

COORDINATION OF HOME, COMMUNITY AND SCHOOL RESOURCES

WORKING WITH PARENTS

It is understood that parents play a pivotal role in students' readiness for school, their attitudes regarding learning and academic achievement and their continued school performance. The active involvement of parents is particularly important when students and school staff experience challenges in the areas of academics, behavior and health.

Pursuant to N.J.A.C. 6A:16-7.2(a)6, schools are required to "Actively involve parents or guardians in the development and implementation of intervention and referral services action plans." The nature of parent involvement and the means used to communicate with them may vary from case to case and school to school; but parents typically must be included in the I&RS team's efforts to improve their child's school-related performance.

The regulations and sound educational practice call for schools to make sincere attempts at including parents in the process in a *meaningful* way. If parents choose not to participate or elect to question the I&RS team, the team must proceed to help the requesting staff member and continue with the development and implementation of remedial plans for the identified academic, behavior or health concerns.

As important as it is to actively involve parents in the educational growth and development of their children, it is essential for I&RS team members to remember that their **"clients" are always the requesting staff member(s) and the student in question.** School staff have a responsibility to act on behalf of the child under the doctrine of "en loco parentis." Schools not only have the right to act, but are obligated to act as long as they maintain their focus on academic, school behavior and school health issues, which are within the purview of the public education system.

There are no regulations in place that prevent schools from acting in students interests, nor is there any research literature that claims the existence of educational benefits when schools do not intervene with students' academic, behavior and health concerns. On the contrary, federal and state statutes, regulations and case law assign more liability to schools when they *do not act* in the best interests of students.

Working with Parents, continued

Court rulings have consistently reinforced that school staff are liable for acts of *omission*, rather than for acts of commission. In other words, schools are supported when they act in the best interests of students, and within the boundaries of their authority (i.e., concerns for academics, school behavior and school health).

It is common practice for school staff to consult with students' parents, their neighboring teachers or other school resources to problem solve and strategize educational dilemmas. The I&RS team, in essence, formalizes the networking that often takes place among colleagues. The I&RS team increases the chances of the effectiveness and efficiency of responses to difficult situations by systematically bringing together all relevant resources to focus on resolutions to problems. Most parents cooperate once they understand that the I&RS team exists to provide *support* to their children, as well as to them, rather than to punish, classify or separate their children, and that the team identifies and builds upon students' strengths in order to resolve school-related concerns.

<p>Purposes of Parent/Guardian Contacts</p>	<p>The purposes of parent contacts are as follows:</p> <ul style="list-style-type: none"> ❑ To provide support to parents and develop a personal relationship with them. ❑ To share and obtain specific, descriptive, observable and factual academic, behavior or health information that could be helpful in the development of I&RS action plans. ❑ To provide specific and meaningful opportunities for participation in the I&RS process.
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<p>Who Should Make the Parent Contact?</p>	<p>The parent contact is best made by someone on staff who will have the greatest chance of achieving the objectives described above. A <i>school staff member who is not a regular or core team member, including the staff member requesting assistance, can make the contact.</i> If a non-team member makes the contact, or performs any other service in support of a case on behalf of the I&RS team, however, the staff member becomes an ad hoc member of the team for the case and is bound by all applicable confidentiality standards and regulations.</p>
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Categories of Parent Responses

Described below are four typical categories of reactions from parents in response to I&RS team contacts about their children and suggested forms of responses for each. In all cases, it is suggested that the caller not begin the conversation by focusing on the identified problems. Rather, the caller should be clear that the contact is strictly about their child's success and focuses only on documented, specific, descriptive and observable academic, behavior and health concerns of their child.

When making parent contacts, be sure to record only the following: 1) *The name(s) of all person(s) involved in the discussion;* 2) *The time and date of the contact;* and 3) *A concise description of the outcome (e.g., parent agreed to attend school meeting on (date) and (time); parent expressed concern and willingness to cooperate through phone contacts, but is unavailable for a school meeting; parent declined to participate in school meeting; unable to reach parent by phone.)* In all cases, care should be given to accommodate parents' concerns and schedule. The intent is to provide as much help and support as possible to the student and family.

Category of Parent Reaction	Suggested Response
<i>Parent is concerned and cooperative.</i>	Thank the parent for the concern and cooperation. Schedule a meeting at school or at home that is <i>convenient for the parent(s)</i> . Document names, date and time of call and outcome. Continue to work with student and requesting staff member(s).
<i>Parent is concerned, but unavailable.</i>	Thank the parent for the concern and cooperation. Interview the parent over the phone. Document names, date and time of call and outcome. Continue to work with student and requesting staff member(s).
<i>Parent is unconcerned and not available.</i>	Thank the parent for his/her time. Document names, date and time of call and outcome. Leave the door open for future contact. Continue to work with student and requesting staff member(s).
<i>Parent is angry and resistant.</i>	Thank the parent for his/her time. Document names, date and time of call and outcome. Leave the door open for future contact. Refer the parent to school administrators if the parent mentions legal action or involvement. Continue to work with student and requesting staff member, unless instructed otherwise by school administrators.
<i>Parent cannot be reached.</i>	Document all attempts at making contact. Send a certified letter that explains that there are concerns and invites the parent to contact the school to discuss them. Continue to work with student and requesting staff member.

