

**Title: Developing and Implementing a Justice-focused Body Image Program for U.S. Middle Schoolers: A School-based Participatory Action Research Process**

**Presenter**:  Summer Pascual, B.S.

There is a need for body image interventions for early adolescents that are gender inclusive, diversity-focused, and developed in collaboration with youth community partners. Such programming has the potential to both reduce body image concerns and prevent disordered eating among young people during a critical developmental stage, particularly for those who are at unique risk due to experiences of social marginalization and stress. This presentation describes:

1. a participatory-action research process to create a justice-focused, multi-session body image program for early adolescents in the U.S. ages 11-14.

2. Preliminary results from a pilot research trial of the program.

This school-initiated collaboration included intervention development through a team of two psychology professors, five undergraduate students, 10 middle school staff members and teachers, and 17 middle school students. Team members had a diverse range of intersecting cis- and trans- gender, racial, sexuality, and disability identities. Specific steps to the participatory intervention development process included: (a) establishing team leads at each site to maintain a collaborative and non-hierarchical team structure; (b) bi-weekly advisory team meetings to establish program needs, discuss content options, and review facilitation and structure options; (c) a year-long youth co-design process to generate content ideas, pilot pieces of programming, and incorporate youth leadership through an equity lens; (d) inclusive program writing from members of socially marginalized groups across sites; (e) program piloting to solicit feedback from teachers, facilitators, and students; and (f) incorporating feedback with cross-site team input.

The resulting 8-session (6 hours total) Body Justice Project has both dissonance-based and media literacy foundations covering cultural appearance ideals, diet culture and non-diet nutrition, media and appearance pressure, and body autonomy. A pilot research trial of the program began in February 2023, with trained undergraduate student facilitators and middle school student co-leaders delivering the intervention in 14 classrooms (N = 186 students). Outcomes (collected pre-, post-, and at 2-month follow-up) include appearance satisfaction, self-esteem, internalization of appearance ideals, intuitive eating, and appearance-based school culture. Data collection will conclude in May 2023, and within-group outcomes and reflections on the participatory research process will be presented.

**Title: A Delphi Approach to Co-develop a Measure with Community Stakeholders to Assess the Impact of Community-based Mental Health Outreach Programming**

**Presenter:**  Daniel H. Saravia, M.A.

Existing psychological measures are often developed with predominantly White, college- educated, and/or middle-class samples (Corrigan et al., 2003; Evans-Lacko et al., 2010; Ritsher et al., 2003; Sanchez et al., 2022, Wei et al., 2015). This may result in low response rates in underserved communities due to limited fit, relevance, and unfamiliarity of psychological language. For example, a meta-analysis with mental health literacy measures found that most were assessed with college-educated, young adult populations (Wei et al., 2015), limiting the external validity of the measure in minoritized communities.

 Our study aimed to co-develop a measure intended for minoritized communities utilizing a mixed-method approach, guided by a Delphi expert consensus methodological framework. Two rounds of focus groups with an expert panel of providers (N=9) qualitatively assessed their perspectives on strengths, challenges, and areas of need with existing measures used in community-based mental health centers in California. From these focus groups, a pilot measure of 26 items assessing mental health literacy, stigma, and help-seeking was developed. Round three included an anonymous quantitative survey completed by the provider panel (N=12), with items designed to collect feedback on the terminology, scaling, and visual formatting of the measure. A 3-point Likert scale of improvement was used to assess aspects of the measure along with the ability to provide feedback. A benchmark of 80% consensus of adequacy was required for items to be finalized. Of the initial 26-item pilot measure, 15 items met this benchmark.

Following three rounds of survey development with providers, the new 15-item survey was assessed with community members. Two focus groups were held with community members in English (N=10) and Spanish (N=6). Responses revealed similar concerns with existing measures being too burdensome to complete and confusing due to clinical terminology that was unfamiliar to underserved communities. Community members shared that the language in the newly developed measure included terminology familiar to and was written at a level that was easy to understand. A round three quantitative survey will be completed with community members to further refine the survey, which will parallel the provider procedure. The psychometric properties of the measure will be assessed. Developing a mental health literacy, stigma, and help-seeking measure that is informed by and for underserved communities allows for a better snapshot of their true mental health needs.