NH CEBIS
New Hampshire Center for Effective Behavioral Interventions and Supports
A PROJECT OF SERESC

A5: Working Together (Schools, Families, and Community MH) to Support Students with Behavioral Health Needs (Tier 3 Overview)

2014 Conference on School Culture, Climate, & Positive Behavior Support
August 20-21, 2014

Eric Mann, MSW
New Hampshire Center for Effective Behavioral Interventions and Supports at SERESC, Inc.
(NH CEBIS)
603 206-6820
emann@seresc.net

Agenda and Objectives

Agenda:
- Introductions
- Quick overview of Tier 3 Systems and Practices Features
- Tier 3 Team Role
- Family Readiness for Engagement
- Understanding Behavior through:
  - The Conflict Cycle
  - Escalating Behavior Cycle
- Responding to Crisis: Response Team process
- Facilitated Referral to Community MH supports
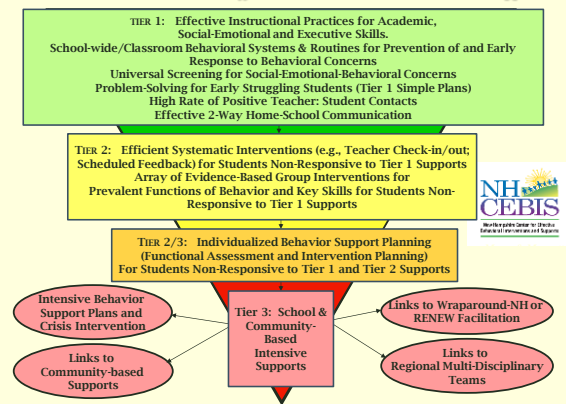

Objectives

1. Learn Tier 3 behavioral support features within a multi-tiered system.
2. Learn about *The Conflict Cycle and The Escalating Behavior Cycle:* how these paradigms apply to:
   1. Understanding behavior
   2. Engagement
   3. The continuum of support
3. Learn about the components of an effective de-escalation response team process.
4. Learn about the features of a facilitated process for referral from school to community MH.
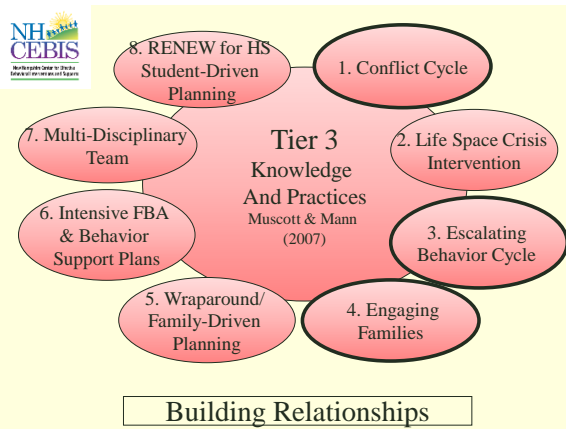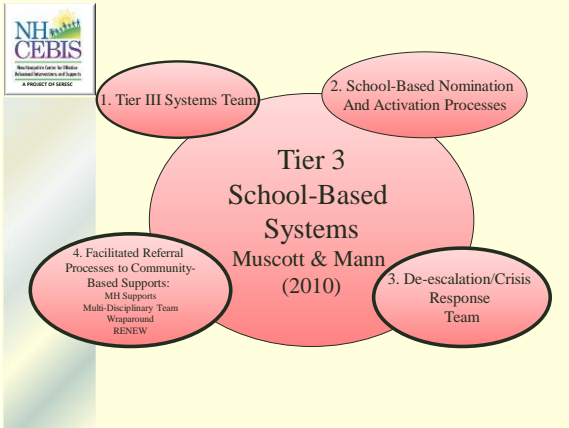
Clarification:
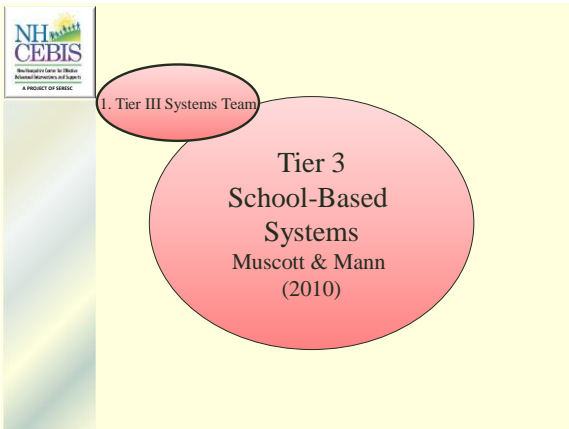### *This Session is not a Tier 1 Family Engagement session*

- The ideas we'll discuss in this session pertain mostly to students with significant behavioral health (mental health) issues.
- We'll discuss ways to increase likelihood that home-school-community engagement will be fostered when intensive behavioral supports are needed.
- We'll discuss the importance of access to a continuum of effective school-based supports.
- We'll discuss a facilitated process for access to community support when needed.

**RtI Multi-Tiered Continuum for *Effective Social-Emotional-Behavioral Supports*** [5]

TIER 1: Effective Instructional Practices for Academic, Social-Emotional and Executive Skills.
School-wide/Classroom Behavioral Systems & Routines for Prevention of and Early Response to Behavioral Concerns
Universal Screening for Social-Emotional-Behavioral Concerns
Problem-Solving for Early Struggling Students (Tier 1 Simple Plans)
High Rate of Positive Teacher: Student Contacts
Effective 2-Way Home-School Communication

TIER 2: Efficient Systematic Interventions (e.g., Teacher Check-in/out; Scheduled Feedback) for Students Non-Responsive to Tier 1 Supports
Array of Evidence-Based Group Interventions for Prevalent Functions of Behavior and Key Skills for Students Non-Responsive to Tier 1 Supports

TIER 2/3: Individualized Behavior Support Planning (Functional Assessment and Intervention Planning)
For Students Non-Responsive to Tier 1 and Tier 2 Supports

- Intensive Behavior Support Plans and Crisis Intervention
- Links to Community-based Supports
- **Tier 3: School & Community-Based Intensive Supports**
- Links to Wraparound-NH or RENEW Facilitation
- Links to Regional Multi-Disciplinary Teams

