# Chapter 2

## Components of the Center for Mental Health In Schools Framework

This section of the manual explains in more detail the six components of the Center for Mental Health in Schools framework and how the Achievement Plus and Safe Schools/Healthy Students Staff worked with each of these components in the St. Paul Public Schools. Here you will find the goals of each component, the keys to success and the challenges encountered during implementation.

The Center for Mental Health in Schools has developed publications that cover each of these components. This information can be accessed through their web site or by ordering the materials from the Center directly. Web site and mailing address information is located in the bibliography.

At the end of each component's overview is a survey that can be completed by school staff, parents, etc., so that current resources can be assessed and needed services can be identified. These surveys are adapted from the *Mental Health and School-Based Health Centers*, School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA, 90095.

# I.   Crisis Prevention and Intervention

**Goals for this area are to:**

- Promote overall safety.
- Put systems in place for preventing, responding to, and minimizing the impact of crisis situations.

The Safe Schools/Healthy Students collaborative used a two-pronged approach to address crisis situations in schools. Part One included safety planning to prevent crises from developing. Part Two addressed crisis intervention--reducing the possible negative effects of crises on the students and staff when they do occur. A number of ways to address these issues follow.

**Educate school staff about how to identify students with a potentially high risk for violence through using Early Warning/Timely Response materials.**

*The Early Warning/Timely Response* materials were developed by the U.S. Departments of Education and Justice in April, 2000 (available online at http://www.ed.gov/offices/OSER/OSEP/earlywrn.html)

This training is typically a 30-45 minute presentation with some time left for questions and discussion  The intent of the training is not to teach school staff how to assess students, but how to recognize red flags for a student with possible mental health concerns.

This report identifies some early warning signs that school staff can recognize--"social withdrawal, student reports of excessive feelings of isolation, excessive feelings of rejection, being a victim of violence, and/or feelings of being picked on and persecuted"--as some of these signs.  Additionally, they note other signs that may be associated with violent behavior as: "uncontrolled anger, expression of violence in writing and drawings, past history of aggressive behavior, drug/alcohol use, access to firearms, and gang affiliation." Their report cautions against taking any of these signs in isolation as an indicator for predicting violence, but offer these as an aid "in identifying and referring children who may need help." Dwyer, K., Osher, D., and Warger, C. (1998). *The Early Warning/Timely Response, A Guide to Safe Schools.* Washington, DC: U.S. Department of Education, ps. 5, 6, 7, 8, 9, 10 & 11.

The training helps teachers view a student's behavior in context of their development and environmental issues. The material recommends when to consult with a guidance counselor, school social worker, school psychologist or mental health professional for possible assessment of the student. Also included in this report is information on developing school prevention and crisis response plans that are based on research about what works in schools.

**Educate school staff on how to prevent a conflict situation from becoming violent through de-escalation training.**

To educate school staff on how to either avoid a crisis or to de-escalate a crisis situation, the school district's safety planner was brought into some of the schools to do a 45 minute training on techniques to either defuse tense situations or de-escalate the situation if it had already escalated to a physical level. De-escalation training helps school staff understand

the importance of creating a positive, respectful school climate and ways to do this. A suggestion for middle schools might involve asking teachers and support staff to be in the hallways at passing time so that adults can intervene in potential conflicts before a verbal argument escalates to a fight. The training offers staff a chance to role-play situations involving conflict and to practice using calm, non-threatening language, listening skills and so on.

## Help the schools form and train a School Safety Team.

The St. Paul Public School District offered training for staff on creating a School Safety Team. The model used was Nonviolent Crisis Intervention training led by a Crisis Prevention Institute certified trainer. (The Crisis Prevention Institute, Inc.; 3315-K North 124th St.; Brookfield, WI 53005; 1-800-558-8976) This included approximately eight hours of training focusing on student crisis prevention techniques as well as nonviolent physical restraint used as a last resort.

There are a variety of tools developed by the CMHS that a School Safety Team can use to help them respond effectively to a school crisis. Examples of these tools are a "Crisis Response Checklist", "Psychological First Aid: Responding to a Student in Crisis", "Major Facets of Crises Response" and a "Crisis Screening Interview". *(See Appendix for these tools, "Crisis Prevention and Intervention, pages A-20 to A-34.)*

## Help the school develop a School Safety (or Crisis Response) Reference Guide.

A School Safety Reference Guide can be developed to ensure that all school employees know what to do in the event of a crisis situation. These guides delineate what to do in the event of specific crises e.g., a fire, an intruder in the building, bomb threat, etc. Staff receive orientation and training on how to use the guides and a copy of the guide can be placed in each room of the school by the telephone. The guide can be multi-colored for visibility, with each page tabbed for content. *(See Appendix for sample of a cover page for this guide, page A31.)*

This plan can be in a narrative format and can delineate specifics such as exactly where students will go to be sheltered from harm in the event that the school is evacuated. This level of planning requires the school to work with other organizations in the community such as neighborhood churches or other schools.

