

Bridges Mental Health Services Plan

Mental health needs of 1st grade students participating in Bridges are addressed by the teacher, school-based mental health professional (MHP) or an outside mental health agency, as appropriate. Please follow the guidelines below to track and refer students for mental health services.

1) IDENTIFYING NEEDS

- a) All 1st grade students are directly observed by the Bridges team. Moreover, individual mental health needs of all students are discussed through the bi-weekly Bridges consultation meetings.

2) PROVIDING SCHOOL-BASED SERVICES

- a) Based on the identification of needs, students are tracked into one of three groups:
 - i) *no currently identified mental health problems*
 - ii) *subclinical mental health problems*
 - iii) *mental health problems*

- b) Students tracked into the latter two groups (2ii and 2iii) will be provided with services within and outside the school, as needed.

i) Children with **subclinical levels of mental health problems**:

- (1) The mental health needs of children with subclinical problems will be addressed in the classroom by the teacher with support from the Bridges team. School-based MHPs will be involved in providing supportive services as needed.

(a) SERVICE OPTIONS:

- (i) Classroom-based intervention
- (ii) Counseling by the school-based MHP

ii) Children with (suspected) **clinical levels of mental health problems**:

- (1) The needs of children with mental health problems will be addressed by the school-based MHP, in collaboration with the Bridges team and with the involvement of the teacher.

- (2) Parents of children with mental health problems will be brought in for treatment planning and implementation.

- (3) The need for services provided by an outside mental health agency will be determined based on consultation between: the parent, the school-based MHP, the teacher and the Bridges team.

(4) SERVICE OPTIONS:

- (i) Classroom-based intervention
- (ii) Counseling by the school-based MHP
- (iii) School staff-Parent meetings
- (iv) Individual or family treatment provided by outside mental health agency

3) REFERRING TO OUTSIDE AGENCIES

- a) If a determination is made to refer a student for outside services, the team will collaboratively fill out a referral form.

- b) Based on the referral form, an appropriate outside agency (ies) will be identified using the Bridges **Mental Health Resource Guide**.

- c) The school-based MHP, with support from the Bridges team, will facilitate the referral by:

- i) Providing the parent with the referral information
- ii) Problem-solving with the parent, as needed, to work towards follow through on the referral

- iii) Providing information to the mental health agency, as needed
- iv) Tracking assessment and treatment provided by outside agency
- v) Assisting with coordination of assessment and treatment efforts at home, school and outside agency

Observation & Consultation Guide

Identifying at-risk students

This guide includes all information and documents needed to complete the October observation and consultation in preparation for November's Professional Development day.

Time Line

- 1. Student Observations**
 - NYU Clinician *and Community Rep.*
- 2. Debrief from Student Observations**
 - NYU Clinician *and Community Rep.*
- 3. Consultation Meeting with Teacher**
 - NYU Clinician *and Community Rep.*
- 4. Compilation of Observation Notes**
 - NYU Clinician
- 5. Supervision**
 - NYU Clinicians
- 6. Professional Development Day**
 - NYU Clinicians, Community Reps. and Teachers

* All text in italics refers to first grade only.

1. Student Observations:

Goal:

- To take very liberal notes of all behaviors you see.
 - You have a very limited window of time in each classroom so we want to gather as much information as possible.

Discussion with teacher: (before or after observation)

- Let the teacher know that we will be following up with our observations at scheduled meeting.
- Schedule consultation meeting within one week of observation.

Tips:

- Ask teachers to identify their “hardest time of the day” and schedule observations during that time indicated.
- Remember we are not providing strategies!!!
- Refer to MH checklist (**Appendix A**) if helpful during observation.
- Provide additional comments during observation notes if you have previously observed a particular behavior, or if a teacher has asked you to specifically observe a student, and/ or if a parent has expressed concerns about his/her child.

Documents needed:

- 3 copies of **Observation Notes** (Appendix B) per observer/per classroom
- **MH Checklist** (Appendix A)

2. Debrief from Student Observations:

Goals:

- To familiarize yourself with your own observation notes in preparation for follow-up consultation meeting with teacher/s.
- Identify students with behavioral and emotional needs only.
- Discuss observation notes with Community Rep.
- Collect observation notes from Community Rep.

