

THE PATHWAYS SCHOOLS

THERAPIST MANUAL

2022-2023

This manual is based on in-person experiences. As of this date August 19, 2021, The Pathways Schools will be in-person for the 2021-2022 school year.

Interns:

Interns will be working in-person.

Therapist's Pandemic Manual

During the 2020-2021 school year there was an addendum manual, Therapist's Manual During the Pandemic that covered the therapeutic practices during virtual programming.

Policies and Procedures

All policies and procedures outlined within this manual are to be followed. This includes the protocols for reporting of child abuse and neglect, sex trafficking, suicidal ideation and behaviors, and hospitalization procedures. Any knowledge of these situations, need to be reported to the supervisor (principal or site supervision) who will work in tandem with the Clinical Coordinator and Executive Director to create a plan to address the situation.

[All blue underlined words are hyper-links to information.](#)

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SECTION 1

PATHWAYS THERAPEUTIC PROGRAM

Maintaining Professional Certification And Licensing

Each therapist is required to be licensed by the state of Maryland either as a licensed social worker or a licensed professional counselor through the profession's board of examiners. Social workers are required to maintain their certification as a school social worker through the Maryland State Department of Education. Please review the staff handbook for policy specifics.

Professional Development

Throughout the academic year there are professional development opportunities offered. The topics and specific information will be provided. Case conferences and other in-house workshops may be held throughout the school year. These opportunities are provided to the therapeutic staff as a way to address important clinical issues. Scheduling of these staff development opportunities varies from year to year.

Intern Program: Policies And Procedures

Qualified social workers and professional counselors are encouraged to explore the possibility of supervising an intern so that he/she can inform the Intern Program Coordinator during February or March of their willingness to interview candidates with the intent to commit to being an Intern Supervisor. Social workers who are interested in supervising interns must have an LCSW and have worked at The Pathways Schools for at least 6 months. Professional counselors who are interested in supervising interns must have an LCPC and have worked at The Pathways Schools for at least 6 months.

The Pathways Schools strongly supports providing internship experiences for social work and counseling interns enrolled in academic programs that will prepare them for further work in the field. Interns may be working toward an associate, bachelor, or graduate degree, and come with a broad variety of relevant experience. Each brings skills and limitations to the task of growing as a practitioner. Interns will require varying amounts of support and guidance from Pathways staff. The primary responsibility for direct supervision lies with the on-site Intern Supervisor. **All interns must be identified as an intern to Pathways students, guardians, and agency personnel. Guardians should be informed at orientation if an intern is being assigned to work with their child in individual therapy.** Any concerns regarding this assignment should be addressed at that time. Individual cases remain the responsibility of the supervising therapist.

Until the Intern Supervisor has a good grasp of the intern's capabilities, initial responsibilities should be selected with close supervision. **Undergraduate student interns are not assigned individual clinical cases. They may be given specific concrete clinical tasks on a case, such as assisting with transition activities. For student interns on a graduate level, case assignments need to be given from the cases that are the primary responsibility of the intern supervisor.**

Service to the client must remain at the forefront and may require shared interventions or possibly transferring a case since interns are considered learners. Part of an intern's experience includes participation in the therapeutic milieu and school site activities. **When appropriate, interns may accompany students to events, but are not permitted to drive students in their own vehicle or in a Pathways vehicle.**

Since interns are in a learning situation and only on-site part time, critical situations should be managed with the close guidance of their supervisor in conjunction with the Principal. **Every effort should be made to limit an intern's direct involvement in any serious incident. Interns should be involved in such situations ONLY out of necessity for safety, and as a last resort.** For the intern, it is important to build in support and an increased understanding of how to handle more critical/complex issues as part of their growth throughout the year.

The scope of an intern's involvement on site will vary as will the time commitment of each internship. The specific expectations of learning experiences is determined by the intern's college/university program requirements as well as site supervisor's assessment of the intern's capabilities and appropriate assignments. **The start and end dates of each intern's field experience at Pathways MUST coincide with the dates of their school's official beginning and end dates for field placement.**

Individual, group, and family therapy responsibilities must occur only during the field placement time period and MUST terminate when the field placement ends.