Prior arrangements made with a community center or another school in the neighborhood allows staff to know where students can go in the event the school has to be evacuated due to a bomb threat, gas leak or other emergency. Staff and students can then be evacuated quickly and safely.

Safety plans also address how to handle a crisis in the school such as the on-site death of a student, a student's serious suicide threat, or a staff member's death. These responses might involve communicating clear information about what has happened—managing rumors. When dealing with an issue about a student or staff member's safety, it is important to assign staff who will keep track of other students and staff, who will respond to parents and who can talk with the district and community people. If a student has died or committed suicide at the school, having the capacity to offer individual and group counseling to students is important. Also being able to meet with parents and school staff and

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disseminating relevant handouts to staff and parents can be useful. School social workers, guidance counselors and other staff can provide supportive counseling. Depending on the size of the student body and the number of people needing assistance, staff from other schools may be brought into the school to help provide support. These situations also often involve working with the media and keeping parents informed. The school safety team can be mobilized to help with the numerous responsibilities the school has to address in the event that this type of crisis occurs.

## Keys to Success

- Coordinate all work with principals, other school district leaders and school mental health staff.
- Provide basic skill training on nonviolent crisis intervention to Safety (Crisis) Team.
- Keep school staff informed about the role and functions of the Safety Team.
- Schedule at least quarterly meetings of the Safety Team to review training and planning needs.
- Meet with the Safety Team after an initial response to a crisis to review the strengths and weaknesses of the school's response and develop plans for follow up with staff and students.

## Challenges

- Update the Crisis Response Guide annually and develop a plan for training new employees. Makes sure this is built into the work of the Crisis Team's duties.
- Develop a plan to keep the crisis training drills interesting and fresh so that staff and students do not be come complacent or bored with these trainings.
- Keep the Safety Team training current; replace and train new members as they are lost through attrition.

*"The school is now a better environment for*
*teachers and students. (It is a) safer place to be."*
St. Paul Public Schools' Middle School Teacher

# Sample - Crisis Assistance and Prevention Survey

| Please provide your opinions on the following: | Check one | | | Check Yes or No | |
|---|---|---|---|---|---|
| | Yes | Yes, but more needed | No | If no, do you want this? Yes | No |
| A. With respect to Emergency/Crisis Response: | | | | | |
| 1. Is there an active Crisis Team? | | | | | |
| 2. Is the Crisis Team appropriately trained? | | | | | |
| 3. Is there a plan that details a coordinated response? | | | | | |
| a) for all at the school site? | | | | | |
| b) with other schools in the complex? | | | | | |
| c) with community agencies? | | | | | |
| 4. Are emergency/crisis plans updated appropriately with regard to: | | | | | |
| a) crisis management guidelines (e.g., flow charts, checklists)? | | | | | |
| b) plans for communicating with homes/community? | | | | | |
| c) media relations guidelines? | | | | | |
| 5. Are school staff regularly provided with information about emergency response plans? | | | | | |
| 6. Is medical first aid provided when crises occur? | | | | | |
| 7. Is psychological first aid provided when crises occur? | | | | | |
| 8. Is follow-up assistance provided after a crisis? | | | | | |
| a) for short-term follow-up assistance? | | | | | |
| b) for longer-term follow-up assistance? | | | | | |
| 9. Other? (specify) | | | | | |
| B. With respect to developing programs to prevent crises, are there programs for: | | | | | |
| 1. School and community safety/violence reduction? | | | | | |
| 2. Suicide prevention? | | | | | |
| 3. Child abuse prevention? | | | | | |
| 4. Sexual abuse prevention? | | | | | |
| 5. Substance abuse prevention? | | | | | |
| 6. Other (specify) | | | | | |

**OVER**

## Sample - Crisis Assistance and Prevention Survey

| | Check one | | | Check Yes or No | |
|---|---|---|---|---|---|
| | Yes | Yes, but more needed | No | If no, do you want this?<br>Yes | No |
| **C. What programs are used to meet the educational needs of personnel related to this programmatic area?** | | | | | |
| 1. Is there ongoing training for team members concerned with the area of Crisis Assistance and Prevention? | | | | | |
| 2. Is there ongoing training for staff of specific services/programs? | | | | | |
| 3. Other (specify) | | | | | |
| **D. Which of the following topics are covered?** | | | | | |
| 1. How to respond when an emergency arises | | | | | |
| 2. How to access assistance after an emergency | | | | | |
| 3. Indicators of psychological or emotional distress and how to respond | | | | | |
| 4. Indicators of abuse or neglect and how to respond | | | | | |
| 5. Indicators of a potentially suicidal student and how to respond | | | | | |
| 6. How to respond to concerns related to death, dying, and grief | | | | | |
| 7. How to mediate conflicts and minimize violent reactions | | | | | |
| 8. Other (specify) | | | | | |

E. Please indicate below any other ways that are used at your school to provide crisis assistance and prevention to address barriers to student's learning.