- 8. RENEW for HS Student-Driven Planning
- 1. Conflict Cycle
- 7. Multi-Disciplinary Team
- 2. Life Space Crisis Intervention
- 6. Intensive FBA & Behavior Support Plans
- 3. Escalating Behavior Cycle
- 5. Wraparound/ Family-Driven Planning
- 4. Engaging Families

Tier 3
Knowledge And Practices
Muscott & Mann (2007)

Building Relationships

Slide 1

NH CEBIS
New Hampshire Center for Effective Behavioral Interventions and Supports
A PROJECT OF SERESC

1. Tier III Systems Team

2. School-Based Nomination And Activation Processes

Tier 3
School-Based
Systems
Muscott & Mann
(2010)

4. Facilitated Referral Processes to Community-Based Supports:
MH Supports
Multi-Disciplinary Team
Wraparound
RENEW

3. De-escalation/Crisis Response Team

Slide 2

NH CEBIS
New Hampshire Center for Effective Behavioral Interventions and Supports
A PROJECT OF SERESC

1. Tier III Systems Team

Tier 3
School-Based
Systems
Muscott & Mann
(2010)

Slide 3

NH CEBIS
New Hampshire Center for Effective Behavioral Interventions and Supports
A PROJECT OF SERESC

School RTI Tier III Oversight Team

1. Meets regularly
2. Oversees Tier III nomination process, T3 systems and supports.
3. Activates T3 supports; coordinates access to interventions.
4. Has capacity to develop (or refer for development of) intensive support plans.
5. Has capacity to train, coach, & support school staff to implement intensive support plans.
6. Uses data to guide decisions.
7. Monitors fidelity of implementation of plans and efficacy of interventions.
8. Communicates with key stakeholders (Tier 1 and 2 teams, parents/families, staff, administrators, community partners).

Tier 3
Knowledge
And Practices
Muscott & Mann
(2007)

4. Engaging
Families
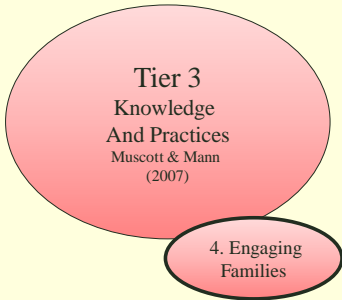
Building Relationships

Effective Home-School Partnership

Requires:
- The ability and desire to respectfully validate a family member's feelings, values, and experiences.
- An organized, proactive and responsive continuum of intensifying communication and support.

Family Readiness for Engagement

- A family/parent may avoid or disengage for many reasons:
  · Unhappy school experiences.
  · Prior conflicts with people at school.
  · Personal stresses; current challenges.
  · Hopelessness: a lack of belief in their ability to effect positive change for their children.
- Some see disconnecting from the school, or projecting blame, as the only viable self-protective option.

**Family Readiness
for Engagement**

- When educators and parents share common values and come from roughly the "same place" in terms of what matters to them, engagement is easier.

**Family Readiness
for Engagement**

- But when school personnel and family members don't share common perspective, values, experiences, or ways of thinking, it's easy to regress to blaming and scapegoating:

  · I wish that parent would/wouldn't...
  · I wish that teacher would/wouldn't...
  · I wish that child would/wouldn't...

**Family Readiness
for Engagement**

- Blaming and scapegoating may serve a cathartic need, but are unlikely to bring schools, children and families closer.

Promoting Engagement

- Respectfully validating a family member's feelings, values, and experiences is a good place to start.

- Providing something valuable to the family is another important step.

Heads-up 'Home Matrix': SNH Head Start

- Southern NH Head Start in Nashua was the first early childhood program in the PBIS-NH initiative to adapt a 'home matrix' to support parenting skills.

- Using their Heads Up program language -- Be Safe, Be Kind and Take Care of Our Things -- Family workers helped families create positively stated, observable behaviors for home routines.

Home Matrix: Possible Benefits

- This higher level family support resulted in:
  - Home-school curricular connection (connects home to what is happening at school).
  - Home-school relationship-building thru collaboration.
  - Increased feelings of behavioral control for parents.
    - Increased impact on child's behavior.
    - Increased control over own responses to child's behavior.
  - Growth/evidence of self-control for children
  - Stress reduction due to feeling more in control as a parent and calmer home life.

Belknap-Merrimack Head Start — **Home Matrix** — FAMILY MATRIX

	Be Safe	Be Kind	Be Careful with our Things	Make it Better	Parenting Tips
AM Routine	• let adults know when you are up • listen to adults about eating and getting ready for the day	• play quietly if others are sleeping • say good morning	• put night clothes where they belong • help get dressed	• lend a helping hand…	• think ahead…are the clothes ready? Cereal out? • Have you allowed enough time? • Is your alarm clock set?
Inside Playtime	• listen to adults • stay in play areas • use toys safely • if you see something unsafe, tell an adult	• take turns • use kind words • invite other to play	• use toys carefully • return things to their place	• if you knock it over, help clean it up	• is the area safe and supervised • consider doing a game or activity with your child
TV/Video	• listen to adults about what shows are OK to watch • tell adults how you feel about shows games • only watch TV when adults say you can	• keep volume softer than people's voices • take turns with selections	• return things to their place	• if you are scared… talk to an adult • if you are sad… tell an adult	• have you picked this show/video or game with your child? • have you watched the show/video or game with your child? • Consider turning TV off during mealtimes • how does your child react now …and later?
Bathroom	• wipe/shake • wash hands	• take turns • respect privacy	• put toilet paper in the toilet	• if you see a mess… tell an adult	• is the bathroom child proofed? • have you talked about your bathroom rules?

