

School Psychologist, Social Worker, Counselor

Roundtables 11/27/2018

Combined Agenda/Notes

- NCSP Supervision Courses and renewal requirement
 - New NCSPs should be aware of the supervision requirement needed for their first renewal period. ISPA's supervision courses are designed to help create more mentors available to provide this time.
- EmbraceIEP Updates
 - Multi User form editing – this allows multiple users on a page at the same time
 - Impacts consent for initial and reevaluation, and present levels of performance
 - New blue box to click to the right of the field to enter text
 - Useful for multiple providers entering info on the domain, but it does add more clicks
 - This was an EmbraceIEP roll out, not requested by LEASE and we do not get advance notice of the update ☹
 - Goal/objective baseline/goal dates do not need to match your service minutes dates, so if you date out 10 days for prior written notice when a parent is not available, no need to change all of the date fields on the goals
- ISPA Fall Conference Topics
 - LGBTQ+, EF and ADHD, new Brown Scales, Suicide Prevention, CBT and Depression
 - If you are interested in any conference handouts contact Mike Grenda at LEASE, I'll send you a PDF
 - GLSEN.org is an excellent resource for LGBTQ+ in K-12 and will do free trainings
- ISPA Annual Convention 1/31 – 2/2/19 (SAVE THE DATE)
 - Dyslexia Assessment & Intervention, ED and disproportionality, Threat Assessment, Positive Ethics, Tier 1 SEL, LGBTQ+, EF Assessment & Intervention, Memory Assessment & Intervention, Peer Mentoring, Assessing Culturally & Linguistically Diverse Students, Social Justice, Ethics and Test Interpretation, Tourette Syndrome
- LEASE Legal Updates 12/7/2018
- ROE Mental Health Workshop Review
 - Great reviews from teachers, very focused on ACES
 - ROE35 is likely going to repeat this workshop in the future (possibly summer)
- Trauma in the Schools
 - See attached for mini presentation that covers some basic verbal de-escalation skills, trauma informed practices, and makes use of IL suicide statistics from YRBSS
 - Importance of reminding teachers of their duty for suicide prevention/reporting when considering addressing sensitive topics in literature or other assignments
 - Consideration for providing information to care givers prior to lessons on sensitive topics, including use of passive consent
 - Importance of being available in the classroom for any sensitive topic lessons to triage student reactions that may occur

- Be cautious with analyzing ACES and admiring the problem versus providing practical interventions to improve student resiliency
- School Psychology Awareness Week lesson
 - See attached for the free VIA Character Strengths activity example that can be used with students or taken online for free
 - Excellent way to promote viewing positive traits in students
- Threat Assessment Trainings
 - Basic and Advanced
 - Feedback was good on these courses, although some wanted their entire team there
 - Please see attached for an upcoming course in Dixon, IL
 - Trainer of Facilitator –Mike Grenda at LEASE is a course facilitator, contact him if you are interested in having a threat assessment training course
 - Main course is 1-day, but it can be reduced in time to focus on your area of need
 - This course is lower level than the basic and advanced courses the ROE brought
- Goal Setting Workshop tentative 2/14/2019
 - Any specific goal writing issues you would like to see addressed for case managers?
 - When to use Essential Elements vs standards will be covered
 - Will cover academic and social emotional
 - Will cover EC to high school age examples
- PREPaRE Workshop 1 by ROE35 - 2/20/2019, see ROE35 calendar to register this workshop is about safety teams and emergency/crisis plans. It does not focused towards mental health response or issues.
- PREPaRE Workshop 2 will be repeated next year to continue to train current and prospective SCAT members, please contact Tyler Amm at ROE35 if you are interested.
- DCFS Mandated Reporter
 - You can now make nonemergency reports online, you have to create a public account
 - Be ready with all your usual info to enter family demographics and report information
- SSRS is retired from the LEASE Library, would the SSiS be beneficial?
 - Any other assessment tools you are need of?
 - See attached for the library listings
- Counseling ideas for students with ADHD, organization, and self motivated
- Working with anxious and depressed students
 - DBT STEPS-A
 - Being used at Circuit Breaker in the high school rooms
 - Excellent book for lesson design, low cost, great for middle to high school level
 - SOS help for emotions (from CBT resource handout)
 - SEL Curriculums: Second Step, Yale RULER
- Dealing with students who cut
 - Signs of Self-Injury Prevention Program (\$225) utilizes ACT technique from SOS
 - See My Pain (workbook)
 - Stopping the Pain (workbook)

Basics for working with self-harm:

- Empathetic and supportive approach
- Attitude of care and respect
- Atmosphere of safety and acceptance
- Get a detailed history
- Do not respond to self-harming students with disgust or fear
- Ask the student the meaning of this behavior as it applies to them; avoid playing detective (i.e., asking the student where cuts are, further interrogate them)
- Find another time to communicate if the student initially resists trying to talk you

Intervention 1: Create a Support Group

Once you have red-flagged self-harming students, you can refer them to an on-site intervention group that capitalizes on their strengths to teach them how to become more resilient, effectively cope with stress, and take on leadership responsibilities in their schools and communities.