Often interns find it beneficial to attend some of the Pathways Orientation activities prior to the school year as well as some of the end-of-the-year student activities. **If additional time spent at Pathways is mutually agreed upon by the intern, site supervisor, and Principal, then the intern's status must be as a volunteer. Volunteers are not to provide individual, group, or family therapy.** A volunteer's involvement with students is on a more general basis and is the responsibility of the site Principal. The range of activities for a volunteer includes overall involvement in the therapeutic milieu and participation in school site activities. As appropriate, clients, service providers, and staff should be made aware of this change in role and level of responsibility. This change in status requires notification to the Clinical Coordinator in advance by the Intern Supervisor and/or Principal. Appropriate paperwork will be coordinated through the Clinical Coordinator and Personnel Office of Pathways Schools.

Interns are held to the same standards of professional conduct and adherence to all The Pathways Schools policies as the employees. Any concern with an intern should be addressed first with his or her supervisor unless there is an immediate safety concern.

The Intern Program Coordinator is responsible for serving as liaison with the universities, submitting agency paperwork, facilitating the placement process, providing support for supervisors, and keeping the Pathways Schools Administration informed of intern-related activities or concerns.

It is anticipated that most issues associated with an intern's learning needs and performance will be satisfactorily addressed within the supervisor/intern relationship. If there is a concern which arises regarding any intern's participation in the Pathways Schools program, please use the following guidelines in responding:

1. Inform the on-site Intern Supervisor of the concern.
2. If the issue can be addressed adequately within supervision, then no further action is necessary.
3. If an intern's performance poses a risk to clients or a negative pattern of behavior persists, notify both the on-site Intern Supervisor and Principal as soon as possible.
4. The Intern Supervisor and Principal should assess the situation together. If it is deemed that changes regarding the intern's involvement at The Pathways Schools may be necessary, the Intern Supervisor in conjunction with the Principal should notify the Intern Program Coordinator and Clinical Coordinator. Considerations may include modification of the learning contract, increased supervision, and/or review of the placement.
5. Changes in the intern's learning contract or ongoing difficulties require notification of the placement liaison at the intern's college/university program. The decision regarding the appropriate levels of The Pathways School staff involvement will be decided on a case-by-case basis. The steps to be taken should be coordinated among the on-site intern supervisor, the Principal, and The Pathways Schools Administration.
6. The Intern Program Coordinator is responsible for informing the Clinical Coordinator of significant concerns regarding interns.
7. The Clinical Coordinator is responsible for notifying the Executive Director of significant concerns regarding interns.

Therapist Checklist When A Serious Incident Occurs

A serious incident is defined as, including the following:

- Child abuse and neglect reports
- Suicide threats
- Sexual assault
- Sexual harassment
- Possession or use of weapons
- Possession or distribution of illegal substances
- Physical contact, physical aggression, or sexual contact
- Theft
- Bomb threat
- Student report of a crime being committed
- Medical emergencies, serious issues, injury, and accidents
- Crisis off-site

If any of these incidents occur and the therapist is made aware of them, the following steps are to be completed.

1. Following initial contact with the individual, the therapist **will notify his/her supervisor (Principal/Coordinator/Designee) immediately.**
 - The supervisor (Principal/Coordinator/Designee) is to contact the **Executive Director** or **Clinical Coordinator immediately.** Please state to the receptionist that this is an “**urgent call**”.
 - If the Principal/Coordinator is not in the building, notify the next person in charge (Designee)
 - The Designee at this time should contact the Executive Director.
 - The **Executive Director must be** informed of serious incidents **as they happen.**
2. Following the report of any of the above incidents, the therapist would follow the procedures listed in the **Therapist Manual** for Child Abuse reporting, and Suicide Threats. The procedures to follow in the other incidents above are included in **The Pathways Schools Staff Handbook.**

Student Therapeutic Caseloads

Each site program determines the caseload of individual therapists in a different manner. It is important that in clinical supervision the therapists discuss the issues pertaining to the students on their caseload. When a site or therapist determines that they would like a student to be moved to another therapist’s caseload, it is a requirement that this decision be reviewed with the Clinical Coordinator. This discussion must take place prior to the change of a student being assigned to a different therapist caseload.