Belknap-Merrimack Head Start — **Home Matrix** — FAMILY MATRIX

	Be Safe	Be Kind	Be Careful with our Things	Make it Better	Parenting Tips
Shopping	• listen to adults • sit down in shopping carts • walk • stay with adult • keep hands in shopping cart	• use inside voice • use kind words	• be careful with store items • put things back where they belong • look with your eyes	• if you know it over… pick it up • if you break something… tell an adult	• if possible, plan to go at child friendly times • consider including child in shopping experience • have you talked about the rules for shopping today?
Outside Playtime	• dress for the weather • listen to adults • if you see something unsafe, tell an adult • if you feel unsafe, tell an adult • stay on the playground • follow directions	• use kind words • listen to others • take turns	• keep things in the playground • return things to their place • use toys carefully • be gentle with materials	• if you hurt another… help heal • if you destroy… help rebuild • lend a helping hand	• consider offering a variety of child choice materials and activities
Bathtime	• walk • feel the water before getting in • make sure an adult knows you're getting in • keep water in the tub • listen to adults	• listen to what others want	• only water toys go into the tub • put our dirty clothes where they belong	• lend a helping hand…	• have you checked the temp of the water? • think ahead, are there towels, change of clothes, diapers and other bathing items • will this time be uninterrupted so you can be with your child?
Bedtime	• beds are for quiet time and sleeping • brush your teeth • listen to adults	• use quiet voices • say good night	• put things where they belong	• if you have a problem …tell an adult	• have you considered looking at a book as part of your bedtime routine? • is there a quiet time before bed?

1. Conflict Cycle

PBIS-NH
School-Based
Tertiary Practices
Muscott, Mann
& Berk (2007)

Building Relationships

Conflict Cycle

- Can/should be learned by:
  - Staff
  - Parents
  - Children (when feasible)
  - Community support partners

The Conflict Cycle is
the Basic Building
Block of a 'Crisis'

*The Conflict Cycle illustrates the
clash of psychological worlds
between a child under stress
and those who respond to his/her
behavior*

Different Psychological Worlds:

*Thoughts Impact Feelings and
Behavior*

Differences in Psychological Worlds:
A Student in Stress and a Helpful Adult

	Student in Stress:	Helpful Adult:
Perceptions	One-dimensional Sees Only One Perspective	Able to Consider Multiple Perspectives
Thoughts	Negative Thinking Stuck (Options Limited) Irrational/ Illogical/Generalized	Logical Cognizant of Options Positive Self-Talk Thinks: How Do I Validate the Child's Experience?
Feelings	Flooded Volatile Defensive; Self-Protective	Accepts & in Control of Feelings Calm
Behaviors	Aggressive; Passive-Aggressive; Passive-Resistant	Models Self-Control Responds to Student Needs Rather than Behavior

Differences in Psychological Worlds:
Thoughts Triggered by Stress Can Lead to Conflicting Goals

Stressed Student's Thoughts/Beliefs *may be Triggered During Stressful Task Completion:*

"Why do I have to do this?"
"Why do people need to learn this crap?"
"I feel stupid; I feel like a loser."
"If I try, I'll look foolish."
"Great, more proof that I suck at everything."
"Everyone knows how to do this but me."
"I wish everyone would just leave me alone."
"This is your fault (teacher) - if you'd get out of my face, everything would be better."
"You can't make me do this."
"I have to get out of here!"
"I hate school."
"I give up. I'm done. Try and make me."

Stressed Adult's Thoughts/Beliefs *that may be Triggered by Student Behavior in Response to Stressful Task Completion:*

"We have to get this work done."
"I can't waste time dealing with this."
"My job is to get you to get your work done."
"We are running out of time."
"Here we go again -- I can't believe this."
"I can't let this child ruin this for everyone."
"Children should comply and do as they are told."
"Children should not question authority."
"Children who don't try are lazy."
"My time and effort should be spent on kids who try."

The Conflict Cycle
(Life Space Crisis Intervention (LSCI) Institute)

NH CEBIS
New Hampshire Center for Effective
Behavioral Interventions and Supports
A PROJECT OF SERESC
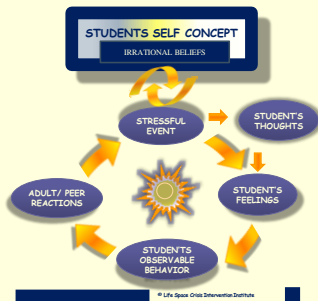
Birth of a Conflict Cycle:
Self-Concept

- Beliefs about self emerge from feedback a child receives from his world.

- *Self-Concept* develops from these beliefs.

- Self-Concept travels with you.

- Influences responses to everyday events.

NH CEBIS
New Hampshire Center for Effective
Behavioral Interventions and Supports
A PROJECT OF SERESC

Beliefs about Self, Others and their World Influence What Children Experience as Stressful

- *"I can rely on adults."*
- *"It is to my benefit to comply with adults."*
- *"I can be successful at anything I am asked to do in school."*
- *"I am confident as a learner."*

NH CEBIS
New Hampshire Center for Effective
Behavioral Interventions and Supports
A PROJECT OF SERESC

Beliefs about Self and Others can Influence Behavior in School

- *"Adults are not trustworthy."*
- *"I should be cautious about doing what adults ask."*
- *"I am unsure of myself as a student or as a social being."*
- *"Everything I try is a big risk."*
- *"I'm not worthy of success."*
- *"Adults exist only to punish me or remind me of my inadequacies."*

We also carry with us…

Emotional Memories

Emotional Memory

- *Emotional Memories* are stored in our brains.

- Some *Emotional Memories* are connected to language; some aren't.

Emotional Memory

Emotional Memories are triggered as we go through life.
Some Consciously, Some Not.

*Beliefs about self, others,
and the world,
and our emotional
memories,*

*set the stage for what a
person experiences as
stressful.*

_____
_____
_____
_____
_____
_____
_____
_____
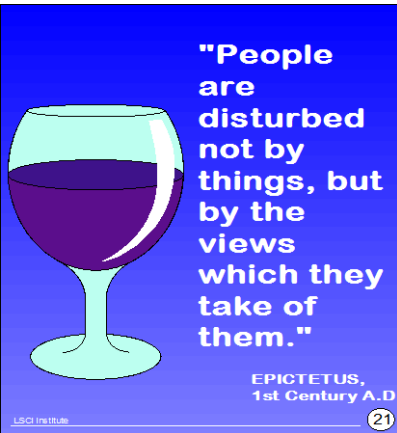
"People are disturbed not by things, but by the views which they take of them."

EPICTETUS,
1st Century A.D.

LSCI Institute

_____
_____
_____
_____
_____
_____
_____

Darrell suspected someone had once again
slipped him a spoon with the concave
side reversed.