Tips:

- Remember we are not focusing on children who solely have academic and learning problems.
- When discussing observation notes with Community Rep. add their impressions to your **Observation Notes** (Appendix B) sheet – to be used as a guide for your follow-up consultation with teachers.

3. Consultation Meeting with Teacher

Goals:

- As a follow up from PD day in August we are observing and consulting with teachers to help identify needs of kids who are displaying signs of emotional and behavioral problems. We are concerned with supporting the needs of students with acute needs as well as identifying children with milder symptoms to be proactive in preventing more severe behaviors from occurring.
- To ask teacher/s to identify the top 3 students they are concerned most about related to behavioral and emotional problems in the classroom.
- To have teacher/s provide a GAF score for each identified child
- Have teachers identify which student/s parents have expressed concern
- To share Consultant and Community Rep. observation notes
- To explain to the teacher/s that we are NOT focusing on children solely with academic and learning problems.

Discussion with Teacher:

- Intro to teacher about consultation in general:
 - *Are you clear on how consultation is going to work this year?"*

"As we indicated during the first PD day in August, the goal of our consultation is to support you in meeting the needs of all of the children in your classroom, particularly those with mental health problems such as ADHD, ODD and ANXIETY. As mental health professionals, we hope to offer you strategies demonstrated to be effective in working with children with a variety of behavioral challenges. We are concerned with supporting the needs of students with acute needs, as well as identifying children with milder symptoms to be proactive in preventing more severe behaviors from occurring and having children mimic the negative behaviors of their peers. Today our focus on student observation in your classroom and at our next PD day (Nov 4th, for everyone except for Bukky), we will provide strategies to support these students".

"Similar to last year, each month, we will be visiting your classroom for one class period and then meeting with you for one prep period in a collaborative effort to address the behavioral difficulties that students in your classroom may present. However, unlike last year, we'll only be using one prep period each month."

(End of meeting – reiterate that strategies are coming)

"Now that we have a list of your concerns and have shared our observations with you we are going to follow-up with strategies for supporting these students at our next PD Day." (Nov 4th for all except Bukky)

Tips:

- Utilize the **Consultation Meeting Guide** (Appendix D) and **Consultation Notes** (Appendix C)
 - Begin by asking teacher to focus on identifying his/her top 3 children with behavioral and emotional needs (not children who's problems are solely based on academics or learning)
 - Be mindful of time and only get specific with teacher's Top 3 students
 - Let each teacher describe behaviors for each child. Add your own (Clinician/Community Reps. personal observations for these children when you feel additional observations can add to understanding.
 - Do not wait until end of meeting to ask teachers to score all three (or more) students to avoid comparative scoring.
- Review what a GAF score is (Appendix E) with teachers and have them select a score for each child as they are discussed.
- **DO NOT PROVIDE SUGGESTIONS AND/OR STRATEGIES FOR STUDENT BEHAVIOR ONLY DISCUSS OBSERVATIONS**

Documents needed:

- 3 copies of **Consultation Notes** (Appendix C) per consultant/per classroom
- Your **Observation Notes** (Appendix B)
- **Consultation Meeting Guide** (Appendix D)
- **MH Checklist** (Appendix A) to use during meeting and leave with teacher
- Description of GAF (Appendix E)

4. Compilation

Goals:

- To compile all information collected during Observations and in Consultation Meeting onto **Identified Student** sheet (Appendix F)
- To be prepared to present at supervision meeting

Tips:

- No child should be on this list more than once.
- You most likely will not have GAF scores for all children.

Documents needed:

- **Identified Student** sheet (Appendix F)

5. Supervision

Goals:

- Discuss identified students
- Provide a final (consensus) GAF score for each identified student

Documents needed:

- **Identified Student** sheet (Appendix F)
- **All observation and consultation notes**

6. Professional Development Day

Appendix A.

Common Childhood Mental Health Problems
 Please refer to this list to help identify emotional and behavioral problems in the classroom.