Communication with Parents/Guardians

Each therapist is expected to communicate with parents on a weekly basis through phone calls or emails. All communication is to be logged in the online IEP systems for Maryland and DC. School wide programs to reach out to parents will be coordinated with the principal. This could include parent groups, retreats, educational opportunities. These activities could be held in person or virtually. **REMEMBER—if you do not document the work with parents, it didn’t happen.**

If you didn’t
document
you didn’t
do it.

Coordination Of Services With Outside Consultants And Therapists

When a student enters The Pathways Schools, two way consent forms are to be completed upon their arrival for the above-mentioned individuals. **It is imperative to request a two-way consent form be completed for ALL outside therapeutic providers. Please complete this at orientation or upon enrollment during the school year.** It is also important to obtain consent forms for former schools and possibly therapists who have provided services to the student. **Prior to any contact with outside providers, it is required that a two-way consent form has been completed.**

The expectation is that clinicians will coordinate the therapy of the students on their individual caseloads with outside providers of services. These individuals include any of the following: psychiatrist, primary care physician who may be providing medications, therapists, probation officers, DSS/DC CFSA workers, mentors, or any other individual who is providing therapeutic services in the community. Regular contact with these individuals is an important aspect of therapeutic support and central to good case management that is provided to the students within our programs. This communication allows for the exchange of information, keeps all parties abreast of important issues at school, in the home and community, provides opportunities to prevent crises, and helps to improve the coordination of services provided to the student and family-- including crisis situations, reduction of splitting between providers and families, and inadvertently working at cross purposes. **All communication with any outside service provider should be documented appropriately in the student's record.**

SECTION 2 CONSULTATION AND SUPERVISION

Clinical Coordinator Case Consultation

Clinical Coordinator case consultation provides additional clinical support within Pathways to all therapists. One of the purposes is to provide an opportunity for site therapists to utilize the input of the peer consultant according to their specific needs. A range of clinical issues may be addressed in consultation meetings, such as individual cases, groups, families, milieu, etc. The Coordinator offers feedback, which utilizes her/his expertise, or may suggest other resources within or outside Pathways for additional guidance. The Coordinator is also a resource to programs and the principals at each site and may consult with Principals on important clinical issues that emerge.

Any information, which indicates that the welfare of a client or staff might be in jeopardy, will require the Clinical Coordinator to notify the Executive Director. These individuals will decide the next steps and the involvement of other parties.

The Clinical Coordinator meets on a regular basis with the Executive Director to discuss therapeutic issues that have occurred. These meetings may require follow-up on issues such as those involving a particular student, site-based interventions (i.e., sexual harassment, crisis planning, child abuse, suicide, etc) and policy related concerns.

The primary responsibility for the agenda of the consultation meeting belongs to the therapist. Clinical issues may be initiated by the Clinical Coordinator as a follow-up from discussions with the Executive Director.

Consultation sessions are scheduled on a monthly basis. Therapists that are newer to Pathways may be scheduled on a more frequent basis. Group clinical consultation is also provided to the clinical team at each site on an as needed basis. Principals endorse the planning for and protecting of this time for consultation.

Supervision For LMSW/LGPC Staff Members

Clinical support and professional development are provided to therapists in a variety of ways, including meetings with the Clinical Coordinator on a scheduled basis. In particular, the Pathways therapists who are practicing at the LMSW level are provided direct supervision by a Pathways employee, MD Board of Social Work Examiner's approved supervisor, in accordance with the requirements delineated by the Maryland State Board of Social Work Examiners and for LGPC level requirements delineated by the Maryland State Board of Professional Counselors.