**Parent
Meetings/Interviews**

It is preferred that the team arrange face-to-face meetings with parents, either in school or at home, to establish a partnership with the I&RS team in support of their children. The team should consider the following factors when scheduling a visit with parents:

- **Parent Comfort** – Meeting with school staff can be an intimidating and unsettling experience for parents. When the meeting is at school, the simple act of coming to school can be frightening to some parents. School staff have a well-articulated and comprehensive picture of their concerns, supported by a wealth of documentation. Parents, on the other hand, frequently do not even know or fully understand what the concerns are that prompted the meeting.

Teams can create a supportive environment for parents and increase the quality of their cooperation, in part, by attending to the following suggestions:

- *Value Parents* - Make parents feel welcome by clearly communicating the value and importance you place on their participation in the I&RS process and your appreciation for them taking the time to meet with you.
- *Empathize with Denial* - Understand that denial and resistance, even from the most educated and caring parents, is natural. It is the parent's job to protect their children. Do not be surprised when they react with disbelief and suspicion, rather, accept it as normal, listen to it, empathize with it and stay with the *facts*.
- *Accommodate Parents* - Whenever possible, accommodate parent's schedules. It can be counterproductive to maintain the importance of parent cooperation, while providing no flexibility in working with them.
- *Welcome Input* - Invite and remain open to information from parents about the situation, including possible remedial strategies. Do not administer written surveys or questionnaires. Obtain important information through interview/conversation.
- *Emphasize Positives* - Balance discussion of student strengths with the documented concerns. Emphasize that the intent of the I&RS team is to build upon student strengths and help the student grow and achieve to the young person's potential, and to help the adults in the student's life support this objective.

Parent Meetings/Interviews, continued

- *Give Parents Strategies* - Provide parents with specific recommendations for supporting the objectives of the I&RS team.
 - *Stay Optimistic* - Stay positive and hopeful about the situation.
 - *Keep it Simple* - Minimize the volume of paperwork, forms and information that parents are exposed to, unless a large quantity of objective information is considered to be a critically important strategy for counteracting parent denial or when parents ask to be completely informed.
 - *Eliminate Jargon* – Use laymen’s language. Where it is necessary to apply technical terms or concepts, be sure to provide clear explanations. The goal is not to impress them with your knowledge and credentials, but to facilitate communication, understanding and cooperation.
 - *Maintain Contact* - Inform parents that you will follow-up with them once the team has established the I&RS action plan, and that you will maintain contact with them. Emphasize to parents that they are partners in the process.
- **Staffing** – Meetings with parents should not be conducted with the entire team present. The meeting typically should be conducted by two staff members, unless there is a strong rationale for the inclusion of larger numbers of staff:
- a) *The person who made the original phone contact with the parent(s), and*
 - b) *A second supportive staff member.*

It is important to have, at a minimum, two staff members present for the following reasons:

- a) *A partner can provide support, direction, input, clarification, perspective, comfort, an alternate style or a helpful comment or strategy, as necessary; and*
- b) *A partner can verify specifics of the conversation in the event that statements made by parents are later denied, challenged or altered.*

General Tips for Forming an Alliance with Parents

- Actively listen to the content and feeling of parents' statements.
- Paraphrase the content of parents' statements..."So, the way you see it is..."
- Acknowledge negative feelings... "It seems like this situation really makes you feel (e.g., angry, afraid, overwhelmed, insecure)."
- Listen to, do not argue with, rationalizations.
- Give hope..."We know it looks difficult right now, but we also know things can get better."

Turn Negatives into Positives

Parents may have a variety of emotional responses to the outreach efforts of staff from their children's schools. Some of the reactions from parents can include anger, feeling overwhelmed and apathy. Described below are some ideas for turning three negative reactions into positives:

APATHY

Negative Parent Comment

"I just don't care anymore. He's been violent and totally out-of-control! From now on he can just figure things out and make them happen by himself. I'm done trying."

Positive School Response

"You sound exhausted. I know that when people are frustrated and tired of a situation, it is hard to care or act. Maybe we can work on it together. Will you work with me one step at a time?"

OVERWHELMED

Negative Parent Comment

"I can't handle all of this; it's just too much! I can't seem to get it together with my job, my four kids, my divorce and my ailing mother. I haven't felt well for a long time myself."

Positive School Response

"It's hard to manage all of that or even know where to begin. Let's focus on _____ first, OK?"

Turn Negatives into Positives, continued**ANGER***Negative Parent Comment*

Angry with school: “You people are blowing this way out of proportion, and making a big deal out of nothing! You’re always blaming other people for your own incompetence and putting your nose where it does not belong. Just who do you think you are, anyway?”

Angry with young person: “Just wait until I get my hands on her! I am sick and tired of her yanking everybody’s chain. She’s gonna’ wish this never happened when I’m done with her. If she thought I was mad before, she ain’t seen nothin’ yet.”

Positive School Response

(After actively listening) “It seems like you’re really frustrated and angry, and I am glad you told me. It shows you care very much about what happens to your daughter. I think things can get better for both of you if we work together.”

In all cases, the school should act on behalf of the student’s interests. Be prepared to tell parents the action you intend to take, either with or without their input or involvement. Be professional, honest and clear about what you must do; maintain parents’ dignity; and leave the door open for their involvement at any time.

Techniques for Resistant Parents

There are instances where parents may resist or challenge the efforts of the I&RS team. Some suggestions to prepare for and address these circumstances are provided below:

- ❑ **Develop and rehearse a core message:**
 - Explain your concern for the child.
 - Present specific, observable and factual information.
 - Offer helpful options that can be accepted with dignity.
 - Restate your caring and your concern.

Techniques for Resistant Parents, continued

- **Respond to arguments, objections and negatives:**
 - Do not challenge beliefs.
 - Convert negative responses to questions or issues to be discussed, rather than issues to be debated or argued.
 - Bridge back to your core message.
 - When confused, share feelings and speak to the concerns.

WORKING WITH COMMUNITY RESOURCES

All institutions of society have necessary parts to play in addressing the underlying social causes of high-risk behavior. This responsibility, however:

- 1) *is not borne exclusively or primarily by schools; and*
- 2) *is not within the capabilities of the education system alone to address.*

The primary mission of schools is to provide quality instruction in safe learning environments. It is not the job of schools to provide a panacea for all of society's problems. Community institutions and organizations other than schools have responsibilities to fulfill in the remediation of students who have pathological problems or those that have become severely and chronically disruptive to the educational process. Schools, however, can serve as points of contact and facilitate the transition between students and the many institutions and agencies designed to serve them. Schools can also function as advocates for services on behalf of the interests of students and parents.

Pursuant to N.J.A.C. 6A:16-7.2(a)3, schools are required to:

*“Develop and implement action plans which provide for appropriate school or **community** interventions or referrals to school and **community** resources...”*
(Italics and bold added.)

In addition, under N.J.A.C. 6A:16-7.2(a)8, schools are obligated to:

*“Coordinate the services of **community-based** social and health provider agencies and **other community resources** for achieving the outcomes identified in the intervention and referral services action plans.”* (Italics and bold added.)

Supportive Organizations/ Resources

The vast number and variety of community-based agencies and the pervasive and rapid changes to health care delivery systems prohibit a listing of available community resources. Described below, however, are some government and related resources that can help I&RS teams:

- ❑ Identify appropriate resources (e.g., agencies, funding) for addressing the specific needs of individual cases, either within or outside of the school's area; and
- ❑ Utilize existing service delivery systems.

Supportive Organizations/Resources, continued

Whether the specific resources described below or others are involved in I&RS team cases, schools should establish *written letters of agreement* with provider agencies and other supportive community resources to formalize their work relationships and provide protocols for helping students, particularly in the event of emergencies. Suggestions for issues to be addressed in the letters of agreement are provided in the section of this manual titled “Structure and Functions of Building-based I&RS Teams,” under the program planning element, “Community Linkages and Agreements.”

MENTAL HEALTH SERVICES

Mental health services in New Jersey are provided through a variety of hospitals, agencies and independent practitioners, in group and solo practices. These entities accept private insurance and public funding for payment.

Listings for emergency mental health resources can be found on the first page of each county’s telephone book. Other county mental health resources can be found in the Action Index in the telephone book for each county under the following headings: “Adolescent and Child Counseling,” “Mental Health Services” and “Psychiatric Services.” Schools can also refer to the blue pages of their local phone books for information on supportive government resources.

The New Jersey Department of Human Services (NJDHS), Division of Mental Health Services (DMHS) is responsible for the delivery of public mental health services. DMHS prioritizes the delivery of services to young people with serious emotional disturbances. DMHS, together with the Division of Youth and Family Services, NJDHS, provides a system of care that includes psychiatric inpatient settings, (e.g., state psychiatric hospitals), residential and community-based treatment, as well as rehabilitative and social support services. School staff may contact DMHS directly at (800) 382-6717 to obtain information regarding appropriate regional staff who can provide assistance to their district.

Schools may also consult with professional associations, such as the New Jersey Association of Mental Health Agencies, Inc. (NJAMHA). NJAMHA can supply each school with information on the member

Supportive Organizations/Resources, continued

community mental health service providers in the school's area. This information may be obtained by contacting the Office Manager for NJAMHA at (732) 528-0900.

NJDHS can provide direct assistance to I&RS teams in either the provision or coordination of mental health services. Direct assistance to I&RS teams is available through NJDHS' Youth Incentive Program (YIP). YIP is a statewide program of individualized service planning and cross-service development. NJDHS has established the following resources at the county level in support of YIP:

Case Assessment Resource Team (CART)

CARTs typically bring together representatives from agencies that provide direct services to young persons and families to coordinate service planning. Funds from a variety of sources, usually within NJDHS, are used to provide services that focus on the needs of the child and the family, often in non-traditional ways. Depending on the county's capacity to serve priority populations (i.e., youth in psychiatric hospitals, youth placed by NJDHS in residential treatment, youth at-risk for placement in residential treatment centers), the CART may also serve youth outside of the priority groups, who are at risk for therapeutic out-of-home placement.

Most important to the I&RS team, CARTs will include schools in the design and implementation of service plans for individual young persons and their families, whether or not the school is a standing member of the CART. Therefore, it is important for the I&RS team to establish a work relationship with their respective CART coordinator to benefit from this county-based coordinating and problem-solving mechanism.

County Interagency Coordinating Council (CIACC)

CIACCs operate in each county under protocols established by NJDHS. The CIACCs monitor the operations of the respective CARTs. They also identify priorities for service development, as well as service gaps and barriers, and report these to state and county government agencies.

CIACCs strive to represent all systems that serve children and youth. I&RS team or other school representatives may choose to participate in the county-level systems planning and development undertaken by the CIACCs to attend to the interests and needs of I&RS programs.

Supportive Organizations/Resources, continued**DRUG/ALCOHOL SERVICES**

New Jersey has a comprehensive system of drug/alcohol service providers. To identify available substance abuse prevention and treatment resources, schools should either contact the Division of Addiction Services (DAS), New Jersey Department of Human Services, at (609) 292-4414, or the local chapter of the National Council on Alcoholism and Drug Dependence at (800) 225-0196.

Information on drug and alcohol resources can be found in the Action Index in the telephone book for each county under the following headings: "Alcoholism Information and Treatment Centers" and "Drug." Schools may also refer to the blue pages of their local phone books for information on supportive government agencies. Described below is the primary planning and coordinating body for substance abuse services that exists in each county.

Local Advisory Council on Alcoholism and Drug Abuse (LACADA)

The governing body of each county, in conjunction with the county's office on alcoholism and drug abuse, has established a LACADA. The LACADA exists to assist the governing body in the development of the annual comprehensive plan for substance abuse services. The LACADA and the designated drug/alcohol administrative authority in each county can assist in identifying appropriate prevention, intervention, treatment and aftercare services or in responding to priority service needs.

PUBLIC HEALTH SERVICES

The I&RS team can play an important role in linking students with appropriate public health services. Described below are some resources that either provide public health services or contribute consultation and technical assistance regarding health issues.

Supportive Organizations/Resources, continued**School Nurses Associations**

Schools frequently access or obtain information about the public health system through the school nurse. Each county has a County School Nurse Association that can help facilitate understanding of available public health resources and provide consultation for accessing public health services. Consult a school nurse for information on the County School Nurse Association in your area or the New Jersey State School Nurses Association.

Public Health Departments

New Jersey has a statewide system of public health services. The public health department in each county or locale is available to provide technical assistance with health issues and provide information on available resources. Refer to the blue pages of your local phone book for the phone number of the public health department in your area.

The primary mission of the health departments is to provide efficient cost saving services to the community on either a local or countywide basis. The following services are provided by the health departments:

- *Public Health Clinics* – Primary care is provided for the indigent. These services include the following programs: Women, Infants and Children (WIC), which provides free food and baby formula; Tuberculosis services (e.g., testing, treatment); Baby Clinics; Mammogram Program; Pre-natal Clinics; and services for those with Human Immunodeficiency Virus (HIV) and Sexually-transmitted Diseases (STDs).
- *Human Services* – Each department offers a different array of mental health and addictions services.
- *Communicable Disease Clinics* – Education is provided to the public on how diseases are communicated. Additionally, the departments inspect nursing homes and investigate outbreaks of food poisonings.
- *Environmental Services* – These services, which are primarily regulatory, aim to protect the environment (e.g., maintain sanitation, maintain water quality, check wells, check septic systems).
- *Animal Shelters* – The departments provide animal and rabies control. They also contract with municipalities for the care of animals.

Supportive Organizations/Resources, continued**JUVENILE JUSTICE**

I&RS cases may include students who have either entered or who are returning from the juvenile justice system. New Jersey has a comprehensive system of services that address juvenile issues. The primary resources for juvenile issues in New Jersey are described below.

Juvenile Conference Committees

Many communities in New Jersey have established Juvenile Conference Committees (JCCs) to work with pre-adjudicated juvenile offenders. JCCs are volunteer citizen advisory panels that are appointed by the Family Division Judge of the Superior Court.

JCCs review offenses such as criminal mischief, criminal trespass, shoplifting, attempted theft, theft, receiving stolen property, simple assault and disorderly persons offenses. JCCs are responsible for the following functions:

- 1) *conducting confidential hearings regarding a juvenile's offense(s); and*
- 2) *interviewing the juvenile, the juvenile's parent(s) and the complainant.*

Based on the interviews, JCCs make recommendations (e.g., counseling, restitution, community work programs, letters of apology, other sanctions) to the Family Court Judge that are intended to help the child become a responsible adult. If the parties (i.e, juvenile, juvenile's parents, complainant) agree and the Family Court Judge approves the recommendations, they become a court order. The JCC monitors the court order until the conditions are fulfilled.