_____

_____

Please indicate below other things you want the school to do to provide crisis assistance and prevention to address barriers to students' learning.

_____

_____

Survey adapted from the *Mental Health and School-Based Health Centers*, School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA
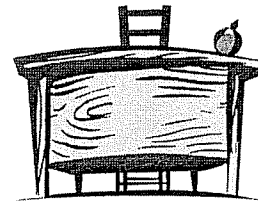
## II. Classroom Focused Enabling

**Goals for this area are to:**

- Increase the classroom teacher's capacity to address student problems and create a context for learning.
- Reduce the need for specialized services (e.g. referrals to special education) outside the classroom.

**Enhance Capacity to Address Problems Within the Classroom**

**Working with Teachers**

Support to individual teachers can be provided on an as-needed basis. Referrals for this type of service may come directly from the teacher or by providing support to a particular student. Providing consultation on a student or an intervention to a whole classroom of students who have challenging behaviors can reduce behaviors like bullying or sexual harassment. These are another way support service staff can support teachers.

One of the most important components in Adelman and Taylor's framework is to enhance teachers' capacity to resolve students' problems and foster social/emotional, intellectual, and age-appropriate behavior. Their framework addresses ways a classroom teacher can respond when faced with a difficult student, urging schools to address problems initially within the classroom, perhaps with added home involvement. They say, "…it is essential to equip teachers with more than social control ("classroom management") strategies for responding to mild-to-moderate behavior, learning, and emotional problems." Their framework states that "…all teachers, administrators, and education support staff need to be taught an array of strategies for accommodating and teaching students in ways that compensate for differences, vulnerabilities, and disabilities." (Adelman and Taylor, *Addressing Barriers to Learning*, 2001, UCLA Center for Mental Health in Schools, Department of Psychology, P.O Box. 951563, Los Angeles, CA 90095, p. 5.). The literature offers many relevant practices. A few prominent examples are: pre-referral intervention efforts, tutoring one-to-one or in small groups, enhancing protective factors (making sure students have a positive, supportive relationship with at least one adult in the school, locating supports and resources so that basic needs for food and clothing are met), and asset building (including the use of curriculum-based approaches to promote social/emotional development—helping students identify feelings, learn problem solving skills, etc.). Outcome data related to such matters indicate that they do make a difference.

**Some services can be offered to individual teachers:**

- *Classroom Observation and/or Consultation* to identify ways to improve the classroom environment and/or the functioning of an identified student with behavior concerns. This may include consultation on behavior management

strategies, school-wide discipline programs, classroom interventions. Examples of these types of consultation include how to address a student with ADHD or very anxious symptoms. For example, a student who has been diagnosed with ADHD can benefit from sitting in the front of the classroom and having directions for assignments provided both verbally and in writing. To reduce distractions, some students need to use a study carrel. Sometimes many students in a classroom are verbally aggressive or disrespectful; support staff have joined the classroom teacher and developed interventions to address this whole classroom concern.

- Provide Resources and Information for Teachers on mental health issues, learning styles, problem solving strategies, and cultural differences. School mental health staff can provide individual consultation to teachers or provide presentations to teachers on cultural differences. This could include culture specific information about gender roles, ways of greeting people, attitudes towards education and concepts of mental health. Some mental health school staff on the Safe Schools/Health Students grant used information from a publication by the Minnesota Association for Children's Mental Health, *A Teacher's Guide to Children's Mental Health (2002)*, 160 Western Ave., Suite 2; St. Paul, MN 55102. This guide provides clear, succinct two page summaries of various children's mental health disorders and possible classroom accommodations.
- Student Observation to assess or identify areas of need (requires parent consent to consult).
- Referrals and Consultation about specific services or available community resources for individual students. This requires parent consent for outside agency staff.
- Support for Talking with Parents on student behavioral issues either by providing suggestions for a conference with a parent or by direct participation in a conference or meeting.