I have developed one such model that improves students' coping skills—the Stress-Busters' Leadership Group.² Over nine sessions, students look at their strengths and "protective shields"; learn skills related to mindfulness, meditation, loving kindness, and compassion toward self and others; focus on finding balance and harmony in their lives; learn how to navigate family minefields; and acquire effective tools for mastering school stress. Ideally, a male-female cotherapy team of school social workers, psychologists, or counselors is best for gender balance. However, one counseling professional can also effectively run the sessions. (See p. 50 for a description of a session.)

Students who have completed the program often stay involved in prevention work in their schools and communities. Graduates serve as ideal gatekeepers for identifying self-harming students and for getting them to see a counselor or participate in a new group. Finally, groups like these can reverse self-harming and other self-destructive behavior epidemics in schools by accentuating at-risk students' strengths and honing their leadership abilities.

Intervention 2: Educate Responding Adults

Adult inspirational others serve a major protective function for at-risk children and adolescents (Anthony, 1984; Selekman, 1997, 2005, 2009). These can be teachers, coaches, extended family members, family friends, neighbors, clergy, and community leaders. Adult inspirational others are often compassionate, possess strong social skills, and are good at identifying and accentuating the strengths in children and adolescents. They consistently make themselves available to young people for connection, support, and advice. In every school, some staff members have served this role for at-risk students without even knowing it.

Eight practical guidelines can help adults effectively respond to self-harming students.

1. Because teachers and school nurses are often the first responders, it is crucial that they be respectful listeners to self-harming students; validate the students; build trust; and serve

as a bridge to get the students to a school psychologist, social worker, or counselor for further help. If the self-harming student has a strong relationship with the teacher, it may be useful for the teacher to sit in on counseling sessions. Teachers and school nurses should ask the student these questions:

- How can I help you?
 - How has the cutting helped you?
 - How does cutting fit into your life right now?
 - I'm happy to be there for you, but I also need to connect you with one of our social workers because of our school policy. Would you like to see a male or a female social worker (when the option is available)?
 - If I can arrange it, would you like me to sit in on your first meeting with your social worker?
2. At all costs, school personnel need to avoid responding to self-harming students with disgust, anxiety, or fear. They must not lecture the students about the dangers of this behavior, play detective and ask to see their cuts or burn marks, or interrogate and further invalidate them. Instead, they should strive to understand the meaning of this behavior *for the student*, how the behavior has been helpful, and how they can now be helpful to the student. It is important to remember that each self-harming student's story is unique. Self-harming students need to know that teachers and other school personnel care about them and are available for emotional connection, support, and advice when needed.
 3. Once a referral is made to the school counseling staff member, the counselor needs to determine in conjunction with his or her supervisor and the student whether the school can successfully counsel the student on-site or whether parent involvement is required. For students who have just begun experimenting with self-harming or who have engaged in this behavior only intermittently, a trusting relationship with a school counselor may generate alternative coping strategies. I recommend that the student also participates in an on-site intervention group, such as the Stress-Busters' Leadership Group.
 4. If the student has been self-harming regularly and is engaging in other self-destructive behaviors like bulimia, substance abuse, and risky sexual activity, the school needs to contact the parents immediately for referral to a private practitioner or community-based program for family therapy that specializes in treating these adolescent behavioral difficulties. Concurrent participation in an on-site intervention group is also recommended.
 5. For students who have been self-harming regularly; who are cutting themselves more deeply; or who are cutting or burning themselves around their eyes, necks, and private parts, this is a medical/psychiatric emergency. These students should be taken immediately to the nearest hospital emergency room for evaluation.
 6. Although only a small percentage of self-harming students become suicidal, if these students have not responded well to both on-site and outside counseling, struggle to cope with multiple life stressors, and clearly voice suicidal thoughts, they need to be immediately taken to the nearest hospital emergency room.
 7. Identified school personnel who have been serving as inspirational adults for other disconnected at-risk students can provide added support to self-harming students who are trying to reduce or stop engaging in this behavior. These adults can closely collaborate with the involved counseling staff members for guidance and back-up if necessary.

8. Graduates of intervention groups who are interested in schoolwide prevention work help identify at-risk students who are self-harming, get them to counseling staff, and spark their interest in participating in a new group for added support. The school can ask these graduates to cofacilitate new intervention groups and get involved in the school peer counseling program.