Maryland law requires that LMSW practitioners have 3 face-to-face supervision hours per month. Taking into consideration organizational needs and scheduling options, LMSW practitioners may be provided up to four hours a month of direct supervision in order to support their individual professional goals. This would provide up to 40 hours annually for a 10-month employee and 44 hours for an 11 month employee. Supervision will primarily be on an individual basis, but group supervision may be offered as an option to count toward the 40 or 44 hours per year.

In recognition of individual circumstances, exceptions to any of these guidelines may be considered in consultation with the Executive Director. This policy does not preclude therapists who would like to obtain additional supervision hours beyond what Pathways provides toward licensure from seeking independent supervision by an outside provider at their own expense.

Once LMSW/LGPC therapists have met the requirements to advance to an LCSW-C/LCPC, The Pathways Schools Clinical Coordinator's consultation will be provided at 1 hour per month.

SECTION 3 CHILD ABUSE AND NEGLECT

Protocol For Reporting Child Abuse And Neglect

In Maryland the department you report to is the Department of Social Services (DSS). In DC the department is the DC Child and Family Services Agency (DC CFSA).

Any school employee who has reason to believe that a case of child abuse has occurred shall make a report by telephone or other direct communication to DSS or DC CFSA. Ensuring the safety of Maryland's children is an obligation shared by all citizens and organizations.

If you are a health care practitioner, educator, human service worker or a law enforcement officer, you are required by law to report both orally and in writing any suspected child abuse or neglect.

1. When a call is being made to DSS/DC CFSA, notify the Clinical Coordinator and/or Executive Director.
2. Prior to making the call, the school employee shall also inform the principal and/or designee at the site without delay. **Please note the name of the DSS/DC CFSA screening person taking the verbal report for your records.**
3. Reports of suspected child abuse and neglect are to be made to the county or state in which the suspected abuse has occurred.

This is a link to the county Department of Social Service phone numbers and addresses, including all states and DC.

<http://dhr.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/local-offices/>

In the District of Columbia, **DC Child and Family Services Agency** is the department to report child abuse, child neglect and child sexual abuse. CFSA takes reports of child abuse and neglect 24 hours a day, seven days a week at **(202) 671-7233**. This hotline is the gateway to protection and help for child victims and those at risk up to age 18 in the District of Columbia.

4. Proof that abuse or neglect has occurred is **NOT** required before reporting. Incidents are to be reported as soon as they are suspected. It is not the role of school staff to investigate or determine the validity of a suspected abuse or neglect situation. The determination rests with DSS/ DC CFSA Child Protective Services and/or the police department.
5. Mandated reporters who knowingly fail to report suspected abuse of a child may be subject to professional sanctions by licensing boards. Anyone that makes a "good faith" report is immune from civil liability and criminal penalty.
6. Any doubt about reporting suspected child abuse and/or child neglect is to be resolved in the favor of the child. DSS/DC CFSA protective service staff is available for consultation and such consultation is encouraged. Note the name of the DSS/DC CFSA screening person taking the verbal report for your records.
7. **In Maryland the written report must be completed and submitted to DSS within 48 hours of the oral report.** A copy of this report is to be forwarded to the Clinical Coordinator for review.
8. **DC Child and Family Services Administration does NOT always require a written report--the worker will tell you if you need to complete one.**

9. For Maryland students complete the DHR/SSA180 form, Department of Human Resources Report of Suspected Child Abuse and Neglect using this link. Print the form after you have completed it. <http://dhr.maryland.gov/documents/Child%20Protective%20Services/180%20Form%20with%20instructions-fillable.pdf>
10. The official file of the report to DSS/DC CFSA will be kept at the Administrative House in a file by student name, and year of report. A therapist or principal can inquire if there are previous reports to protective services.
11. Do not keep a copy of the written report made to DSS/DC CFSA at the school site. Do not file it in the student's binder.
12. All records and reports concerning child abuse or child neglect are confidential. Within Pathways the sharing of this information is on a "need to know" basis. All attempts are made by The Pathways Schools to keep the identity of the reporter strictly confidential.
13. When DSS/DCCFSA comes to the school to interview a child on school premises, such interviews are typically conducted with the principal or designee present unless it is judged by the DSS/ DC CFSA worker to be detrimental.
14. Determinations regarding what information is to be shared with other team members is made by the Principal and Clinical Coordinator.
15. Pathways staff do not notify parents/ guardians or agencies of reports of child abuse or neglect OR the investigations on school premises. Sharing of this sensitive information will be determined in consultation with the Principal and the Clinical Coordinator. The DSS/DC CFSA caseworker will notify you when and if it is appropriate to contact a family about the reported child abuse and neglect.