## District or school-wide efforts to support teachers:

- Teacher and Support Staff Professional Development either informally at team meetings, grade level meetings, after-school meetings, or at building staff meetings or staff development days. Training may be provided by the mental health professional or through arrangement for expert panels or guest speakers. Topics are developed in collaboration with concerns, issues, or needs identified by school staff and the administration. At one St. Paul Public School, sexual harassment behaviors were being reported. District-level staff, school administration, teachers, support staff and a community expert in this area developed a response to these behaviors. Specific training on understanding and identifying sexual harassment and related behaviors took place. Responses and interventions to this type of behavior were developed and then explained to the teaching staff.
- Development of New Teacher Mentoring Programs and/or Materials with administration and experienced teachers to enhance new teacher orientation, adjustment, and skill building. In some schools, this included an experienced teacher being paired with a new teacher. Regular meetings between the teachers were scheduled. The new teacher could be observed by their mentor and then receive suggestions and support for increasing their classroom management skills. Sometimes the new teacher was able to observe an experienced teacher.
- Development of School-wide Guidelines and Structures for consistent and appropriate discipline.

> **Examples of Presentations/Workshops Offered to School Staff:**
> - Proactive Behavior Management: includes having clear rules and classroom structure; tips for classroom arrangement; ideas about modeling expected behavior and attitudes and using praise and feedback to students.
> - Crisis De-escalation.
> - Bullying Prevention.
> - Grief/Loss.
> - Gangs.
> - "Early Warning/Timely Response" information.
> - "Second Step" Violence Prevention Program, Committee for Children, Seattle, WA *(See appendix for details, pages A-41 to A-42.).*

## Classroom Groups/Presentations

Support for classrooms and teachers may also be provided through direct interventions with students in a whole classroom group setting. Groups may be established based on a request from the teacher, the needs identified from classroom consultations by the mental health professional, or following pertinent events (e.g. September 11, death of student in the class, etc.).

> **Examples of groups offered in the classroom include:**
> - Long-term groups - Meet weekly or bi-weekly for several months to a year. Topics could include social skills, friendship, solving problems, identifying and expressing feelings appropriately, handling angry feelings, handling feelings of loss.
> - Short-term groups – Meet from one week to a month. One response is the, *You Are The One That Can Make a Difference,* workbook, MN Dept. of Children, Family and Learning; 550 Cedar St., Capitol Square Building, St. Paul, MN 55101, 1998. This workbook focuses on everyday behaviors that students and teachers can do to prevent and reduce violence. The workbook offers ideas on listening, talking respectfully, and how to respond when teased.
> - One-time classroom presentations - Offered on an identified topic of concern such as Prejudice/Bullying, Sexual Harassment, Non-Violent Conflict Resolution Strategies, Grief/Loss, Teen Depression & Suicide.

## Expand Resources for In-Class Help

Ongoing support for teachers and students in the classrooms may be provided by the addition of volunteers, mentors, or other students on a daily or weekly basis. Schools can collaborate with community agencies, and local high schools and colleges to develop one-to-one support for students in the classroom. Internally, schools can develop tutoring/mentoring programs with older students assisting younger students with learning needs. A Peer Buddy/Tutoring Program is an example of this type of assistance. *(See Appendix, pages A-36 to A-40).*

## Temporary Out of Class Assistance for Students

Schools typically have services or alternatives in place for students who are unresponsive to interventions in the classroom. These services are generally short-term to provide a calming place for the student to regain control of his/her behavior and return to the classroom. The role of the mental health professional in this area can be to provide support to the students as well as the staff who are involved in this area.

## Services have included:

- Referrals for one-time problem solving - Where students may be referred by the teacher, administration, or school counselor to discuss behavior or problem solving strategies to return to class. Students may meet with a counselor and complete a problem solving worksheet. The worksheet may ask the student to identify the problem that resulted in the student being referred out of class. The student is helped to identify the feelings associated with the problem and asked to develop different ways they could have responded to the situation. Sometimes students role-play their responses with the counselor and talk about their choices.

- Consultation with staff to help increase the effectiveness of Social Skills or In-School Suspension Rooms – Mental health professionals can observe how these rooms work and then make recommendations for improvement. They can also suggest guidelines for the rooms. One example of this type of service is the development of a problem-solving sheet for staff to utilize with students who have been referred to the room.
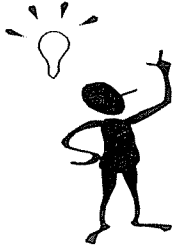
## Keys to Success

- Understand the pressures and responsibilities teachers face. For best results, collaborate with the teacher to develop shared solutions.
- Develop school-wide programs by working from within existing committees. More committees do not necessarily add more value.
- Gear your interventions around needs identified by school staff.
- Include ALL school staff in trainings (e.g. make workshop content relevant to paraprofessionals as well as for teachers, and make arrangements for them to attend if outside of their contract-negotiated work hours).
- Make presentations short, interesting and practical. *(See Appendix for some materials to help you prepare for presentation; page A-44 and A-45).*

## Challenges

- Mental health professionals do not always understand classroom management strategies.
- Teachers can be hesitant to receive support from an "outsider."
- Limited flexibility for accommodating extra programming or services within the classroom may hinder implementing these ideas.
- Staff development time may be limited due to pre-scheduled trainings on prescribed curriculum.