<p><u>Inattention</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> has difficulty sustaining attention in classrooms tasks or play activities, listening, and attending to detail <input type="checkbox"/> is easily distracted by extraneous stimuli <input type="checkbox"/> is forgetful <input type="checkbox"/> does not seem to listen when spoken to directly <input type="checkbox"/> does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand instructions) <input type="checkbox"/> has difficulty organizing tasks and activities <input type="checkbox"/> makes careless mistakes in schoolwork, work, or other activities <input type="checkbox"/> avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework) <input type="checkbox"/> loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools) 	<p>Important questions to consider when using this tool....</p> <p>Time of day?</p> <p>Frequency?</p> <p>Interfering with learning?</p>
<p><u>Impulsivity</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> blurts out answers before teacher has finished asking a question <input type="checkbox"/> interrupts or intrudes on others <input type="checkbox"/> has difficulty awaiting his/her turn 	<p>Level of Impairment?</p>
<p><u>Hyperactivity</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> seems to be in constant motion <input type="checkbox"/> fidgets or squirms <input type="checkbox"/> runs or climbs in classroom <input type="checkbox"/> talks excessively <input type="checkbox"/> is unable to remain seated in class despite clear instructions to do so <input type="checkbox"/> has difficulty playing or engaging in fun activities quietly <input type="checkbox"/> seems “driven by a motor” or is “often on the go” 	<p>This list is not meant to be exhaustive, please note any other behaviors that are not included:</p>
<p><u>Defiance</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> has frequent temper tantrums <input type="checkbox"/> argues with adults <input type="checkbox"/> argues with peers <input type="checkbox"/> is verbally aggressive <input type="checkbox"/> is physically aggressive <input type="checkbox"/> teases others <input type="checkbox"/> seems angry and resentful <input type="checkbox"/> makes deliberate attempts to annoy or upset people <input type="checkbox"/> blames others for his or her mistakes or misbehavior <input type="checkbox"/> is touchy or easily annoyed by others <input type="checkbox"/> is spiteful and vindictive <input type="checkbox"/> refuses to comply with adult requests and rules 	
<p><u>Anxiety</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> misses a lot of school <input type="checkbox"/> is “painfully” shy or withdrawn <input type="checkbox"/> is tearful/irritable/sad for a significant portion of the day <input type="checkbox"/> often complains of stomach aches or other physical symptoms <input type="checkbox"/> is inconsolable after the parent leaves <input type="checkbox"/> is extremely uncomfortable in interactions with teacher or classmates <input type="checkbox"/> freezes when called upon in class <input type="checkbox"/> always appears to be alone even during times of group activities <input type="checkbox"/> often describes worries about something bad happening to him/her or his/her caregivers such as being lost or harm coming upon caregivers’ 	

Appendix B.

Observation Notes

School:

Teacher:

Date:

Staff:

<i>Child's Initials</i>	<i>NYU Clinician/ Community Rep. Observations</i>	<i>Teacher GAF</i>	<i>Sources*</i>

*** T = Teacher, P = Parent, C = Clinician/Community Rep (Can list all those agree but circle initial source of identification)**

Appendix C.

Consultation Notes

School:

Teacher:

Date:

Staff:

<i>Child's Initials</i>	<i>Teacher Observations</i>	<i>Teacher GAF</i>	<i>Sources*</i>
1			
2			
3			

*** T = Teacher, P = Parent, C = Clinician/Community Rep (Can list all those agree but circle initial source of identification)**

Appendix D.

Consultation Meeting Guide Meeting with teacher regarding at-risk students

Who in your class are you concerned about in terms of behavioral or emotional functioning, specifically related to ADHD, ODD and ANXIETY? *Include in the list kids identified during the observation, even if not mentioned by teacher. Also include any kids that parents have identified (e.g., during P as P), even if teacher would not otherwise have listed them.*

1. For each student, ask:
 - a. What about this child's functioning worries you?
 - b. What specific behaviors have you seen in the classroom?
 - c. In what ways do these behaviors impact how this child is doing in school?
 - d. In what ways do these behaviors impact your classroom, other students' learning?
 - e. How long have these behaviors been going on in this school year?
 - f. How often do you see these behaviors? How many days out of the school week will you see these behaviors? What times of the day, or during which activities, do you see these behaviors?
 - g. What times of the day, or during which activities, does the child do well (i.e., tend not to exhibit these behaviors)?
 - h. Is there anything that prevents this from happening? Has anyone else in the school gotten involved (guidance counselor, social worker, etc)?
 - i. When is this child at his or her best?

