

Clinical Services

- Comprehensive assessment that assesses externalizing behaviours
- Information sharing and consultation with parents and school personnel regarding community resources and programs
- Individualized interventions for the family, student, and school that have proven effectiveness
- Individual or group parent skill training in evidenced based behaviour management methods
- Sharing of classroom based behavioural strategies/interventions that have proven effectiveness
- Quick access to medical and mental health resources for education, diagnostic and treatment planning
- Education to schools, families, and community regarding children's mental health issues
- Referral to existing school-based programs for skill development and academic intervention/assessment
- Referrals to existing community resources that may augment and/or better suit the students/families needs



SCIP

Located @

Lorne Avenue Public School
723 Lorne Ave. Room 120
London, Ontario N5W 3K7
Tel: (519) 432-0881
Fax: (519) 432-0056

Located @

300 South Edgeware Rd., Unit 001
St. Thomas, Ontario N5P 4L1
Tel: 519-539-0463 or 1-877-539-0463
Fax: 519-637-8170

If you are in crisis now, call:

London/Middlesex C-IT at (519) 433-0334
Elgin/Oxford County (519) 539-0463 or 1-877-539-0463



SCIP

*Effective early help for
children with
behavioural problems*

SCIP is a collaborative effort of community services and schools. Our partners include:

London District Catholic School Board
Child & Adolescent Mental Health Care Program,
Children's Hospital/LHSC
Vanier Children's Services
Merrymount Children's Centre
Thames Valley District School Board
Oxford-Elgin Child & Youth Centre
Family and Children's Services
of St Thomas and Elgin - Support Services

School Community Intervention Partnership (SCIP)

The School Community Intervention Partnership (SCIP) is an innovative children's mental health program committed to an effective early response to elementary school children with externalizing behaviours that may be interfering with their performance at home, school and in the community.

SCIP partners with schools & parents

- Parents will learn skills to manage their children's behaviours through a unique, innovative and proven program (Triple P®)
- Teachers will have information and resources to manage classroom behaviours

Our goals include:

- Early identification of children with behaviour problems
- Early intervention to prevent these problems from becoming more severe
- The implementation of programs that build strengths within families, schools and students


SCIP accepts referrals from selected schools within the Thames Valley District School Board and the London District Catholic School Board in London. All referrals must be made through school teams.

We Serve:

Children and adolescents in grades 1-6 in the elementary school system, who present with behavioural difficulties, such as:

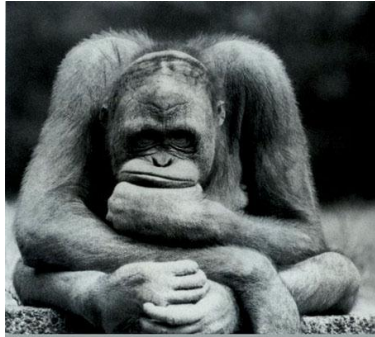
- ✓ Difficulty following rules
- ✓ Non-compliance
- ✓ Irritability and moodiness
- ✓ Disruptive in the classroom
- ✓ Inattentive
- ✓ Hyperactive
- ✓ Impulsive
- ✓ Often loses temper
- ✓ Argumentative
- ✓ Annoys others or is easily annoyed by others
- ✓ Angry and resentful
- ✓ Blames others for his/her mistakes
- ✓ Problems making and keeping friendships





An Integrated Approach Between Schools and Children's Mental Health to Support Wellness and Learning

"Power in organizations is the capacity generated by relationships."
Margaret Wheatley



Oh what to to, what to dooo?

Why SCIP?
A scan of the environment

- A gap in service has been identified by schools and mental health service providers for the treatment of children with externalizing difficulties
- One or more students in every school classroom could have a defined diagnosable mental health disorder
- Approximately 50% of these children go undiagnosed
- Wait times for children's mental health services are long
- Efforts need to be increased to reach the many children that do not have access to treatment
- Some children only become eligible for therapeutic services after their problems have begun to escalate (juvenile system, special education)
- To reduce levels of childhood mental illness, interventions need to begin early, prior to the development of significant symptoms
- Schools could be the primary settings for the identification of mental health disorders in children and youth
- What did parents say?