_____
_____
_____
_____
_____
_____
_____
_____

THE CONFLICT CYCLE

NH CEBIS
New Hampshire Center for Effective
Behavioral Interventions and Supports
A PROJECT OF SERESC

STUDENTS SELF CONCEPT
IRRATIONAL BELIEFS

STRESSFUL EVENT

STUDENT'S THOUGHTS

ADULT/ PEER REACTIONS

STUDENT'S FEELINGS

STUDENT'S OBSERVABLE BEHAVIOR

© Life Space Crisis Intervention Institute

PBIS-NH
School-Based
Tertiary Practices
Muscott, Mann
& Berk (2007)

2. Escalating
Behavior Cycle

Building Relationships

Acting-Out Behavior Cycle

Peak

This phase is characterized by serious disruption and behaviors that often represent a threat to the safety of others. Logical cognitive processes are impaired and impulsive behavior rules

Period of Escalation

A time when the student calls upon existing coping skills to resolve a problem presented by a trigger

Period of De-escalation

This phase marks the beginning of the student's disengagement and reduction in severity of behavior. Students are still not especially cooperative or responsive to adult influence

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

2. Triggers

1. Calm

7. Recovery

Time

Sources: Colvin (1992); Walker, Colvin, & Ramsey (1995)

NH CEBIS
New Hampshire Center for Effective Behavioral Interventions and Supports
A PROJECT OF SERESC

Tier 3
School-Based
Systems
Muscott & Mann
(2010)

3. De-escalation/Crisis Response Team

NH CEBIS
New Hampshire Center for Effective Behavioral Interventions and Supports
A PROJECT OF SERESC

Call for Emergency?
Call for Non-Urgent Support?
Inform Office or Behavioral Support, but No call?
Do nothing?

- John is in class and begins to get frustrated over a writing task. He begins to throw his books and papers on the floor, then tips over chairs. He makes loud threatening statements when you ask him to stop. He refuses to stop.

NH CEBIS
New Hampshire Center for Effective Behavioral Interventions and Supports
A PROJECT OF SERESC

Call for Emergency?
Call for Non-Urgent Support?
Inform Office or Behavioral Support, but No call?
Do nothing?

- Sally's engine is running unusually high. She is talking loud (others are still able to work but are getting annoyed) and can't sit still (shaking; slapping arms on desktop; getting out of seat). When you remind her of the classroom expectations for quiet and calm during seatwork, she complies – but only for about 30 seconds and then resumes her high energy behaviors. When asked if something is going on today that she wants to talk about, she said "mind your own damn business".

Call for Emergency?
Call for Non-Urgent Support?
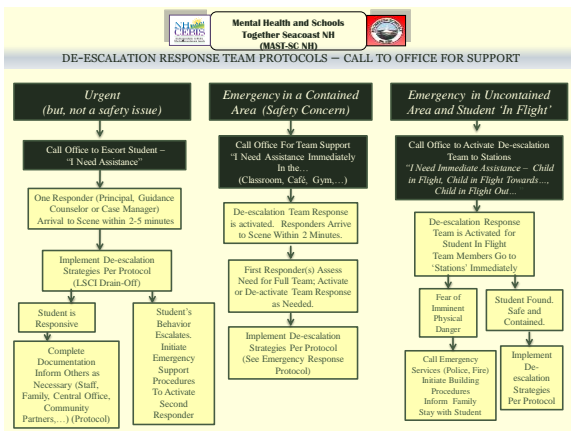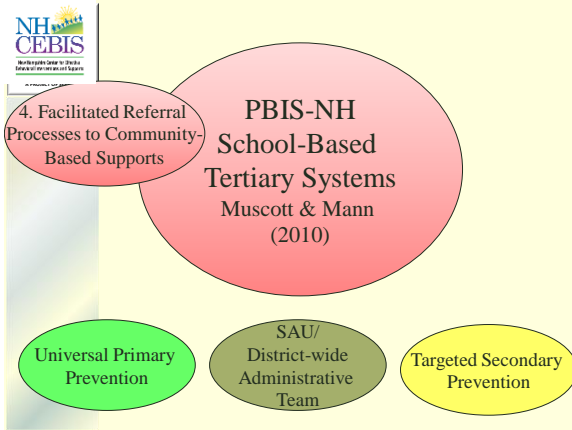**Inform Office or Behavioral Support, but No call?**
Do nothing?

- Billy has had his head down on his desk since the day began an hour ago. When he looks up, his face is distressed (looks sad and uncomfortable; distressed). When asked if he is OK he says "I'm Fine". When asked if something is wrong he sighs "No". When asked to get his work done, he lifts his head and pencil for a second or 2 and then puts them both down again.

De-escalation Response Team

- A de-escalation response team is a group of highly trained personnel who are available to respond quickly and effectively to an incident where one or more students are:
  (a) exhibiting escalating behavior that is unsafe to themselves and/or others, and
  (b) not responding to adult requests to move to an alternative space in the school.

Mental Health and Schools
Together Seacoast NH
(MAST-SC NH)

DE-ESCALATION RESPONSE TEAM PROTOCOLS – CALL TO OFFICE FOR SUPPORT

Urgent
(but, not a safety issue)

Call Office to Escort Student –
"I Need Assistance"

One Responder (Principal, Guidance Counselor or Case Manager) Arrival to Scene within 2-5 minutes

Implement De-escalation Strategies Per Protocol (LSCI Drain-Off)

Student is Responsive

Student's Behavior Escalates. Initiate Emergency Support Procedures To Activate Second Responder

Complete Documentation Inform Others as Necessary (Staff, Family, Central Office, Community Partners,…) (Protocol)

Emergency in a Contained Area (Safety Concern)

Call Office For Team Support "I Need Assistance Immediately In the… (Classroom, Café, Gym,…)

De-escalation Team Response is activated. Responders Arrive to Scene Within 2 Minutes.

First Responder(s) Assess Need for Full Team; Activate or De-activate Team Response as Needed.

Implement De-escalation Strategies Per Protocol (See Emergency Response Protocol)

Emergency in Uncontained Area and Student 'In Flight'

Call Office to Activate De-escalation Team to Stations
"I Need Immediate Assistance – Child in Flight, Child in Flight Towards…, Child in Flight Out…

De-escalation Response Team is Activated for Student In Flight Team Members Go to 'Stations' Immediately

Fear of Imminent Physical Danger

Student Found. Safe and Contained.

Call Emergency Services (Police, Fire) Initiate Building Procedures Inform Family Stay with Student

Implement De-escalation Strategies Per Protocol

Slide 1

OBSERVE BEHAVIORAL CONCERN OR INCIDENT — Mann, 2014

Assessment of emotional escalation:

Calm (body and voice are relaxed; is communicating effectively and calmly using words and non-verbals)

Agitated or Defensive (body is rigid or energized; easily angers or defensively avoids verbal communication)

Accelerated (highly emotional state; unable to calm; verbal strategies accelerate emotion; may be internalizing or externalizing)

Peak (is not managing self physically or emotionally; is unsafe to self or others)

- Emotional Triggers are Present; Agitated/ Defensive
- Agitated/ Accelerated
- Accelerated/ Peak
- Peak

Implement Prevention or Drain-off Strategies:
- Calm Voice and Tone; Relaxed Body
- Empathic/ Non-judgmental Language
- Positive Kinesics (positive, non-threatening non-verbal communications)
- Affirmations and Positive Acknowledgements
- Listen for Child's 'message': Validate his/her psychological world
- Provide personal space
- Check emotional temperature periodically
- Set limits calmly

Alert De-escalation Response Team

De-Escalation Team Leader is Identified ; LSCI used as feasible

De-escalation established (Calm)

Child Continues Concerning Behavior

Child's Emotional Response Accelerates

Team acts to ensure safety (Home communication & support or emergency protocol activated if student is unable to de-escalate)

Tension Reduction established (De-escalated/Calm); Implement LSCI as feasible

Use verbal-mediation strategies to discern student perspective, arrive at central issue, promote insight and practice new skills.

Practice re-entry to classroom; Implement/assign teacher/administrative response, support or consequence (as appropriate) and return student to class.

Implement Staff and Home Communication Protocols.

Implement Student Re-Entry Protocol.

Implement Team Debrief Protocol.

Slide 2

NH CEBIS — New Hampshire Center for Effective Behavioral Interventions and Supports — A PROJECT OF SERESC

Communication Form (to Teacher)
Mann, 2012, revised 7-2014

1. Behavior triggering referral:
   - Disruption
   - Inappropriate language
   - Non-Compliance
   - Physical Contact/Aggression
   - Disrespect
   - Other:_____

2. Student emotional level on arrival to office:
   - Calm (body and voice are relaxed; is communicating effectively using words)
   - Agitated or defensive (body is rigid or energized; easily angers or shuts-down verbal communication)
   - Accelerated (in a highly emotional state unable to calm)
   - Peak (may be unsafe to self or others; may require physical containment)

3. Student was able to:
   - Clearly describe his/her perspective of the incident that led to the referral.
   - Clearly describe his/her perspective of prior circumstances that may have led to the incident (i.e., provide a timeline of events that occurred prior to the incident).
   - Identify stress he/she was experiencing that may have led to the concerning behavior:
   _____
   - Identify a positive way to make things better (fix the problem; resolve the conflict; manage the stress;, etc.):
   _____
   - Show through positive behavior that he/she is Calm (per 'Calm' definition above) and ready to return to class.
   - Practice returning to class calmly with a plan to avoid repeating or escalating the concerning behavior.
   If the above items in #3 were not achieved, briefly explain why student is returning to class:

4. An additional consequence (beyond being sent to the office) was assigned:
_____

5. The plan to contact home (teacher, behavioral support, or administrator) is:
_____

Slide 3

NH CEBIS — New Hampshire Center for Effective Behavioral Interventions and Supports — A PROJECT OF SERESC

Communication Form (to Parent)
Mann, 2012, revised 7-2014

_____ needed some help in the office today during _____.
Date:_____
(Name)

The behavior we were concerned about was:
- Disruption
- Inappropriate language
- Non-Compliance/ Refusal
- Physical Contact or Aggression
- Emotional concern
- Other _____

When he/she arrived to the office, he/she was:
- Calm (body and voice are relaxed; is communicating effectively using words)
- Agitated or defensive (body is rigid or energized; easily angers or shuts-down verbal communication)
- Accelerated (in a highly emotional state unable to calm)
- At Emotional Peak (may be unsafe to self or others; may require physical containment)

_____ was able to return to his regular schedule because he was able to:
(Name)
- Calmly describe what happened from his/her point of view.
- Provide a timeline of what occurred prior to the problem.
- Identify stress he/she is feeling that may have led to the behavior:
_____
- Identify a positive way to make things better (fix the problem; resolve the conflict; deal with the stress, etc.):
_____
- Show through positive behavior that he/she was Calm (per definition above) and ready to return to class.

_____ was unable to return to class so we will meet tomorrow AM and try to solve the problem.
(Name)
Comment:

Due to the nature of the behavior an additional consequence was assigned as follows (if applicable):_____

We want to do all we can to support your child's education. Please contact _____ (name and contact information) if you want to talk about this incident or if you want to provide information that may help us to do our best for your child.

Slide 1

NH CEBIS

PBIS-NH School-Based Tertiary Systems
Muscott & Mann (2010)

4. Facilitated Referral Processes to Community-Based Supports

Universal Primary Prevention

SAU/ District-wide Administrative Team

Targeted Secondary Prevention

Slide 2

NH CEBIS

Facilitated Referral Process for Accessing Mental Health Services from a Community Mental Health Center

Slide 3

NH CEBIS

Facilitated Referral: School to Community MH

Product	Purpose
Process Flowchart	Thumbnail description of school process beginning with observing a concern through a referral to community MH supports
Cultural and Linguistic Competency Self-Assessment	Self-Assessment used to remind In-school or community-based MH provider to account for cultural and linguistic considerations
Problem-Solving Checklist	Front-loads problem-solving for common barriers to MH support or treatment
Pre-intake Family Form	Data gathering tool completed by family. Helps family to identify treatment concerns and goals
Pre-Intake School Form	With family permission, data gathering tool used to identify school personnel perspective on treatment concerns and goals.
Follow-Up Survey	Data form and process guide to encourage procedural follow-up whenever a recommendation for community MH support is made to parents
FAQ	Frequently Asked Questions for Families
Community MH Brochure	Addresses specific reasons for treatment and possible treatment outcomes at community MH center

Mental Health Centers Modalities and Services

1. Individual Therapy: Pre-school, Latency, Adolescent
2. Group Therapy: Pre-school, Latency, Adolescent, Parents/Caregivers
3. Family Therapy
4. Emergency Services/Crisis Stabilization
5. Psychological Testing
6. Prescribe Medication
7. Dispense Medication
8. Administer Medication
9. Admission/Discharge
10. Medical/Psychiatric Screening
11. Case Management/Mental Illness Management Services
12. Adolescent Substance Abuse Services
13. Dialectical Behavioral Therapy Program for Adolescents
14. Respite Care
15. Wraparound

Problem-Solving Checklist for Addressing Barriers to Accessing Behavioral Health Services at Community Partners

Student Name: _____ Parent Name: _____

Date: _____ School: _____

Directions: The following items often impact a family's ability or desire to access needed services at the community behavioral health center and may reveal important family needs that must be resolved in order to increase the likelihood that the family receive those services. Please check all items that apply and then develop an action plan to improve likelihood of a successful connection with *Community Partners*.