# Sample - Classroom-Focused Enabling Survey

| Please provide your opinions on the following: | Check one | | | Check Yes or No | |
|---|---|---|---|---|---|
| | Yes | Yes, but more needed | No | If no, do you want this? Yes | No |
| A. Programs for personalized professional development at your school: | | | | | |
| 1. Are teachers clustered for support and staff development? | | | | | |
| 2. Are models used to provide demonstrations? | | | | | |
| 3. Are workshops and readings offered regularly? | | | | | |
| 4. Is consultation available from persons with special expertise such as: | | | | | |
| a) Resource specialists and/or special education teachers? | | | | | |
| b) Members of special committees? | | | | | |
| c) Bilingual and/or other coordinators? | | | | | |
| d) Counselors? | | | | | |
| e) Social workers? | | | | | |
| f) Other (specify): | | | | | |
| 5. Is there a formal mentoring program? | | | | | |
| 6. Is there staff social support? | | | | | |
| 7. Is there formal conflict mediation/resolution for staff? | | | | | |
| 8. Is there assistance in learning to use advanced technology? | | | | | |
| B. What additional things are done in the classroom to help students identified as having problems? | | | | | |
| 1. Are "personnel" added to the class (or before/after school)? If yes, what types of personnel are brought in? | | | | | |
| a) Aides? | | | | | |
| b) Older students? | | | | | |
| c) Other students in the class? | | | | | |
| d) Volunteers? | | | | | |
| e) Parents? | | | | | |
| f) Resource Teacher? | | | | | |
| g) Specialists? | | | | | |
| 2. Are materials and activities upgraded to: | | | | | |
| b) increase the range of high-motivation activities (keyed to the interests of students in need of special attention?) | | | | | |
| c) include advanced technology as a new option? | | | | | |

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## Sample - Classroom-Focused Enabling Survey

| | Check one | | | Check Yes or No | |
|---|---|---|---|---|---|
| | Yes | Yes, but more needed | No | If no, do you want this Yes | No |
| **C. What is done to assist a teacher who has difficulty with limited English speaking students?** | | | | | |
| 1. Is the student reassigned? | | | | | |
| 2. Does the teacher receive professional development related to working with limited English speaking students? | | | | | |
| 3. Is there a bilingual coordinator available for consultation? | | | | | |
| 4. Is a bilingual aide assigned to the class? | | | | | |
| 5. Are volunteers brought in to help (e.g., parents, peers)? | | | | | |
| 6. Other (specify): | | | | | |
| **D. What programs for temporary out-of-class help are currently available on site?** | | | | | |
| 1. Is there a family center providing student and family assistance? | | | | | |
| 2. Are there designated behavior specialists? | | | | | |
| 3. Is there a "time out" room? | | | | | |
| 4. Other (specify): | | | | | |
| **E. Which of the following can teachers request as special interventions?** | | | | | |
| 1. Family problem solving conferences | | | | | |
| 2. Exchange of students as an opportunity for improving the match and for a fresh start | | | | | |
| 3. Referral for specific services | | | | | |
| 4. Other (specify): | | | | | |

F. Please indicate below any other ways that are used at your school to assist a teacher's efforts to address barriers to students' learning.

_____      _____

_____      _____

_____      _____

G. Please indicate below other things you want the school to do to assist a teacher's efforts to address barriers to students' learning.

_____      _____

_____      _____

## III. Student and Family Assistance

**Goals for this area are to:**

- Educate the school staff to help them understand when student assistance is needed.
- Create a system to identify and coordinate services for students who require specialized assistance within the school and community.
- Provide therapeutic services to select individuals, groups and families.
- Provide parent support and education to reduce barriers to learning.

Work in this area can start with the mental health professional joining the school's Student Assistance Team. This team can be known by a variety of names but generally it is often the first place a concern about a student is addressed. By participating on this type of team, the mental health professional can begin to understand the common reasons for student referrals. Mental health professionals can begin to understand how referrals are made, start to help coordinate services and address data privacy issues. Before joining the school's Student Assistance Team, the mental health professional should clarify their role and address any legal issues regarding data privacy. (*A full definition of a SAT team is on page 26.*)