History:

 - i. (For K and 1st gr) Do you know anything about these behaviors from last year's teacher?
 - ii. *If known*: How does the parent view these behaviors? What did parent report during Parents as Partners meeting?
 - iii. Has this child ever received services that you know of?
 - j. GAF rating – additional explanation/anchors
2. Review questions for:
 - a. Children identified by teacher
 - b. Children identified by parent
 - c. Remaining children on clinician's list not already identified by teacher/parent

Appendix E.

Children's Global Assessment Scale

This is a measure for understanding a child's level of functioning in 4 major domains: academic, social, behavioral, and daily routine. The measure asks you to consider whether or not a child exhibits symptoms in these areas. A symptom is a behavior or feeling that is concerning.

Please think about child's behavior based on what you are able to observe during the school day. If possible, think about structured work time and unstructured time (center time, playground time, lunchtime). You should consider *Academic* performance (e.g., low grades, problems understanding concepts, inability to remember skills taught, special services, speech, resource room), *Social* functioning (e.g., gets along well with classmates, has friends, outgoing vs. introverted, "a loner"), *Behavioral* adjustment (e.g., follows rules, not aggressive, involved in after-school activities), and *Daily Routine* activities and experiences (e.g., major separation issues, troubled by hand washing rituals, excessive fears).

The measure consists of a scale from 1- 100. We will be using only the "anchor" scores and the "middle" scores (scores ending in 0, 5, 1). So for example, in the first category, you would assign either a 100, a 95 or a 91.

Most children will start in the Good functioning range 90-81. For a child to be put in the Superior category (100-91) there needs to be something extra special. A child in the Good functioning range (90-81) will move down based on the presence of symptoms in any of the 4 domains of functioning (academic, social, behavioral, daily routine)

For example, things that may move a child down are crying every morning (after the first month of school), not having friends, not following classroom rules or routines, or being disorganized and messy.

100-91 Superior functioning in all areas

Example: This is a child who is an excellent student, helpful to other kids, very popular, confident, has "best" friends, participates in after-school activities or has a special talent and has no symptoms.

90-81 Good functioning in all areas

Example: This is a child who is an excellent student, follows rules, has several friends, and no symptoms, but doesn't help other children in class, doesn't raise his hand often, or doesn't have any special interests or talents.

80-71 No more than slight impairment in functioning in all areas

Example: This is a child who does well academically overall but has some trouble with one subject. This child has friends but may get upset for a brief period if a friend is mean. This child occasionally talks to another child during class time but stops when asked. If something significant happens in this child's life (birth of a sibling), he may be upset for a few days (whine more than usual) but then recovers.

70-61 Some difficulty in a single area but generally functioning pretty well

Example: This is a child who does well academically overall but has some trouble with one subject. This child has friends but may get upset for a brief period if a friend is mean. This child has some behavioral difficulties such as: *talks to other children during class time, fidgets on the carpet, has trouble staying in his seat*. This child is not defiant and stops a misbehavior when asked but you may need to remind him once a day or every other day.

60-51 Variable functioning with sporadic difficulties or symptoms in several but not all areas

Example: This is a child who may be slightly below grade level academically, has a few friends, and talks to other children during class time, gets out of seat when not supposed to, is fidgety on the carpet, has a hard time doing seat work without getting distracted, does not finish class assignments, and peers may tattle on him or avoid him. This child is not defiant but you may need to talk to him a few times a day and you may have spoken to the parent.

50-41 Moderate degree of interference in functioning in most social areas or severe impairment or functioning in one area,

Example: This is a child who is slightly below grade level academically, has a few friends, can do his school work but needs support from the teacher, talks to other children during class time, peers do not want to work or play with this child, he gets out of seat when not supposed to, gets distracted easily, does not finish class assignments. This child has trouble re-

attending when asked and you are constantly reminding this child of what to do and you have spoken to the parent many times.

40-31 Severe impairment in functioning in several areas and unable to function in one of these areas

Example: This is a child who is disturbed at home, at school, with peers, or in society at large, eg., persistent aggression without clear instigation; markedly withdrawn and isolated behavior. This child is likely to require special schooling and/or hospitalization or withdrawal from school (being in a special education classroom is this is not sufficient criterion for inclusion in this category)

30-21 Unable to function in almost all areas

20-11 Needs considerable supervision to prevent hurting others and self

10-1 Needs constant supervision (24 hr care)

PC/Bridges Student Tracking Form

School: _____

Classroom: _____

Clinician: _____

For any child with subclinical or clinical needs (GAF <65), check off any service received by that student.

<u>Student ID</u>	<u>Subclinical needs</u>	<u>Clinical needs</u>
	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based MH services	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based <u>MH</u> services <input type="checkbox"/> Academic intervention <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Outside referral* <input type="checkbox"/> Removed from school <input type="checkbox"/> Other:
	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based MH services	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based <u>MH</u> services <input type="checkbox"/> Academic intervention <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Outside referral* <input type="checkbox"/> Removed from school <input type="checkbox"/> Other:
	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based MH services	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based <u>MH</u> services <input type="checkbox"/> Academic intervention <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Outside referral* <input type="checkbox"/> Removed from school <input type="checkbox"/> Other:
	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based MH services	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based <u>MH</u> services <input type="checkbox"/> Academic intervention <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Outside referral* <input type="checkbox"/> Removed from school <input type="checkbox"/> Other:
	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based MH services	<input type="checkbox"/> Classroom-based support <input type="checkbox"/> School-based <u>MH</u> services <input type="checkbox"/> Academic intervention <input type="checkbox"/> Parent Meeting <input type="checkbox"/> Outside referral* <input type="checkbox"/> Removed from school <input type="checkbox"/> Other:

****Complete referral form.***

PC/Bridges Referral Form

<i>Student ID</i>							
<i>Presenting Problem</i>							
<i>Date of onset</i>							
<i>Parent meeting held?</i>	<input type="checkbox"/> Yes, Date _____						
<i>Specific considerations for referral agency selection</i>	<table border="0"> <tr> <td><input type="checkbox"/> Location:</td> <td><input type="checkbox"/> Financial:</td> </tr> <tr> <td><input type="checkbox"/> Language:</td> <td><input type="checkbox"/> Cultural match:</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Location:	<input type="checkbox"/> Financial:	<input type="checkbox"/> Language:	<input type="checkbox"/> Cultural match:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Location:	<input type="checkbox"/> Financial:						
<input type="checkbox"/> Language:	<input type="checkbox"/> Cultural match:						
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:						
<i>Identified agency of referral (Name, contact info)</i>	Name: Address: Phone #: Contact person:						
<i>Evaluation scheduled?</i>	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No. Reason: _____						
<i>Evaluation completed?</i>	<input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No. Reason: _____						
<i>Services offered?</i>	<input type="checkbox"/> No. Reason: _____ <input type="checkbox"/> Yes, accepted <input type="checkbox"/> Yes, declined						

School Staff Signature

Parent Signature

Date:

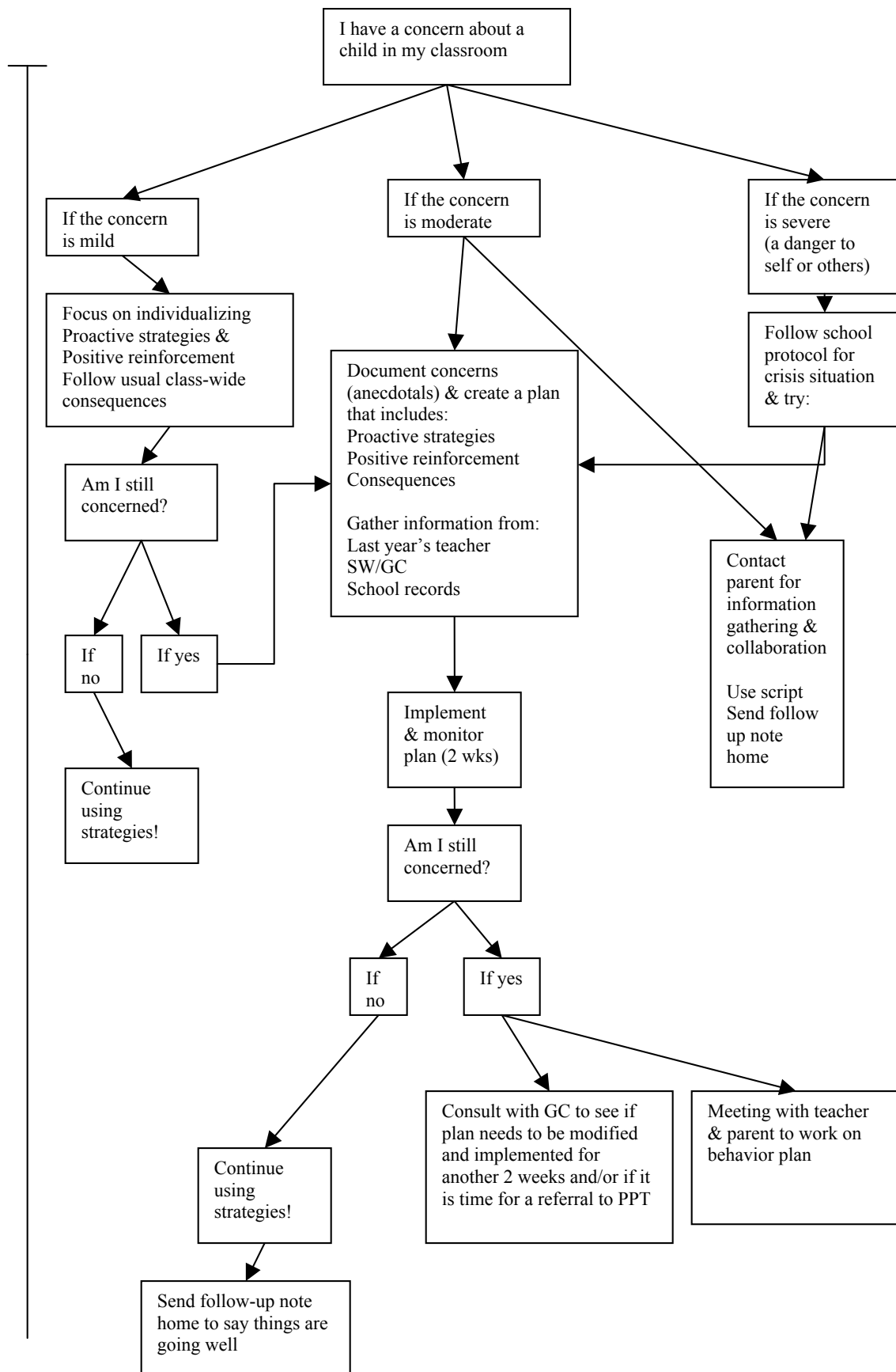
Identified Students

This table is to help you condense all information received during both observation and consultation. This list is to include identified children from all classes in your school.

SCHOOL:

CONSULTANT:

Identified Child's Initials	Teacher Initials & Grade	Initial Consensus GAF Rating & Date	Midpoint Consensus GAF Rating & Date	Final Consensus GAF Rating & Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				



Mild

Example: This is a child who does well academically overall but has some trouble with one subject. This child has friends but may get upset for a brief period if a friend is mean. This child occasionally talks to another child during class time but stops when asked. If something significant happens in this child's life (birth of a sibling), he may be upset for a few days (whine more than usual) but then recovers.

Example: This is a child who does well academically overall but has some trouble with one subject. This child has friends but may get upset for a brief period if a friend is mean. This child has some behavioral difficulties such as: *talks to other children during class time, fidgets on the carpet, has trouble staying in his seat.* This child is not defiant and stops a misbehavior when asked but you may need to remind him once a day or every other day.

Child who has trouble sitting still during carpet/meeting time.

Child who needs to be asked 2X to clean up before he will clean up

Child who grabs other children's toys while they are playing with them

Moderate

Example: This is a child who may be slightly below grade level academically, has a few friends, and talks to other children during class time, gets out of seat when not supposed to, is fidgety on the carpet, has a hard time doing seat work without getting distracted, does not finish class assignments, and peers may tattle on him or avoid him.

Example: This is a child who is slightly below grade level academically, has a few friends, can do his school work but needs support from the teacher, talks to other children during class time, peers do not want to work or play with this child, he gets out of seat when not supposed to, gets distracted easily, does not finish class assignments. This child has trouble re-attending when asked and you are constantly reminding this child of what to do.

This is a child who grabs other children's toys every day and hits and pushes children when he is upset or wants their attention.

This is a child who can get very angry about little things and has trouble solving disagreements with peers calmly and independently.

Severe

This is a child who flipped over a desk and hurt another kid

This is a child who has tantrums that involve screaming, crying, hitting, destroying property, running out of the room

This is a child who never speaks