Information Needed For A Report Of Suspected Child Abuse And Neglect

When making a report of suspected abuse, the report must include at minimum:

- The name and home address of the child and the parent or other individual responsible for the care of the child;
- The present location of the child;
- The age of the child (or approximate age);
- Names and ages of other children in the home;
- The nature and extent of injuries or sexual abuse or neglect of the child
- Any information relayed by the individual making the report of previous possible physical or sexual abuse or neglect.
- Information available to the individual reporting that might aid in establishing the cause of the injury or neglect;
- The identity of the individual or individuals responsible for abuse or neglect
- Any observable, identifiable, and substantial impairment of a child's mental or psychological ability

The person receiving your report will request additional information in order to obtain the most comprehensive and complete information possible to inform decision making and subsequent agency actions. Because Child Protective Services seeks to affect both safety and change, information on the family's strengths as well as difficulties will be requested.

All reports of suspected child abuse are immune from civil liability unless they are purposefully erroneous or malicious.

Confidentiality

Information contained in records or reports concerning child abuse or neglect is sensitive and personal. Federal and State law narrowly restricts the circumstances under which information contained in reports or records may be disclosed.

Confidentiality provisions state that:

- The name of the reporter may only be revealed under a court order. However, if the reporter is a professional, he or she may give written permission for his or her identity to be revealed.
- The identity of any other person whose life or safety is likely to be endangered by disclosing the information must not be disclosed. *This is extremely important when sharing information with parents or the person who is suspected of child neglect or abuse.*
- Information should only be disclosed when doing so would be in the best interest of the child who is the subject of the report.
- Professional discretion should be exercised to disclose only that information which is relevant for the care or treatment of the child.

Mandated Reporters

You are a mandated reporter if you are one of the following:

- **Health Practitioner**
- **Educator**
- **Human Service Worker**
- **Police Officer**

Reporting does NOT require PROOF that child abuse or neglect has occurred. Incidents are to be reported as soon as they are suspected. Waiting for proof may involve grave risk to the child and impede services to the family.

Witnesses to child abuse and neglect are rare. Professional judgment and knowledge should be used to evaluate any suspicion.

Please note that effective October 1, 2016, if a local department has reason to believe that a mandated reporter knowingly failed to make a report of suspected abuse or neglect of a child, the local department must file a complaint with the appropriate licensing board or employer of the mandated reporter.

Anyone making a “good faith” report is immune from civil liability and criminal penalty.

****FROM MARYLAND LAW--If the reporter is employed in a hospital, public health agency, child care institution, school, detention facility or similar institution, the staff shall immediately notify the head of the institution or their designee (Family Law, § 5-704 (a)(2). Notification of the institution head does not substitute for the staff member’s need to call the local department of social services and complete the form 180 and notify the State’s Attorney’s office.**

What Happens after Reporting to Child Protective Services

The local Department of Social Services or DC Department of Children and Family Services Administration will screen the allegation to determine whether or not what you have reported meets the legal criteria for child abuse and neglect. If the allegation does meet the legal criteria the screener will “screen in” the report and the screening supervisor will then determine the pathway to which the case will be assigned; [Alternative Response](#) (program in Maryland) or Investigative Response. The screening supervisor is responsible for determining the pathway only after review of all information gathered. **It is important that you provide as much information as possible to assist in both the determination of maltreatment as well as to aid in the determination of the appropriate pathway assignment.**

Maryland now has a dual pathway system for all CPS cases. [Alternative Response](#) is a pathway utilized for lower risk cases which involves a family assessment and family engagement response and in which no “finding” is made. Investigative Response is the traditional investigation, which focuses more on forensic assessment and in which a “finding” is made.