### Educate the school staff in order to help them understand when assistance is needed.

- Provide consultations on an individual basis and as a member of Student Assistance Teams. For example, a middle school's SAT team was discussing student referrals. Several students had been sent to the assistant principal after getting into arguments before the start of the school day. The mental health consultant and members of the SAT team started to develop ways to manage student behavior more positively during the before school time period. Some ideas generated including having more school staff in the entrance area of the school, arranging for volunteer tutors to be in the library and cafeteria and also working with a community agency to offer an early morning group for students who evidenced bullying behaviors. (*See II. Classroom Focused Enabling, page 16*).
- Offer staff workshops about early identification of students' needs and other mental health topics. (*See Appendix for potential in-service and classroom presentation topics, page A-47.* An example of this type of workshop is a presentation on what depression and potential suicidal risk factors might look like in an adolescent, explaining that depressed teenagers often appear angry and irritable rather than sad and unhappy.).
- Provide staff with information about student risk factors and identifiers. For example, anxious students may often be late to class, miss school on Mondays, have difficulty completing assignments, etc. Students with these symptoms may benefit from interventions that reduce their anxiety—clear expectations, structure and timelines for assignments and sometimes contracts with the student for a more flexible schedule for completion of assignments to reduce worrying.

**Create a system by which to identify and coordinate services to students who require specialized assistance within the school and community.**

- Interview staff about the needs and desired changes to the student referral system.
- Create a system by which concerned staff can refer a student for review by the team, if a system does not already exist. Develop a written referral form that is completed by concerned staff and reviewed by the team. The team then recommends needed services for the student. (An example of a referral form is in the *Appendix, page A-48*).
- Determine the current resources available and how referrals are made, both internally and to the community. Some schools have guidance counselors, chemical health counselors and social workers who can provide individual and group counseling to students whose behaviors indicate a need for interventions. When a student appears to be significantly depressed or is having frequent explosive outbursts, a referral to a community provider may be indicated. School staff should review their school's policy for making such referrals.
- Review the options for services and agree upon a school support staff person to follow-up with the student and family either by providing services themselves or ensuring that a referral is made.
- Review student situations regarding the results of the intervention(s); ensure that referring staff receive feedback.
- Provide therapeutic services to select individuals, groups and families who cannot best be served elsewhere within the school or community, and whose families are willing to consent to treatment and participate, at least minimally, in the process. This type of intervention requires parental consent if provided by a non-school employee.

*Example:*

A middle school student with a long history of school failure, truancy, mental health problems and a difficult home situation, was identified by school staff as needing intensive intervention when she moved to the school in the middle of the year. The student displayed extreme defiance, episodes of crying or periods of being withdrawn, and aggressive outbursts. Early attempts to have her parents allow an assessment for special education had failed and the school staff was at a loss as to how to deal with her. With her parents' consent, the mental health professional began to see the student for individual counseling and met with her parents regularly regarding her needs. After seeing some progress in their daughter's behavior, the parents decided to have their daughter assessed by a psychiatrist; antidepressant medication was prescribed. The student's mood gradually started to stabilize and improve. Teachers began to see improvement in the student's attendance and work completion. The family was then referred by the mental health professional to a home-based program in the community to deal more intensively with the family's needs.

- Offer a range of psycho-educational groups to students in need of specialized assistance, and whose families consent to their participation. Topics of the groups should be determined based upon a needs assessment and student assistance team/staff decision or family request. Groups usually popular in schools include Anger Management,

Friendship, Grief and Loss, and Social Skills. *(See Group Information in Appendix, pages A-52 to A-76).*

## Provide parent support and education to reduce barriers to learning.

(This work can also be done by the Family Liaison Workers; these staff develop programs specifically designed to meet parents' needs and to increase parent involvement in their students' schooling. These staff may do home visits. *See IV. Home Involvement in Schooling, page 31).*

- Assist and support families in meeting their basic needs.
  - o Provide referrals and assist parents in connecting with community resources to obtain housing, food and clothing for the children.
  - o Provide education for parents in housekeeping and nutrition.
- Assist and support families in crisis situations.
  - o Provide referrals and assist parents in obtaining emergency help from the community resources.
  - o Work with families to develop crisis plans.
- Assist and support families in obtaining mental health treatment for parents and other family members by providing referrals to community mental health agencies.
- Provide individual and group parent education/support.
  - o Help with structuring the home environment.
  - o Help parents understand the importance of daily attendance at school for their student.
  - o Help parents develop routines to limit access to television, to check homework, and for establishing morning and bed time routines.
  - o Teach discipline techniques.
  - o Help build healthy parent/child and family relationships.
  - o Teach family life skills.
  - o Facilitate parent attendance at parent-teacher conferences
  - o Assist parent attendance at school open houses or evening events by providing transportation or emotional support.
  - o Encourage communication between the teacher and parent.

*Example:*

The mother of a student was experiencing frustration with problems at home. The problems were also affecting her child's attendance and schoolwork. She looked for support from the school's Parent Liaison Worker. The worker began meeting regularly with the parent to help with discipline techniques with her child about bedtime, temper tantrums, home routines and promptness for school. This parent also participated in a parenting class that was offered through the school. The group addressed ways to develop a positive, supportive relationship with the parent's child and ways to establish expectations and rules. Through discussions with other parents and hearing about their ideas on setting limits, discipline techniques and the need for consistent follow-through on rules, the parent was able to make changes that resulted in improved attendance and work completion for the student.