Practical Issues
- Availability of transportation: No gas money/No car/Other
- Availability of child care: No money/No providers/Other
- Availability of telephone: No phone/No minutes on cell phone/Other
- Language or other communication concerns: Difficulty speaking, understanding or reading English/Other
- Taking time off from work
- Lengthy waiting list (too long to wait)
- One parent wants to access services; one doesn't; or Child doesn't want services

Financial Issues
- Availability of resources to pay for services (insurance or other issues)
- Prior financial balance with Community Partners (i.e., owes, or may still owe, money to agency)

Concerns about Counseling/Therapy/Services at Community Partners
- Afraid it won't work
- Afraid that addressing needs and concerns will make things worse
- Concern about feeling pressured to put child on medication
- Problems are occurring in school but not at home; how will this help?
- Does not want to get into deep family issues (or issues from the past)
- I've been to Community Partners before and….(state why it was not successful)_____
- Previous bad experiences with a different community support systems or counseling/therapy

Concerns about Confidentiality or the Stigma of Getting Help
- Concerns about who will know about services, medications, diagnoses: (Teachers/Others)
- Concerns about sharing family issues with others
- Concern about stigma of receiving mental health supports (i.e., feel it is a sign of weakness or feels friends, neighbors or family members might be critical)
- Other

1 (Page of 3 (6-16-11)

Family Perspective: Concerns

Part 1: Identify Your Concerns: Go through each item below and ask yourself, "Does this happen to my child and does it worry me"? Check all 'yes' answers:

- Is sad or tearful
- Has temper tantrums
- Has *too* much energy
- Doesn't get enough sleep
- Doesn't eat enough
- Repeats behaviors over and over or fixates on things
- Doesn't seem to have any close friends
- Hurts others (siblings, friends, parents, pets)
- Is a target of bullying
- Mentioned hearing/seeing things that aren't there
- We have daily (or almost daily) struggles about getting homework done
- Seems unmotivated or disinterested in family activities
- Other:_____

- Is tired, low energy or inactive
- Is easily agitated, angered or irritated
- Doesn't concentrate well or is easily distracted
- Is worried or anxious a lot
- Gets too much sleep
- Eats too much or is overly interested in food
- Doesn't spend time with, or communicate with peers after school or on weekends
- Bully's others
- Takes dangerous risks
- Is or might be using drugs or alcohol
- Talks negatively about himself/herself
- Always disagrees, or says 'no' when asked to do something
- Has engaged in self-harm
- Has mentioned thoughts about self-harm

Family Perspective: Concerns

School Concerns:

- ☐ Seems unmotivated or disinterested about school
- ☐ Low grades or low academic performance
- ☐ Sudden change in school performance
- ☐ Has trouble socially in school ☐ Is Isolated
- ☐ Other (please explain):_____
- ☐ In 'trouble' a lot at school
- ☐ Problems completing homework
- ☐ Late to school or absent a lot
- ☐ Gets in fights ☐ Gets picked on or teased

Over the past 3 to 6 months, is there any change in how your child is behaving or feeling?

- ☐ Yes
- ☐ No difference

Have there been changes in the family or any family-related events (or other types of events) that could explain how your child is behaving or feeling?

- ☐ Yes (explain):_____
- ☐ Not that I know of

Would you like a school person to provide information to Community Partners about the school's perspective of how your child is doing in school? ☐ Yes ☐ Not at this time

If Yes, who would be the best person (or people) to provide the information?
_____

Family Perspective: Outcomes

Part 2: Identify Outcomes for Treatment: Go through each item below and place a check on what you are hoping for as a result of treatment at Community Partners

Home

- ☐ Is less mad at me (or at someone)
- ☐ Is happy or 'OK' more often (less sad or tearful)
- ☐ Talks in more positive ways about himself/ herself (or less negative)
- ☐ Fewer or shorter tantrums or angry outbursts
- ☐ Says 'Yes' or 'OK' more often when asked to do something (or just does what is asked)
- ☐ Is more agreeable about getting homework done (fewer struggles)
- ☐ Abstains from drugs or alcohol
- ☐ Eating regularly and more healthily

- ☐ Is less frustrated or angry or irritated
- ☐ Is calm more often (less worried or anxious)
- ☐ More stable mood (not so hot and cold)

- ☐ Getting along better with family members (specify)
- ☐ More socially engaged (having more fun with peers; communicating positively with peers)
- ☐ Gets to school more often and with less struggle

- ☐ Less involved in risky or unhealthy behavior
- ☐ Sleeping regularly and normally

School

- ☐ Improved school attendance
- ☐ Fewer reports of problems at school
- ☐ More socially engaged (having more fun with peers; positive communications with peers)
- ☐ Less socially isolated

- ☐ On-time for school
- ☐ Improved grades
- ☐ More participation in fun or interesting after school activities
- ☐ Handling emotions (sad, frustrated, worried, angry) better in school

- ☐ Other (please explain):_____
- ☐ _____
- ☐ _____
- ☐
- ☐
- ☐

School Perspective: Concerns

Part 1: Identify Concerns -- Review the items below and place a check mark next to any observed or reported behaviors of concern in school.

- ☐ Suicidal thoughts/intent
- ☐ Sad or depressed mood
- ☐ Lacks motivation for school
- ☐ Mood fluctuations
- ☐ Temper Tantrums
- ☐ Excessive energy/activity
- ☐ Compulsive behavior(s)
- ☐ Inactive
- ☐ Bully's or intimidates others
- ☐ Suspect drug/alcohol use

- ☐ Act(s) of self-harm
- ☐ Frequently sad or tearful
- ☐ Helplessness
- ☐ Agitated/irritable
- ☐ Poor concentration
- ☐ Obsessiveness/worry
- ☐ Anxious/nervous
- ☐ Defiant/non-compliant
- ☐ Is a target of bullying
- ☐ Has mentioned hearing or seeing things that aren't there

- ☐ Danger to others or violent
- ☐ Tired/fatigue/low energy
- ☐ Poor hygiene
- ☐ Quick tempered
- ☐ Easily distractible
- ☐ Repetitive behavior(s)
- ☐ Withdraws from peers
- ☐ Physical fights
- ☐ Risk-taking/dangerous acts
- ☐ Skipping classes

- ☐ Paranoia
- ☐ Sudden drop in grades
- ☐ Social struggles (please explain):_____

- ☐ Frequent disciplinary action
- ☐ Excessive tardiness

- ☐ Low/declining grades
- ☐ Poor school attendance

- ☐ Other (please explain):_____

School Perspective: What's Been Tried?

Part 3: School-based Intervention Tried -- Review the items below and place a check mark next to any school intervention(s) already attempted.

Intervention	How long has this been in place for the student?	Was/Is the student responsive to the intervention (has it been successful)? 1 – Successful 2 – Partially Successful 3 – Not Successful to date	Comments
In-school Counseling			
Special Education Plan (IEP)			
504 Accommodations Plan			
Functional Behavioral Assessment and Function-based support plan			
Other Behavior Support Plan: Describe:_____ _____ _____			
Other School-based support or interventions			

School Perspective: Outcomes

Part 4: Identify Outcomes You Hope to Achieve -- Review the items below and place a check mark next to any outcomes you hope are achieved as a result of treatment at Community Partners. As you review each item, ask yourself what specific indicators would suggest to the school team that things are improving.

- ☐ Increased social engagement
- ☐ Happier mood/ Less sad/tearful
- ☐ More engaged class activities
- ☐ Increased work/ homework completion
- ☐ Appropriate support seeking
- ☐ Less bullying behavior
- ☐ In classes more often from start to finish
- ☐ Other (please explain):_____

- ☐ Participation in activities
- ☐ Mood is more consistent
- ☐ Fewer discipline referrals
- ☐ Follows request more easily
- ☐ Improved hygiene
- ☐ Fewer safety concerns

- ☐ Less anxious/ stressed
- ☐ More engaged with peers
- ☐ Fewer distracting behaviors
- ☐ Fewer tantrums/outbursts
- ☐ On-time for school
- ☐ Improved school attendance

Is there anything not indicated above that the school team suggests is important to address in treatment with Community Partners?

Student Perspective: Concerns

Part 1: Identify Your Concerns: Go through each item below and ask yourself, "Does this describe me and does it bother me"? If 'yes' then check the item:

- ☐ I am sad
- ☐ I have a lot of stress
- ☐ I lose control of my temper
- ☐ I have *too* much energy
- ☐ I don't get enough sleep
- ☐ I don't eat enough
- ☐ Sometimes I can't stop thinking about things
- ☐ I don't have any close friends
- ☐ I physically hurt others (siblings, friends, parents, pets)
- ☐ I get bullied or picked on
- ☐ I fight with my parent/guardian about homework
- ☐ Other:_____

- ☐ I am tired a lot
- ☐ I get agitated or irritated (mad) easily
- ☐ I don't concentrate well/ I am easily distracted
- ☐ I am worried a lot
- ☐ I sleep too much
- ☐ I eat too much
- ☐ I don't spend time with peers (or communicate with them) after school or on weekends
- ☐ I bully (or pick on) peers or my siblings
- ☐ Takes dangerous risks
- ☐ I talk negatively about myself (I put myself down)
- ☐ I don't like to be told what to do
- ☐ I do risky or unsafe behaviors
- ☐ I have thoughts about self-harm

Student Perspective: Concerns

Part 2: Identify School-Related Concerns: Go through each item below and ask yourself, "Does this describe me and does it bother me"? If 'yes' then check the item:

- ☐ I am unmotivated or disinterested in school
- ☐ I have low grades
- ☐ I have trouble concentrating or paying attention
- ☐ I am late to school a lot or absent a lot
- ☐ I have trouble socially in school:

- ☐ I am in 'trouble' a lot at school
- ☐ I have problems completing homework
- ☐ School is very boring for me
- ☐ I don't get along with my teachers

☐ I don't like my peers   ☐ I get in fights   ☐ I get picked on or teased
☐ I am by myself a lot

☐ Other (please explain):_____

Over the past 3 to 6 months, are there any big changes in how you feel or how you've been feeling or behaving at home or school?

- ☐ Yes: Explain changes in feelings or behavior_____
- ☐ No difference

Have there been any recent changes or troubles at home or school that might explain why you have been feeling or behaving differently?

- ☐ Yes (explain):_____
- ☐ Not that I know of

Is there a particular adult (or adults) in the school who you like or trust? If yes, who?
_____

Student Perspective: Outcomes

Part 3: Identify outcomes for group or individual counseling: Go through each item below and place a check on what you are hoping for as a result of being in a group or talking to a counselor:

At Home:

- ☐ Less mad
- ☐ Happy more often (less sad or tearful)
- ☐ Think more positively about myself or about the future (Less negative)
- ☐ Fewer temper outbursts
- ☐ Have more communication or fun with peers
- ☐ Less trouble getting homework done

- ☐ Eat more regularly and more healthily

- ☐ Less frustrated or irritated (less mad)
- ☐ More calm (less worried or anxious)

- ☐ Get along better with family members (specify)

- ☐ Less involved in risky or unsafe behavior
- ☐ Sleep more regularly and normally

At School:

- ☐ Improve school attendance
- ☐ Fewer behavior problems at school
- ☐ More socially involved at school (have more fun with peers; positive communications with peers)
- ☐ Less socially isolated

- ☐ On-time for school
- ☐ Improved grades
- ☐ More participation in fun or interesting after school activities
- ☐ Handle emotions (sad, frustrated, worried, angry) better in school

☐ Other (please explain):_____   ☐

FAQs

Why are you suggesting that I take my child to Community Partners?
There are times when school supports are just not enough to help a child achieve social, behavioral or academic success. When we are concerned that our supports aren't helping enough, we have found that acting quickly and early can turn things around for some children and families. Community Partners has been an excellent community resource for many children and families in the Rochester area.

Why would my child and family go to Community Partners?
Community Partners helps families find successful ways of dealing with a variety of problems including behavior and social problems at school, home or in the community, childhood fears and anxieties, relationship difficulties with parents, teachers or peers, and childhood depression.

How can this help my family?
Community Partners helps families find solutions to problems. Mental or behavioral health services can improve your child's ability to handle transitions, improve relationships, increase ability to make and keep friends, better manage feelings and emotions, and improve behavior at home and school.

Do I have to go?
No, participation in mental or behavioral health services at Community Partners is voluntary. We do find that when emotional issues are addressed early many positive changes can occur for both child and family.

How are services paid for?
Many of the services offered by Community Partners are covered by health insurance. Community Partners works with many insurance companies, including managed care companies and Medicaid. Community Partners also can reduce fees for qualified families without health insurance.

What can I expect when I contact Community Partners?
At Community Partners, trained clinicians will meet with you and your child, gather information, make an assessment, and then offer suggestions regarding types of services that may be helpful.

How long does treatment usually take?
If treatment at Community Partners is suggested, and if you are in agreement, the length of services will depend on the intensity of the problems. Children and families are engaged in treatment on average between 4 and 12 months.

Will I (parent or guardian) be involved in treatment?
Community Partners believes strongly that parents must be involved in their child's treatment. Parents are the experts on their child and Community Partners believes in developing a partnership with parents in order to reach the goals of treatment.

Will my child have to go on medication?
Community Partners believes that every child and family can solve problems and that therapy and supportive services can often help without the use of medication. As a result, many children never have to go on medication. Medication therapy, when necessary, is an option -- but only after careful and thoughtful consideration of the positives and negatives of using medication. Community Partners employs knowledgeable psychiatrists and therapists who can help families make careful decisions about the use of medication.

Will the therapists at Community Partners understand families like mine?
Community Partners treats over 1000 children and families each year. Their Youth & Family Department is well trained and highly skilled in all areas of mental and behavioral health for children and families. While each family we work with is unique, Community Partners is committed to understanding every family and providing support that will work for each family's needs.

How long will I have to wait to get an appointment?
At Community Partners, the wait time for a first time appointment varies, so it is best to call as soon as services are wanted. Emergency services for children who present a safety concern are always available immediately. If there is a longer wait time for services than usual, we are able to refer you to resource materials that may help.

Will I have to take my child out of school?
In order to meet your child's needs quickly, you may need to take your child out of school for the initial meeting and treatment sessions. As treatment continues, we are usually able to work out times that will not conflict with school or work. Community Partners offers early morning appointments and appointments until 8 pm on weekdays.

Who can give consent for services?
The legal guardian(s) of the child is the only person (s) who can give consent for treatment. For parents who are divorced and share guardianship, Community Partners must have consent from both parents before treatment can start.

Who will know our private information?
Community Partners respects each family's right to privacy. As the parent or legal guardian, you have full control over the information contained in your child's treatment record. Only the parent or legal guardian is able to decide who Community Partners will share information with. Community Partners will not share information with ANYONE unless authorized by you.

Will Community Partners communicate with the school?
Only the parent or legal guardian is able to decide whether Community Partners will share information with your child's school. If you give consent, Community Partners will communicate with your child's school to help everyone work together to meet your family's needs. You will decide with us about the type and frequency of communication between home, school and Community Partners.

What would tell me that Community Partners is a good fit for my child and my family?
As with any behavioral or mental health support, you should feel that our staff and clinicians listen to you and understand. You and your child should feel comfortable talking with us and you should feel that you are making progress toward the goals that you've determined with us.

Are there alternatives to Community Partners?
Yes. There are many other agencies and mental health providers and it is most important to find the best match for you and your child. The advantage of a community mental health center like Community Partners is that many services and areas of expertise are available in one location.

---

6. Wraparound

PBIS-NH
School-Based
Tertiary Practices
Muscott, Mann
& Berk (2007)

Building Relationships

What is Wraparound?

Wraparound is a collaborative planning process with a trained facilitator who works first with a family and later with a family-selected team to:

a) Discover family strengths
b) Discover major needs of the family
c) Set goals, and
d) Develop a strength based plan to meet those goals

4 Phases of Wraparound

Phase I - Engagement and Preparation
- Family and facilitator explore strengths, needs, culture, goals and what has worked/ not worked
- Facilitator engages a team *identified by family* and prepares for first team meeting

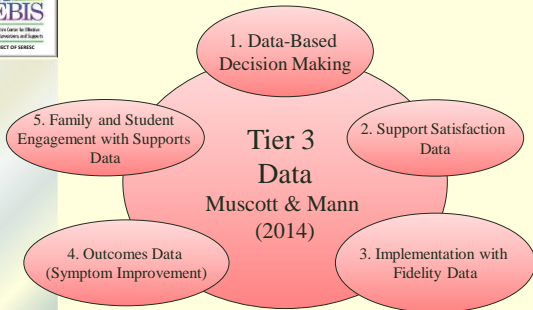**Phase II - Develop Initial Plan**
- Team learns about family's strengths, needs, and vision
- Needs are prioritized and action plan developed
  - Plan strategies to meet the family's needs and goals

Phase III - Plan Implementation
- Team meets regularly, reviews progress; makes adjustments to the plan
- Family and team work together to implement the plan

Phase IV – Transition
- Celebrate successes and include plan to re-start wraparound process if needed

---

Tier 3 Data
Muscott & Mann (2014)

1. Data-Based Decision Making
2. Support Satisfaction Data
3. Implementation with Fidelity Data
4. Outcomes Data (Symptom Improvement)
5. Family and Student Engagement with Supports Data

Resources

Long, N.J., Wood, M.M., & Fecser, F. (2001). *Life space crisis intervention: Talking with students in conflict (2nd ed.).* Austin, TX: Pro-ed.

Walker, H.M., Colvin, G., & Ramsey, E. (1995). *Antisocial behavior in school: Strategies and best practices*. Pacific Grove, CA: Brookes Cole.