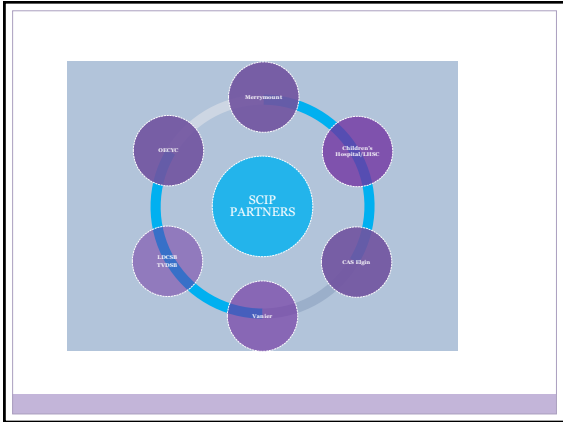
Research indicates that if problems of such are not effectively treated at an early stage they can become a clinical pathway to more severe emotional and behavioural problems

- School failure
- Academic difficulties
- Substance Abuse
- Social Impairment
- Juvenile offending
- Other significant psychiatric problems including suicide and depression

What else does research tell us?

Research indicates that in treating those with behavioural difficulties, the best outcomes are produced by a combination of the following:

- Working with parents/family
- Working with schools
- Medication
- Comprehensive Assessment
- Evidence Based Practices
- Collaborative Partnerships



SERVICE PROPOSAL

- Organizational and Background Context- Evidence based support, literature search
- Description of Overall Service Profile
- Focus/Goals of the Service
- Population- inclusion/exclusion criteria
- Program benefits
- Services offered
- Intended outcomes
- Human Resources- staff ratio's, training/HR
- Budget/Funding
- Policy & Program Requirements

Partnership Agreement

- A service agreement that sets out the nature of the partnership
- Mission, Vision, Values
- The terms of reference of "governance" model
 - Objectives,
 - Membership
 - Accountability
 - Roles & Responsibilities of Partners
 - Priorities
 - Decision Making Process
 - Planning
 - Budgeting
 - Conflict Resolution
 - Human Resources
 - Risk Management
 - Termination of Partnership

Vision

Through early mental health intervention we set children and youth on a positive path for success in school and life.

Mission

We are an innovative community partnership committed to an effective early response to the mental health needs of elementary school children.

Core Values

- Child-centered**
 - We place the interests of the child first.
- Strengths-based**
 - We identify the inherent strengths within the child, the family and the environment and engage these strengths as the basis for future growth.
- Accessibility**
 - We commit to providing more accessible and responsive mental health services for children and youth through their schools

Core Values cont.

Working within the Child's Natural Environment

- We commit to work with children and families in the context of their environment: home, school and communities.

Value Diversity

- We value the cultural diversity that exists within our communities and the uniqueness of each child, family, school and agency.

Partnership Built on Respect

- We work together by building mutual trust, and appreciation of similarities, differences and areas of expertise.

Core Values cont.

Synergy of Working in Collaboration

- We will align our efforts to produce better integrated and more effective interventions than working in isolation.

Innovation and Creativity

- We will seek to find new ways of providing service which are effective.

Evidence-based Practices

- Our programs and services are based on best available knowledge from research and evaluation, clinical expertise and are delivered according to client preferences.

Target Population

- Elementary School Children (grades 1-6)
- Exhibit Externalizing Behaviours
- Identified by School Teams

Exclusion Criteria

- Children and adolescents who do not meet our grade criteria
- Children and adolescents who are in need of intensive treatment for mental health difficulties such as day treatment, residential programs
- Children and adolescents involved with other treatment facilities for behavioural problems within the last 12 months (except on a consultation basis)
- Children with more severe conduct disorders including youth who are in conflict with the law
- Children and adolescents whose needs are better served by other agencies due to such primary presenting problems as:
 - Pervasive Developmental Disorders
 - Substance abuse
 - Physical illness without an associated mental health problem
 - Intellectual Functioning in the lowest 2% of the population

Referral

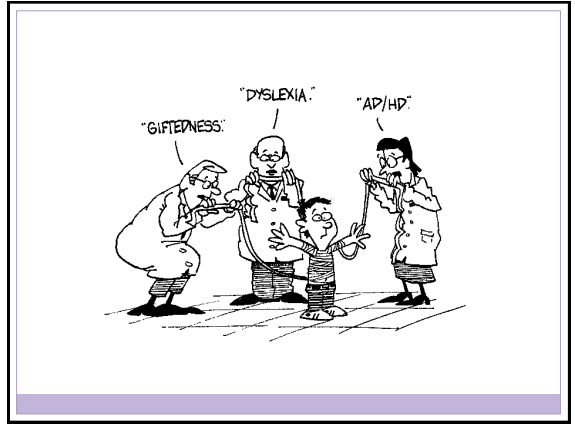
- Criteria
- School Team
- Parent Consent
- Consultation
- Package

Intake

- School completes Teacher BCFPI (paper)
- Parents complete Parent BCFPI (phone interview)
- Limits to Confidentiality
- Acceptance/Deferral

Assessment
Social/Emotional

- Teacher Connors, TRF
- Info from OSR
- Classroom Observation
- Client Interview
- Parent Interview, Connors, CBCL
- Written Assessment Report

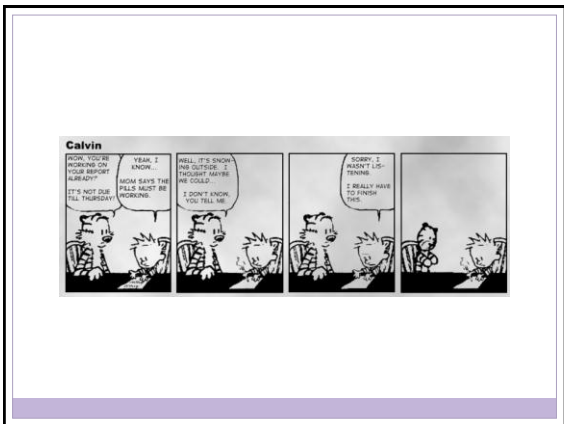


Feedback

- Parents
- School Team
- Goals
- Recommendations

Treatment
Best Practice

- Medical (paediatrician, psychiatric)
- Education/info to parents & schools
- School & Home based strategies
- Parenting-Triple P



Service Coordination/Case Management

- Referrals to existing community resources
- Navigate System
- Advocate/Attend appointments
- Bridge home & school

Evaluation

- CAFAS
- Pre/post Triple P measures, Parent Satisfaction
- SNAP
- Family & School Satisfaction



STATISTICS

- SCIP has expanded from 6 to 35 schools and is continuing to grow with support of MCYS
- Have served over 300 families to date
- Approx 1/3 referred to medical; out of 1/3, approx 1/4 referred on to psychiatry

2011 Satisfaction Results

Parent

- 95% of parents would recommend this program to other parents
- 95% of parents were satisfied with the quality of service
- 100% were satisfied with the amount of help they received

Teacher

- 100% of school professionals would recommend this program to other parents
- 98% satisfied with quality of service
- 98% felt the supports or resources provided by the SCIP were beneficial in helping to meet the students needs

CAFAS- significant decrease on the CAFAS Total score >40

Comments From Parents on Satisfaction Measures

- Professionalism, friendliness, quick response time
- Advocacy addressed barriers to services-supported positive changes in my son's behaviour at school and at home
- My counselor spent a lot of time with me and made me feel important
- The assessment helped my child get services; the recommendations were helpful
- Positive changes I saw in my son's behaviour
- The fact that my counselor did not judge me as a parent
- My worker helped me deal with the school

- The fact that the workers don't change; you start with one you finish with the same one
- Great support, program & resources
- Positive Parenting Program most helpful
- Quick appointment to doctor
- Transportation help to get to appointments
- The communication and links SCIP has with other related organizations within the community
- The one-on-one aspect concerning meetings
- I felt comfortable with my worker

Comments from Schools on Satisfaction Measures

- Positive changes in student behaviour were noted and greatly appreciated
- Gave an outside perspective on the situation-invaluable
- Provides alternative behaviour management for teachers, parents
- Having the support of the SCIP workers is priceless
- SCIP being part of the school team
- Great communication
- Connecting families to services in the community

Key Lessons Learned- School

- Increased our sensitivity and understanding of our students difficulties
- Helped parents understand that we are all working together to help their child reach their potential
- Parents feel much more connected to school
- Speed of service and treatment
- Positive changes in child's behaviour and learning
- Helped school make connections with outside agencies, resources
- Respected our knowledge and experience , taking it into account
- Diligence in trying to get difficult parents to "comply"
- Allows bridging between school, family, and community that otherwise would not be possible
- Best for kids decision making

Key Lessons Learned- School

- Leadership of the school administration is a key factor in influencing the success of the intervention and strong collaboration
- Coordination and referral protocols with schools as the referral source have helped with the early identification of behavioural difficulties and streamlined access to service.
- It is critical to be sensitive to the culture of the schools and not to impose a way of delivering service which is not compatible
- Providing ongoing feedback and communication helps develop cohesiveness between SCIP and school teams and less duplication and conflict
- Support and resources should be provided in a timely and accessible manner to compliment the school environment and school term

Key Lessons Learned-Parent/Child/Family

- Removing barriers for parents to attain service
- Flexibility in the amount of time parents can stay in the program-generated by individual need; recognizes that not every one is the same
- Needs of children better addressed in own environment; easier and less intrusive access for parents; overcomes transportation issues; stigma
- Tailoring services to individual needs and taking a holistic approach produces better outcomes than solely addressing one problem
- Sharing of resources and expertise is more efficient and provides for better continuity of services for children and their families and allows for a more complex range of services
- Building rapport and trust with parents is crucial for engagement and to make creative use of each other's strengths and resources

Key Lessons Learned-Community

- Programs should not operate in isolation, better outcomes when there is a coordinated effort and communication
- Building on existing resources provides better outcomes
- Local community participation in the planning and decision making process helps strengthen the SCIP model

Key Lessons Learned- Collaborative/Leadership

- Need to build mutual trust, effective communication and appreciation of similarities, differences, and areas of expertise
- A strong partnership agreement is important
- Require ongoing evaluation of the partnership, membership and accomplishments

Key Lessons Learned- Staffing/Program

Importance of case management/service coordination

- for the family it provides less intrusive , more seamless , consistent and coordinated, service
- it helps improve the relationships with the child's school and family
- for the schools- it provides a bridge between families, schools, and partnering agencies
- for the partner agencies- it improves coordination of delivery, minimizes duplication, increases receptiveness of clients
- for physicians- it improves communication between schools and physicians and provides a different perspective from the parents as to whether treatment is effective or not
- for staff- it increases job satisfaction, allows staff to utilize their entire skill set, and affords a more holistic method of working with the child and family

- There is value in not having SCIP Consultants assigned to specific schools; allows for different perspectives and styles of managed care; less stagnant and more resourceful
- Experienced staff with a diverse skill set is a must
- Program evaluation of the effectiveness of services is essential to ensure program is working