*"In the past, so many students' needs were not met because they weren't special ed...So many students are being helped now."*
- St. Paul Public School Middle School Teacher

**Student Assistance Teams (SAT)**
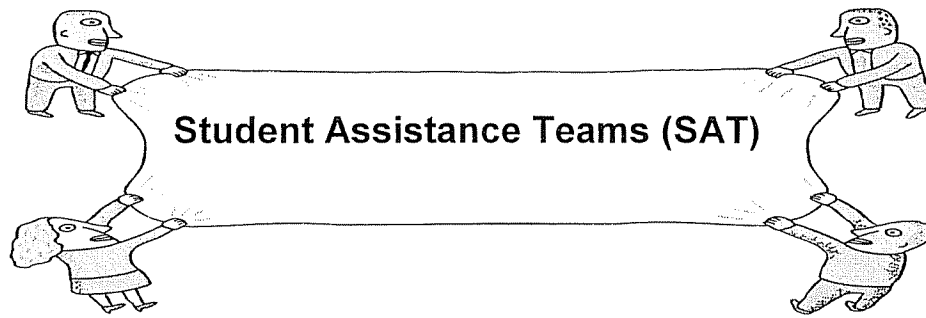
### (Part of II. Student and Family Assistance)

The purpose of a SAT (Student Assistance Team) is to assist students, teachers and families by providing a forum for teachers and staff to voice their concerns about individual students and to brainstorm problem solving strategies with a multidisciplinary team of school employees. Schools may have a different name for this team; in our experience these teams are also known as Mainstream Assistance Teams, Problem Solving Teams, or Student Support Teams. The common element is that the team is part of a pre-referral process for students showing academic and/or emotional/behavioral difficulties in the regular education setting. Any teacher referring a student for special education assessment must show that he/she has attempted at least three interventions related to the problem of concern. Meeting with a SAT can be one means of developing appropriate strategies and interventions in such a situation. However, SAT meetings are *equally* appropriate for students who will *not* be referred for special education assessment but who could benefit from supportive interventions through regular education or in the community.

### Generally, a SAT will consist of:

- One or two regular education teachers.
- School guidance counselor.
- School psychologist or social worker.
- School nurse.

One of the above members serves as a point-person or coordinator who schedules meetings, receives and distributes copies of referral sheets, and keeps track of the follow-up process.

### There are five main steps to forming a SAT:

1. The staff need to be informed about the SAT *purpose* and referral *process*. It is crucial that staff understand that although a SAT is a mandatory part of the pre-referral process and must precede a Child Study meeting, the *purpose* of the SAT is to *prevent* unnecessary referrals to more restrictive services through problem-solving in regular education. This is most easily done verbally during an all-staff meeting, followed up by a written memo.

2. Teaching staff members are usually recruited. However, in some schools the administrator appoints staff to the SAT. Factors to consider in forming a team are: experience of teachers, grade-levels represented, and diversity of team membership.

**To increase your chances of recruiting teachers:**

- Start by checking with school administrators about how staff are recruited for the Student Assistance Team.
- Ask teachers to participate by talking directly to them; memos and notes tend to be easily put aside. Take into account teachers' schedules and meeting time preferences (before school often works best for meetings).
- Explain why you are recruiting them and why you need them.
- Offer a trial period of a quarter of the school year.

3. Agree upon a format and develop a sheet to track the referral problem, suggestions made, and who is accountable for which component of the strategies to be used. This is important for case-management and follow-up. (*See Appendix, page A-50 for a sample format.*)

4. Create a referral form that is user-friendly (i.e. useful but not too long or too detailed to be filled out by *busy* teaching staff). This form must be easily available to all staff (example: visible location in the main office) and completed forms need to be distributed to team members for review a few days before each meeting. (*See Appendix, page A-48, for samples.*)

5. Include a process for follow-up. Lack of follow-up is often responsible for the failure of problem solving team efforts. The purpose of the follow-up is to determine *which* suggestions were effective and which were *not*, what roadblocks occurred and what modifications need to be made.

The more specific the information shared, the better the team will be able to assist with the problem situation. It may be that something else needs to be addressed before the referral problem can be tackled; or it may be that the function of the behavior needs to be determined; or perhaps, the identified problem is no longer occurring but some other behavior has surfaced. Again, the purpose of the SAT is to assist in problem solving and prevent unnecessary referrals to more restrictive environments. The follow-up process underscores that the SAT is not simply another hoop to jump through before determining eligibility for special education services for a student.