The intake worker will ask multiple questions to gather as much information as possible regarding the allegation to determine both validity and/or urgency of the referral. If the report does not meet the legal criteria for maltreatment and/or CPS intervention, the worker may refer the caller to other agencies who can provide services to the family.

The local department cannot share with the caller the status of the referral i.e. screened in or screened out. The intake worker may request name and contact information in the event that additional information is required at a later time. However, you are not required to give your name.

If the case is “screened in” it will be immediately assigned to a Child Protective Service worker who will make contact with the family to assess the needs of the family and to provide appropriate services. Cases that are “screened out” may still be referred for services if the case is assessed as being able to benefit from services.

Reporting Prior Abuse (Maryland Attorney General’s Ruling)

A mandated reporter who has reason to believe that someone who is now an adult who was abused or neglected as a child has the obligation to report the alleged abuse or neglect. The report should be made even if the alleged abuser is deceased although it will likely not be investigated.

Adult Protective Services –

Maryland--

In Maryland all suspected cases of Adult Abuse and Neglect should be reported to your [local DSS Office](#) or by calling 1-800-332-6347.

This program serves persons aged 18 or over who lack the physical or mental capacity to provide for their daily needs. The purpose of the program is to prevent or remedy the abuse, neglect, self-neglect, or exploitation of adults who are unable to protect their own interests and are at risk of immediate harm to their own person or to others. The program provides professional services to protect the health, safety, and welfare of endangered, vulnerable adults.

Under the law any banking institution, in cases of financial exploitation, health practitioner, police officer, or human service worker who has reason to believe that a vulnerable adult is in danger is required to report that fact to the local department of social services. Any concerned person may also make such a report. In addition, employees of banking institutions are also required by state law to report suspected incidences of financial exploitation of an elderly person.

Persons who report suspected incidents of abuse and neglect are protected under the law. Section 14-309 of the Family Law Article, Annotated Code of Maryland, states “any person who in good faith makes or participates in making a report under this subtitle or participates in an investigation or a judicial proceeding resulting from a report under this subtitle is immune from any civil liability that would otherwise result.”

View the Adult Protective Services Brochure

http://dhr.maryland.gov/documents/Brochures/Adult%20Services%20Flyers/SSA-AdultProtectiveAbuse_dg.pdf

District of Columbia

In the District of Columbia to report allegations of abuse, neglect, self-neglect, and/or exploitation, please call the Adult Protective Services Hotline at (202) 541-3950 available 24 hours 7 days a week; or

Adult Protective Services investigates reports of alleged cases of abuse, neglect, and exploitation by third parties, and self-neglect of vulnerable adults 18 years of age or older. APS provides protective services to reduce or eliminate the risk of abuse, neglect, self-neglect, and exploitation. Residents of the District of Columbia, who are 18 years old or older and are highly vulnerable to, or have recently been or are being abused, neglected or exploited by another or meet the criteria for self-neglect may be eligible to receive protective services from APS. **APS is not a custodial agency.** APS does not have the authority to take custody of any adult for any reason.

SECTION 4

PROTOCOL FOR REPORTING SUICIDAL IDEATIONS AND BEHAVIORS

Therapist Checklist When Student Exhibits Suicidal Threat Or Ideation

- 1) The therapist should meet with the student and assess the following information—
 - Does the student have a plan? What is the method or plan? Is it available to them? When and where is the student planning to do this?
 - Has the student experienced these feelings before?
 - Has the student made previous plans or attempts?
 - Get the details and facts of the situation both present and past.
 - Check about the degree of the feelings and thoughts. Is the student only having thoughts?
 - **OR** is the student acting on them?
 - If the student is acting on them, it is a more serious situation.
 - Inform student of actions to be taken (i.e. principal notified and parents notified).
 - Do not leave the student alone.

- 2) ***** Important***** Inform your Principal/Coordinator immediately when you are aware of the suicide threat or ideation. In collaboration with the principal complete the following steps.
 - Call the Executive Director/Designee who will offer guidance on steps to be taken.
 - **Develop a written safety plan**
<https://health.maryland.gov/bha/suicideprevention/Documents/Columbia%20Suicide%20Severity%20Rating%20Scale.pdf>
There are separate forms required for Prince Georges County and Montgomery County Students
<https://pathwayschoolsorg.sharepoint.com/:w/s/AdminOfficeSharedDrive/EaW4LQmhModGIX2-BtJ83QwBwdQYQ810yYu-hXFC9lxew?e=liCiUx>
<https://ww2.montgomeryschoolsmd.org/departments/forms/pdf/335-54.pdf>
 - Begin hospitalization process if situation warrants. See HOSPITALIZATION SECTION of the therapist manual
 - Inform appropriate staff of the situation and steps to ensure the student's safety. This is extremely important if the student is remaining in the school since supervision of the student is essential. If the assessment determination is that the student is at risk for further self-harming behavior, then the student is restricted to a designated area. The student will remain under direct supervision until the evaluators determine he/she is no longer a threat to injure him/herself.
 - The family **MUST** be notified regarding any suicidal ideations, concerns, or plans. Coordination of intervention and/or treatment steps is done in consultation with the Executive Director/Designee.
 - Inform the student's outside therapist or psychiatrist as the situation warrants.
 - Complete **Pathways Suicide Prevention/Intervention Report** form.
https://pathwayschoolsorg.sharepoint.com/:f/s/AdminOfficeSharedDrive/ErxQLiaC7ZZMmppe6B4MOrIBzSdyL5qH1YC_QbPBhLYafQ?e=cUDhBQ
 - Send the completed form to the Administrative Office.

Suicide Evaluation Checklist For Staff

The following are guidelines to assist staff in monitoring and identifying students at-risk for self-injurious behavior or suicidal intentions. For the policies and procedures of The Pathways Schools section, **Suicide Threat**, review the current staff handbook.

If the following behaviors, feelings, and/or situations are observed in a student, please contact the Principal and/or designee **IMMEDIATELY**.

BEHAVIORAL CLUES

Acting or talking as if not a single person cares; completely giving up on themselves and others

Talking or writing about suicide
Drawing pictures about death and destruction
Continual discussion of music with suicidal thoughts
Giving away personal possessions, writing farewell letters, gathering pills, or saying goodbye
Change in type of friends or the amount of time spent with friends
Change in behavior: eating, sleeping, school performance, or sexual habits
Neglect of one's personal appearance
Ending relationships with others
Preparing for death, getting their affairs in order
Crying frequently; inability to concentrate or sit still, inability to think straight
Use of alcohol or drugs
Buying weapons, pills, or alcohol
Obsessed with the lives of people who have committed suicide
Unexplained loss of energy (or wild variations in energy levels)
Excessive risk taking: driving recklessly, alcohol/drug use, sex without contraception, misuse of sex and physical relationships
Marks, cuts on the wrists, neck, or other parts of the body that might indicate a suicidal gesture

EMOTIONAL CLUES

Sense of failure---talking as if there is no hope, even in the future
Continual or constant sadness; feelings of worthlessness or self-hatred
General lack of interest
Feelings of hopelessness
Guilt
Withdrawal or isolation
Feels like a burden to others
Sudden lifting of depression
Display of extreme moods/feelings: depression, hopelessness, helplessness, guilt, anger, and extreme humiliation
Extremely low self esteem

VERBAL CLUES

"I can't go on."
"I have nothing to live for."
"No one cares. "
"There's nothing left to do."
"What's the use?"
"They won't have me to kick around anymore."
"I'm at my rope's end. "
"They would be better off without me.