Key Lessons Learned- System

- System silos fragment effectiveness- territorial and other barriers among agencies should be eliminated
- Issues of funding “turf” and different unions provide obstacles to enhanced program effectiveness for the students
- They are all the same children, should not matter who they belong to
- Need to focus on changing the broader systems rather than competing for limited resources/funding
- The service system should be community developed, owned and directed to best reflect the needs of the children and youth in local communities

Challenges

- To see SCIP as a true partnership, and not just a children’s mental health agency operating within the schools.
- To maintain effective communication and working relationships in all service areas, so that resources are maximized
- Learning curve for all partners
- Evaluation (what constitutes direct service? How do we measure what we do?)
- Role and Expectations? Who makes decisions? (Difficulty given number of players)
- Program places increased expectations on schools (referral, intakes, assessments), although necessary, given their own time constraints and responsibilities
- Amount of paperwork; reflective of complex nature and collaboration of services
- Case closure- when is the right time to close a case; dependent on need, variation in intensity
- Dealing with change/ different philosophies of governing agencies; decision making regarding process
- Time for service delivery given complexity, school year, and staff compliment; managing our time

SCIP CASE STUDY

- Client:
- Mandy -10 year old female; grade 5
- 1 younger sibling
- referred from the school team
- no previous services or diagnosis
- intact family
- was some slight separation anxiety noted in earlier grades

REASON FOR REFERRAL

- wandering the halls
- refusing to go into the classroom or to certain areas of the school
- refusal to participate in school activities
- locked herself in a bathroom stall for extended periods
- would hide in the school
- difficulty transitioning
- destruction of property
- swearing
- aggressive towards staff and peers
- school staff saw her as stubborn, defiant and oppositional

School Strategies Already Implemented

- moved child’s desk to be closer to teacher
- changed teacher from male to female
- allotted time for Mandy to work outside the classroom
- tried behavioural contracting, interventions, rewards, and so forth- home/ school
- these strategies proved ineffective and Mandy’s behaviours escalated over time

Intake-BCFPI

Parent- Internalizing; Social Participation; Quality of Relationships; School Participation and Achievement; Global Functioning; Family Comfort

School- clinical range for all areas, other than those related to Regulation of Attention/Impulsivity/Activity

Background Information

- no birth complications, developmental milestones met
- no previous family history of mental health issues
- brother has ADHD, Cerebral Palsy

Observation/Interview

- Mandy talked openly about family members personalities and interests, family outings, family rules, discipline strategies, etc.
- Mandy stated that she liked her family very much stated that she liked her teacher and felt capable of doing all of the Gr. 5 work.
- She agreed to show the Consultant her classroom.
- Initially appeared very enthusiastic (just outside her classroom); appeared anxious when standing just in the classroom (stood with back to a cabinet; spoke more quickly).
- Did not wish to enter the classroom to show the Consultant her desk.

Second Interview

- During a second interview, the child's "worry" feelings were discussed in greater detail. Using drawings on a blackboard, Mandy was able to share the following:
 - -Her "worry" increased as she moved further into her classroom (described as a sick feeling in her body).
 - -Using a scale from 1 to 10, she was able to show this Consultant how her body became more "worried" as she moved further into the classroom. I.e., mild irritation in her stomach and shoulder area; irritation increases and moves to her chest; feels the need to leave or move away from something
 - -Coping strategies used when at school: standing in the hallway, walking around the school, going outside, and going to the bathroom (locks self in a stall)

GOALS

- To decrease Mandy's current level of anxiety and to assist her, her parents, and her teachers in understanding the possible underlying cause(s) for her refusal to enter and work within the classroom setting.
- For Mandy reintegrate into her classroom setting, therefore making herself available both physically and emotionally for social and academic success.

Recommendations

- That Mandy be referred to SCIP's psychiatrist for a psychiatric assessment regarding possible anxiety related symptoms.
- That the school develops an interim plan in consultation with the SCIP Consultant to accommodate Mandy's academic needs until a psychiatric assessment is completed.
- That Mandy, her parents, and school faculty be provided with information regarding anxiety disorders in children; including signs and symptoms, possible causes, strategies, etc.

Outcomes

- Contact was made with family physician with parent consent and report shared with physician
- A referral was made through family physician to SCIP Psychiatrist
- The child was seen by SCIP's psychiatrist within 30 days of referral
- A diagnosis of General Anxiety Disorder with secondary symptoms of Panic Attacks was given
- Mandy was placed on medication for anxiety and monitored through psychiatry
- The school provided Mandy with two potential work stations outside of the classroom, where she could be adequately supervised by school administration staff
- A schedule was developed in which she met with her teacher at predetermined intervals throughout the day to have her work checked and receive new assignments with the expectation for her to enter the classroom for these exchanges, which lasted approximately 5-7 minutes in duration

- Mandy was encouraged to attend class at any time throughout the school day that she felt she was able to manage
- A communication log was developed to track progress (goal area to increase in-class time) and act as an information source for parents and physicians
- The SCIP Consultant attended the initial psychiatric consultation and several follow-up appointments at the family's request
- Information was provided to the school on anxiety related disorders in children in both in-service and written format
- Parents participated in Triple P Positive Parenting Group

Update

- Mandy has been able to enter the classroom on her own and stay in the classroom
- She is doing well academically
- Her level of anxiety is decreased
- School staff have a better understanding of Mandy's difficulties

Re-Cap of Strengths

- Basket of services
- Accessible
- Respective of and responsive to client preferences, needs, values
- Adaptable to different levels of intensity
- Multidisciplinary approach
- Recognition and sharing of expertise
- Strength-based and client focused
- Core service uses evidence-based practices
- Promotes access to and coordination of resources
- Builds on existing resources in the school and community
- SCIP provides support in a timely and accessible manner
- The mental health needs of children are addressed in their own environment (school and home)
- Has fostered awareness and appreciation of partners' systems, issues, skills, and culture

Contact Information

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The School and Community Intervention Partnership (SCIP) is an early stage clinical intervention program for children in grades 1 to 6 in selected schools in London/Middlesex/ Elgin/and Oxford County. These children have been identified by their school teams as exhibiting externalizing behaviour problems.

The following intervention components are currently offered by SCIP:

Comprehensive Assessment

- SCIP completes a Comprehensive Assessment which may include observations, interviews/verbal reporting, and the administration of specific assessment tools, and standardized tests that assess externalizing behaviours
- The information may be obtained from a variety of sources including the student, family, school, and written documentation from the student's health record and from other sources
- A feedback session is held in which SCIP staff members discuss/review assessment findings, treatment goals and recommendations for treatment with parents and schools. The views, ideas, and expertise of the parents and schools are actively sought during this process
- Referrals to existing community resources that may augment and/or better suit the student's needs, school-based interventions, and SCIP individual or group treatments may be discussed

Therapeutic Intervention

- Individually designed child intervention strategies using a cognitive behavioural and developmental approach with focus on teaching pro-social/behavioural competencies, developing positive peer relationships, and building self-efficacy
- Individual or group parent skill training in evidenced based behaviour management methods
- Sharing of classroom based interventions, behaviour modification methods and behavioural strategies that have proven effectiveness
- Individualized diagnostic assessments through our medical service and psychiatry; may include medication reviews, education, and secondary referrals

Consultation/Collaboration

- Contact with service providers of other organizations, the community or other agencies for discussion regarding specific students. The purpose of the consultation may be focused on the needs of the identified student/ family or on improving the effectiveness of a system/environment and allows for these discussions to be formal or informal.
- Information sharing and consultation with parents and school personnel regarding community resources and programs for both child and adult
- Education to schools, families, and community regarding children's mental health issues
- Referrals to existing community resources that may augment and/or better suit the families needs
- Referral to existing school-based programs for skill development and academic intervention/assessment
- Access to medical and mental health resources for education, consultation, assessment, and treatment planning