**The follow-up process can be done several ways:**

- Via a follow-up SAT meeting.
- Face-to-face consultation with one SAT member.
- Written form or checklist (*See Appendix for sample, page A-49*).

## Keys to Success:

- Engage early in the school year with key staff at the school who already are on the team or are willing to form a team to address student issues.
- Present information on the referral process and any changes to the current system in a short, clear presentation to staff. Provide information on the follow-up process to all staff. Reinforce the changes or new procedure by a poster in the staff lounge.
- Make sure staff understand the referral system. Keep it simple. Shorter is almost always better.
- Create a feedback loop that ensures that the referring staff receive information about the referred student in a timely manner.

## Challenges

- Becoming too focused on individual student services and not having enough time to deal with bigger systems issues. Communicate with staff about how the systems changes can, in the long run, prevent the need for a higher level of direct services.
- Getting feedback about students to referring staff in a timely manner. If staff do not get information back about a referred student's progress they will not know that the effort they put forth to refer the student made a difference and are less likely to make use of the system in the future.

# Sample - Student and Family Assistance Programs and Service Survey

| Please provide your opinions on the following: | Check one | | | Check Yes or No | |
|---|---|---|---|---|---|
| | Yes | Yes, but more needed | No | If no, do you want this? Yes | No |
| A.  Do classroom-focused enabling programs exist to reduce the need for teachers to seek special programs and services? | | | | | |
| B.  School service and program access | | | | | |
|    1.  Is information circulated in the school about services and programs? | | | | | |
|    2.  Does the site have a directory that lists services and programs? | | | | | |
|    3.  Is detailed information provided about available services (e.g., is an annotated community resource system available?) | | | | | |
|    4.  Is information about services, programs and referral procedures updated periodically? | | | | | |
|    5.  Is there a special focus on making effective referral decisions? | | | | | |
|    6.  Are students/families helped to take the necessary steps to connect with a service to which they have been referred? | | | | | |
| C.  Which of the following GENERAL HEALTH interventions are currently provided to students: | | | | | |
|    1.  Immunizations | | | | | |
|    2.  First aid and emergency care | | | | | |
|    3.  Crisis follow-up and medical care | | | | | |
|    4.  Health and safety education and counseling | | | | | |
|    5.  Screening for vision problems | | | | | |
|    6.  Screening for health problems (specify): | | | | | |
|    7.  Screening for dental problems (specify): | | | | | |
|    8.  Treatment of some acute problems (specify): | | | | | |
| D.  Which of the following MENTAL HEALTH interventions are currently provided to students: | | | | | |
|    1.  Individual counseling | | | | | |
|    2.  Group counseling | | | | | |
|    3.  Family counseling | | | | | |
|    4.  Crisis hotlines | | | | | |
|    5.  Crisis follow-up counseling | | | | | |
|    6.  Conflict mediation | | | | | |
|    7.  Alcohol and other drug abuse programs | | | | | |

**OVER**

## Sample - Student and Family Assistance Programs and Service Survey

| | Check one | | | Check Yes or No | |
|---|---|---|---|---|---|
| | Yes | Yes, but more needed | No | If no, do you want this? Yes | No |
| D. *(continued)* Which of the following MENTAL HEALTH interventions are currently provided to students: | | | | | |
| 8. Pregnancy prevention program | | | | | |
| 9. Physical and sexual abuse prevention | | | | | |
| 10. Gang prevention programs | | | | | |
| 11. Mental health education | | | | | |
| 12. Home outreach | | | | | |
| 13. Other (specify): | | | | | |
| E. Which of the following are provided to students/families to meet basic survival needs? | | | | | |
| 1. Emergency food | | | | | |
| 2. Emergency clothing | | | | | |
| 3. Emergency housing | | | | | |
| 4. Transportation support | | | | | |
| 5. Welfare services | | | | | |
| 6. Language transition services | | | | | |
| 7. Legal aid | | | | | |
| 8. Protection from physical abuse | | | | | |
| 9. Protection from sexual abuse | | | | | |
| 10. Employment assistance | | | | | |
| 11. Other (specify): | | | | | |
| F. Other miscellaneous services | | | | | |
| 1. Which of the following are provided to address attendance problems? | | | | | |
| a. Absence follow-up | | | | | |
| b. Attendance monitoring | | | | | |
| c. First day calls | | | | | |
| 2. Are discipline proceedings carried out regularly? | | | | | |
| 3. Are there follow-up systems to determine: | | | | | |
| a. referral follow-through? | | | | | |
| b. consumer satisfaction with referrals? | | | | | |
| c. the need for more help? | | | | | |
| 4. Other services (specify): | | | | | |

Survey adapted from the *Mental Health and School-Based Health Centers*, School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA