

Indicator #6: Are you matching your services to the presenting needs and strengths of students/families after initial assessment?



Background

- Best practices recommend a careful matching of an empirically supported treatment to the client's diagnosis, as this improves outcomes.
- Therefore, it is crucial that ESMH staff are knowledgeable about which empirically supported practices are most likely to work for which types of problems, that they are familiar with developing evidence-based treatment plans, and that they are receiving quality supervision to ensure the most effective treatment plan possible.



Important Factors in Developing Treatment Plans

- The clinician must complete an accurate assessment. Use both formal and informal assessment measures to determine presenting needs.
- From the assessment, the ESMH clinician will determine whether or not a diagnosis is warranted for the student. If the student does have a diagnosable mental health problem, then the treatment plan should generally be driven by empirically supported treatments for that particular diagnosis

Important Factors in Developing Treatment Plans

- The ESMH clinician must then determine treatment:
 - Frequency (once a week, once a month, etc)
 - Type (individual, group, family, etc.)
 - Discharge plans (When will treatment end? Be reduced? Change from active treatment to prevention focused?)
- Treatment must be planned and implemented in a way that takes into account:
 - the student's and family's strengths
 - culturally appropriate
 - involves other relevant professionals and resources
 - is feasible

- 1) Integrate a treatment plan into your diagnostic evaluation or initial session that includes frequency, type of treatment, and plans for discharge.
 - Organize the treatment plan by problem/diagnosis.
 - Choose an empirically supported practice for each problem.
 - For each case, develop a plan for frequency and type of treatment.
 - Frequency of treatment can usually be determined by severity or symptoms or stress.
 - Type of treatment can usually be determined by the evidence base for that problem.



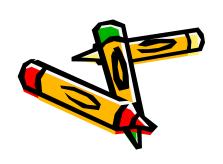
- 2) Seek input and agreement from the client and family on presenting problems and needed treatment.
 - Make sure you are focusing on the student's and family's goals first.
 - Make sure that the treatment plan takes into account student and family strengths as well as deficits.
 - Discuss the treatment plan openly with children and families and have them sign it and keep a copy.
 - Have a mechanism in place for how you and the student/family make changes to the treatment plan.



- 3) Develop a mechanism for sharing treatment plans with collaborating professionals.
 - Use appropriate consent procedures.
 - Consider including pediatricians, psychiatrists, special educators, school guidance counselors, or other relevant professionals working with the student/family.

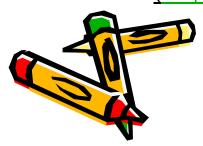


- 4) Brainstorm as a group about how to determine if your services are matching the needs of children and families. Discuss how to improve this match.
 - Discuss how to change the focus of your treatment from active treatment to prevention services/mentoring as needs change over time.
 - Learn from your fellow clinicians and the literature about what works with different presenting issues.



Web Resources

- Center for Mental Health in Schools, Addressing Barriers to Learning (http://smhp.psych.ucla.edu)
- Bazelon Center for Mental Health Law, Principles for the Delivery of Children's Mental Health Services
- (http://www.bazelon.org/issues/managedcare/jk/jkprinciples.html)
- The Center for Health and Health Care in Schools, Organizing Mental Health Services for Children (http://www.healthinschools.org/mhs3.asp)
- Center for Mental Health in Schools, Screening/Assessing Students: Indicators and Tools (http://smhp.psych.ucla.edu)
- The Evaluation Center at HSRI Publications and Materials,
 "Objectives Based Treatment Plans" November 2001; "Written Treatment Plans and Mental Health Outcomes" March April 2000 (http://tecathsri.org/)
- Treatment of Children with Mental Disorders (http://www.nimh.nih.gov/publicat/childqa.cfm)



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