The I&RS team can be involved with JCCs in the following ways: 1) having I&RS team representation on JCCs, 2) providing recommendations to JCCs on student cases, which is based on the information collected as a result of the I&RS process; and 3) assisting with the implementation and monitoring of court orders. For information on existing JCCs or on the establishment of new JCCs, contact the Family Division at (609) 984-4227.

Supportive Organizations/Resources, continued***Youth Services Commissions***

The Youth Services Commissions (YSCs) were established to assess the priorities and needs of the following youth: 1) those who are at-risk for involvement in the juvenile justice system; 2) those who are involved in the juvenile justice system; and 3) those who are at-risk for further involvement in the juvenile justice system. YSCs develop, implement and contract for community programs for juveniles, as well as review and monitor new and existing programs to determine their effectiveness. YSCs are comprised of family court judges, prosecutors, detention center directors, public defenders, community agency directors and community members who are interested in the juvenile justice system.

The I&RS team can be involved with YSCs in the following ways: 1) having I&RS team representation on YSCs; 2) providing information and recommendations to YSCs on student needs; and 3) coordinating programs and services. For information on YSCs, call (609) 434-4125.

Juvenile Justice Commission

The New Jersey Juvenile Justice Commission (JJC) is responsible for implementing reform of the juvenile justice system. JJC serves youth through a continuum of services, including prevention, intervention, incarceration, education and aftercare. Since JJC is responsible for administering its services in collaboration with families, communities and government agencies, it is incumbent upon I&RS teams to coordinate with JJC, particularly in the planning and delivery of transitional and aftercare services. For information on JJC, call (609) 530-5037.

Supportive Organizations/Resources, continued**FAMILY SUPPORT SERVICES**

Two of the primary resources that provide supportive services for the entire family unit are described below.

Family Division of the Superior Court

The Family Division addresses the needs of families in crisis in the following ways: dispute resolution, custody/visitation mediation, parent education programs, matrimonial early settlement panels, diversionary programs (e.g., crisis intervention units, intake service conferences, Juvenile Conference Committees, offense specific programs, substance abuse) and juvenile referees. Volunteers are used extensively on Child Placement Review Boards, Juvenile Conference Committees, as supervisors in the Supervised Visitation Program and the Volunteers in Probation Program. I&RS teams should maintain relationships with officials of the Family Division and coordinate services for student cases, where possible. For information on the Family Division, call (609) 984-4228.

DIVISION OF YOUTH AND FAMILY SERVICES

The mission of the Division of Youth and Family Services (DYFS), New Jersey Department of Human Services, is to protect children, support families, ensure permanency for children and prevent violence and disruption. DYFS has a comprehensive system of county-based service providers who carry out this mission under the following principles:

- ❑ Individuals and families possess certain inherent strengths and opportunities that can be drawn upon when problems emerge.
- ❑ Family and community settings provide the best environments for both children and adults.
- ❑ Communities can be most sensitive to the problems that affect families and can be more aware of the solutions that are likely to alleviate them.

Supportive Organizations/Resources, continued

- ❑ Services that are individualized, readily accessible, high quality, cost effective, culturally competent, client focused and outcome oriented are most effective in achieving family stabilization and growth.
- ❑ Permanency planning guides all intervention with children and families through timely, systematic actions and decisions that ensure the achievement of a safe, stable and permanent home for a child.
- ❑ If out-of-home placement becomes necessary for a child after reasonable efforts have been made to keep the child safe at home, services toward permanency must start immediately after placement.
- ❑ The majority of children served by DYFS reside in their own families' homes. When a decision is made to provide a child with out-of-home placement, however, DYFS uses the least restrictive setting possible that is appropriate for the treatment needs of the child. Most children placed by DYFS reside in foster care.

To contact the county office for DYFS in your area, refer to the blue pages of the local phone book, or call either (800) 331-3937 or (609) 292-8312. Additional information on related resources can be found in the Action Index in the telephone book for each county under the following heading: "Child and Adolescent Counseling."

**The School's Role
in the Treatment/Recovery
Process**

It is incumbent upon I&RS teams to be familiar with the resources that are available in their communities. It is also important that they develop

relationships and make arrangements with agency staff and agencies that will facilitate contact and transitions for students and families between schools and the community-based agencies. Schools should be proactive in making these arrangements before the services are needed. The following points summarize the school's role with treatment programs that provide services for students and their families.

- **Schools Do Not Provide Treatment Services** – As described above, the school's primary mission is to provide quality education to children and youth. It often is appropriate and necessary for school staff to adjust the educational program or provide supplemental services to accommodate students' *developmental* or *educational* deficiencies. It is typically inappropriate, however, for schools to provide direct treatment services that are designed to ameliorate students' *pathologies*. School-based counseling should be *short-term* in duration (approximately three to five sessions, at a maximum) and intended to fulfill one or both of the following purposes:

1) *Apply remedial strategies for presenting problems that are appropriate for the school context; and/or*

2) *Prepare students to receive appropriate diagnostic or treatment services outside of the school.*

- **Identify and Refer Students** – The I&RS process increases schools' capacity to identify behaviors of concern at the *earliest possible stages* of identification. Some students, however, will come to the attention of school staff after the concerns have grown beyond the school's capacity to fully respond.

Schools often must *intervene* with students' pathologies and provide *short-term counseling* to prepare students for diagnostic and/or treatment services. But the intent of the interventions and counseling should always be to seek the assistance of community resources in the diagnosis and treatment of problems that are beyond the purview of schools.

Schools do not actually make direct referrals to community agencies, rather they inform students and families of various outside agencies that might be qualified and appropriate for diagnosing or addressing

The School's Role in the Treatment Process, continued

the identified behaviors of concern. Schools provide students and families with resources and available options for help, and assist in making contact with them, where appropriate.

Not only are schools not qualified to diagnose or treat pathologies, but they can be held financially and legally responsible if they recommend or select the treatment resources to be used. School selection of the treatment program presumes that they have made the appropriate diagnosis and are committed to paying for the identified services.

Schools, in cooperation with qualified professionals, however, may identify the parameters for the selection of resources, the circumstances under which the services are provided or the outcomes that can reasonably be expected upon students' reentry to school. For example, it is reasonable for a school to require that only appropriately certified professionals from outside of the school district be permitted to diagnosis a medical, mental health or behavioral disorder.

- ***Be Wise Consumer Advocates for Students and Families*** – In addition to setting certain parameters for services, schools are in a unique position to experience, first hand, the services provided by various community resources. It is recommended that select school staff visit the various programs to witness the services.

The school is the daily repository of the single most important tangible asset that adolescent treatment agencies require: youth. School staff are in a unique position to advocate for program adaptations that will address their students' needs, based upon the following factors: quality of the working relationships among the various resources and the school; student and parent feedback; student performance upon return to school; other information obtained about the programs; or knowledge of effective treatment models.

- ***Coordinate and Develop Effective Working Relationships with Treatment and Related Services*** – It is not sufficient to merely visit programs in the school's area. The chances of gaining prompt access to a facility's services can be significantly improved when there is a personal relationship between or among individuals in the school and the treatment program. These relationships are most important in times of crises or emergencies when response time can literally be the difference between life and death, or can affect the choice of a student and/or his family to cooperate and enter a program.

The School's Role in the Treatment Process, continued

- ***Share Student Information, as Appropriate*** – It is a myth that schools and treatment agencies can not share information. The issue is not whether information can be shared, rather the fundamental considerations are:
 - 1) *The conditions that must exist for information sharing to take place; and*
 - 2) *The types of information that are appropriate to be shared.*

When I&RS teams are involved in the treatment referral process, they have a wealth of comprehensive information on students' health, academic performance and behaviors. Treatment agencies should welcome this store of objective information, since it facilitates comprehensive student evaluations. Therefore, schools should make every effort to have students' and/or their families sign a release of information consent form (sample form provided in Appendix E) that specifies all of the records that may be shared with the treatment program and the conditions under which the information may be shared, in accordance with the applicable ethical rules or confidentiality regulations.

Two consent forms should be signed:

- 1) *One permitting information exchange from the school to the treatment program; and*
- 2) *One permitting information exchange from the treatment program to the school.*

Schools have no practical use for, and unless consent is appropriately granted, schools are not entitled to any of the intimate details disclosed during a student's treatment regimen. When schools have been involved in students' transitions from school to treatment programs, however, there are no prohibitions against *general* communications with these agencies. Information that can be shared between the two agencies includes the following:

- 1) *The dates of students' entry into the program;*
- 2) *Students' general progress in the program;*

The School's Role in the Treatment Process, continued

- 3) *Students' educational needs while in the program;*
 - 4) *Students' release dates; and*
 - 5) *General guidance on what schools can expect from students, and suggestions for preparing for and supporting students, upon their return to school.*
- **Provide Educational Program** – Schools are obligated to provide for students' education while they are confined to residential treatment services or when they are homebound. Therefore, arrangements must be made by schools to ensure that students are provided with an appropriate educational program, which is delivered by certified educators, while participating in an appropriately credentialed program or while under the full-time care of a qualified professional. The educational program should be consistent with the provisions of either N.J.A.C. 6A:16-9, Home or Out-of-School Instruction for General Education Students, or N.J.A.C. 6A:14-4.9, Home instruction due to temporary illness or injury for students with or without disabilities, as well as sensitive to the individual medical, mental health or behavioral conditions and capabilities of the student and the overarching goals of the programs.
 - **Consult in the Development of the Aftercare Plan and Students' Transitions Back to School** – As a rule, treatment programs develop plans of action for student support when they leave the program. Schools should participate in the development of these plans for students who will be returning to them. Schools should be aware of what is generally expected of them, as well as contribute components of the plan that will help students successfully transition back to school.
 - **Provide Appropriate Continuity of Care and Support for Recovery** – Beyond the general action steps in treatment agencies' aftercare plans, the I&RS team should develop specific steps to ease students' transitions to school and support their health, well-being and academic performance. The I&RS team, at a minimum, should address the following questions:

The School's Role in the Treatment Process, continued

- 1) *Will someone meet and greet students upon reaching the school door?*
- 2) *Will students be informed of supportive resources available to them?*
- 3) *Will special support systems be provided (e.g., a personal phone contact, assigned counselor, special counseling sessions)?*
- 4) *Will school-based continuity of care support groups be provided, in addition to recommended treatment aftercare support?*
- 5) *In the case of substance abuse, will specific guidance be given for avoiding the 'people, places and things' that contribute to or support students' substance abuse problems?*
- 6) *Will staff, particularly I&RS team members, be trained in the signs of relapse and appropriate intervention skills and strategies?*
- 7) *What information and direction will be given to staff who will interact with these students?*

The Healing Process

In her book, On Death and Dying, Elizabeth Kubler-Ross sets forth the stages people go through when they experience a loss, particularly the loss of the life of a loved one. The grieving process she describes can also be thought of as a *healing process*, since the end result is one's acceptance of the loss and the ability to move forward in life.

It is important for I&RS team members, school staff and parents to understand and recognize the stages people go through when they experience loss. The intensity of one's reactions to loss varies according to the meaning of the change or the lost person, place or thing to the individual.

The person, place or thing that is considered a significant loss differs by person, as well. A loss to a five-year old may be quite different than what a seventy-five year old considers a loss; but both individuals may experience the extreme intensity of grief because of the meaning assigned to it. Examples of loss can range from death of a loved one to loss of a cherished doll; from the loss of the use of substances to missed opportunities; from the loss of one's health to a reduced standard of living; from the loss of one's parents' marriage to the loss of freedom; and from the loss of one's hopes for or perceptions of one's children to a loss of one's innocence.

An adaptation of Kubler-Ross' stages are described below, using a student's parents as an example. Understanding and observing the behaviors exhibited by those in the throes of a loss can provide insight into their needs and help the observer select appropriate responses.

There is no fixed or predictable schedule or way for individuals to go through these stages; it is different for each person. Some people move back and forth through the stages. Members of the same family will go through the stages at different rates and in different ways. Not all people go through all of the stages. Whatever the reaction to loss, I&RS teams can adopt responses that facilitate people's progress through each stage.

The Healing Process, continued**Stages of the Healing Process****Denial**

When school staff contact parents to discuss concerns for one of their children in school, parents often instinctively respond by protecting their child. It is not uncommon for parents to defend their child by denying the bad news in a variety of ways (e.g., “*You’re not doing you’re job.*” “*We never had that problem in the past.*” “*Not my child.*” “*That never happened in our last school.*” “*Surely he’s not as bad as some of the other kids.*” “*Why are you picking on my child?*”). It is important to understand that, although denial is not helpful behavior, it is normal for parents to guard themselves and their family from pain; in one respect, it can signal that they are doing their job.

Denial is not something that can be controlled or “broken through” by an outside source. We can provide parents with options, however, that provide them with opportunities for moving forward. We can facilitate their decision by presenting reality (i.e., *specific, descriptive, observable and factual behaviors*) to them in a manner that is *clear and undeniable*, and that is coupled with *caring and concern*.

Anger

Anger typically is expressed when a parent or child breaks through the denial, and often is directed at the messenger. The expression of anger can take a variety of forms (e.g., *cruel personal attacks, biting sarcasm, physical or emotional intimidation, manipulation, threats of legal action*).

It is important to realize that these behaviors are primarily intended to cover-up or provide a release for suffering and lessen their pain. It is also significant to remember that anger typically is a *secondary emotion* that actually stems from feelings of *hurt, fear* or *guilt*, all of which tends to surface in later stages.

The use of effective *listening skills* is particularly important here. Do not enter into an argument; merely be quiet and mirror back the feelings and concerns that are being expressed. Allow the person the opportunity for catharsis and to lower their emotional temperatures so that eventually more rational discussions can take place.

The Healing Process, continued**Stages of the Healing Process, continued****Bargaining**

Bargaining begins when parents indicate in some way that they might consider the information you have provided. Bargaining might sound like anger, but there typically is a question being asked: “So, what are you going to do about it?” When we hear the *question*, bargaining has begun.

Even though parents may attempt to assign the school with sole responsibility for dealing with the situation, be very clear that you intend to work *cooperatively* with *them* to help *their* child. They may or may not accept their end of the “bargain,” but make it understood that you will do your part; that the parents have a role to play, as well; and that you will help them do their part.

Sadness/Depression

After bargaining, the reality of the situation begins to take over and weigh heavily on the person experiencing the loss or change. Once parents have worked through their primary defenses (i.e., denial, anger), they are now wide open to the full impact of the situation, and these open wounds hurt and can overwhelm them. They begin to experience and express sadness over the loss or change.

Parents express the sadness in a variety of ways (e.g., *escaping, crying, not coming back, telling you what you want to hear in a effort to quickly get away, acting as if everything is OK, taking their pain out on their children, feeling helpless and wanting to give up, refusing offers of help*). Parents can become so confounded that it can be difficult for them to see a way out of the situation or so tired that they no longer want to try.

Acceptance

It is important to remember that the experience in each stage is marked by intense and disturbing emotions. Therefore, acceptance is not necessarily associated with joy or happiness. Sometimes it is expressed as relief or resignation, where you can almost see the weight lift from their shoulders.

The essence of this stage is the acceptance and acknowledgement of the *facts* of the situation. Acceptance of reality is necessary for the parents to move forward with recovery and health.

WORKING WITH SCHOOL RESOURCES

As important as it is for teams to access the spectrum of community resources, it is equally important that they understand and fully utilize the range of instructional, student support and administrative resources that exist within the school building, the school district and the educational community. As explained in the section of this manual titled “Planning and Organizing Building-based I&RS Teams,” the establishment of a fully coordinated and integrated program of intervention and student support requires a concerted effort on the part of all school staff and administrators. A systemic effort increases the chances that school staff and administrators will be proficient in their knowledge and ability to access all appropriate school resources for the improvement of students’ abilities to perform to their highest levels of academic achievement and human potential.

I&RS teams should strive to build a base of information that increases their understanding of available school programs, strategies, practices and resources and includes clear ideas and procedures for connecting with them. Since I&RS teams are key mechanisms for ensuring the quality of implementation of I&RS action plans and increasing the integrity of their schools’ educational program, it is incumbent upon teams to fully utilize, coordinate and integrate school resources, programs, policies and goals into I&RS team operations. As explained by Dr. Maurice Elias in the discussion on “Quality of Implementation” in the section of this manual titled “Planning and Organizing Building-based I&RS Teams,” what appears to be missing “... is a careful process of planning and implementing programs; monitoring how they are carried out and their impact on various populations of children they are intended to help; refining programs to improve their effectiveness; and continuing this monitoring and refining process.”

In the short-term, the coordination could involve independent or joint meetings with the counseling staff, school nurses, school social workers, substance awareness coordinators, school psychologists, learning disabilities teacher-consultants and instructional specialists (e.g., health, math, science, language arts) to develop effective working relationships.

Working with School Resources, continued

Topics to be explored in these sessions could include:

- 1) *Defining areas where their roles may converge and contribute to unnecessary confusion or “turf” issues;*
- 2) *Identifying strategies to maximize existing resources and avoid service duplication; considering ways to pool their resources;*
- 3) *Examining their respective strengths, weaknesses and availability; and*
- 4) *Exploring ideas for improving and accessing each other’s bases of information, resource materials and services.*

In the long-term, this may involve bridging existing barriers among professional titles, or reconfiguring the existing complement of supportive resources to fully utilize the expertise of various staff in support of I&RS cases. For example, a school might be concerned with the proportion of time the school psychologist spends performing his psychometric duties for the child study team, which limits his ability to apply his wealth of knowledge of student learning and behavior through direct consultations with classroom instructors, in cooperation with the I&RS team. The school, in cooperation with the I&RS team, might problem-solve plans for more fully utilizing the school psychologist in a collegial support capacity.

This could also entail:

- 1) *Identifying gaps in services;*
- 2) *Making recommendations for modifying or expanding existing services or adding new programs or services;*
- 3) *Arranging professional development activities for the entire staff or select staff to increase the school’s capacity to respond to certain situations;*
- 4) *Supporting communication and training across professional titles to increase understanding of each other’s roles, improve communication and develop role flexibility; or*
- 5) *Consolidating or modifying forms, practices, functions or structures of various build-based problem-solving entities.*

Working with School Resources, continued

The I&RS team should also consider ways to utilize the skills and interest of staff who have previously served on the team or staff who have expressed an interest in serving as team members. There are numerous tasks that team members either are too busy to perform; tasks that team members do not feel they are adequately versed or oriented to accomplish; or tasks that members would prefer not to undertake because they reduce valuable team meeting time for problem-solving educational cases. In these instances, it can be very helpful to include other staff in the I&RS team effort, which has the additional benefit of increasing the base of support for and commitment to the I&RS process.

Some examples of tasks that “ad hoc” or “friends” of the I&RS team can help perform include the following:

- 1) *Reviewing and making recommendations regarding school policies and procedures;*
- 2) *Reviewing and reporting on the educational research literature on a particular educational problem or subject;*
- 3) *Reviewing and recommending model educational programs and practices;*
- 4) *Communicating with team members from other schools regarding team matters (e.g., team practices, meeting schedules, forms, parent contacts, problem-solving processes, caseloads, expenditures/budgets, successful strategies for shared problems);*
- 5) *Collecting, compiling or analyzing data;*
- 6) *Conducting presentations to interested groups (e.g., parents, community organizations, business and industry) for awareness or fund-raising purposes;*
- 7) *Organizing files, materials, forms;*
- 8) *Revising forms;*
- 9) *Making parent contacts; or*
- 10) *Coordinating with health and social service resources.*