SITUATIONAL CLUES

Breakdown of family structure due to death, divorce, separation, or parental rejection
Anniversary of a death of a loved one- especially a suicide anniversary
Loss of a job within the family or of one's own job
Physical problems-illnesses, fatigue, sleep disturbances, change in appetite, etc.
Exhaustion of resources-real or imagined: could be related to tests, academic work, etc.
Recent family strife-alienation or abuse
A recent move
Recent losses-parent, girlfriend/boyfriend, friends
Pending disciplinary action
A family member or other adult contacts you saying they feel the student is suicidal
You learn of a previous suicide attempt of which the school or parent is unaware

Guidelines To Discuss Situation With Student's Family/Guardian

- 1) Inform them of the incident with their child, including therapist's intervention
- 2) Ask questions
 - a) Has this behavior been observed before? When? How was it handled?
 - b) Are there any patterns or triggers?
 - c) Is there any other relevant information that could be shared?
 - d) Does the student have any access to guns, weapons, medications or any other harmful items?
- 3) Discuss appropriate follow-up which may include:
 - a) Family/guardian picking up student from school
 - b) Psychiatric evaluation and/or appointment with outside therapist
 - c) Emergency petition for psychiatric evaluation and possible hospitalization
 - d) Close parental supervision
 - e) Provide information to family/guardian regarding emergency resources, e.g. MATRIX, local hospitals, crisis hotline numbers, etc.
- 4) Set date and time to meet with the family and student. The therapist should participate in planning for the child's return to school. If the student is hospitalized, a re-entry conference should be held in order to support the child's return to the school environment.
- 5) Stress the importance of ongoing communication between school and home.

Youth Suicide Guidelines For Parental Involvement And Responsibility

- Ethically, parents must be involved in treatment of suicidal minors
- Confidentiality is waived due to health/safety issues
- Expect varied parental/guardian response
- Empower parents – Guide through discussion and use of Safety Plan
- Document interventions
- Have referral resources ready
- Offer assistance to parent/guardian in obtaining help

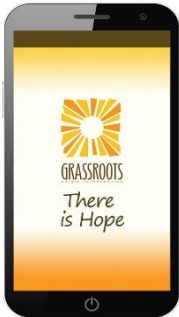
Design a supportive follow-up plan

Crisis Resources

There is Hope App

This app is available for anyone to use. You can use it as a concerned individual, community member, parent/guardian, friend/family member, teacher. The app allows you to go through a check list or to speak directly to a counselor. It is very useful to get assistance when having issues related to suicidal or self-harm thoughts.

There Is Hope App



Grassroots, Howard County's only crisis intervention center, has launched a new suicide prevention app, joining a nationwide trend to integrate technological advances with crisis intervention, a form of counseling that relies on traditional communication like face-to-face or over-the-phone conversations.

Download the There Is Hope app:



This is the link to the App

[There Is Hope App | Grassroots Crisis Intervention Center](#)

Crisis Text line: Text HOME to 741741

Text or Call 988 as the Mental Health Crisis Response instead of 9-1-1



DC CRISIS RESOURCES

DC Emergency Psychiatric Services

The **Comprehensive Psychiatric Emergency Program** is a twenty-four hour/seven day a week operation that provides emergency psychiatric services, mobile crisis services and extended observation beds for individuals 18 years of age and older.

Services can be accessed by telephone or in person.

Location	Phone/Fax	Hours	Manager
DC General Hospital Compound Building 14 1905 E Street, SE Washington, DC 20003	Office: (202) 673-9319 Fax: (202) 698-3171	24 hours a day 7 days a week	Jimmy Ibikunle, MD, MS Director of Crisis and Emergency Services

DC Mobile Crisis Services

Mobile crisis services is available from 9 am to 1 am every day and can be activated by calling (202) 673-9300.

Mobile crisis services teams respond to adults throughout the District who are experiencing a psychiatric crisis whether in the homes or on the street and who are unable or unwilling to travel to receive mental health services. Clinicians also are available to provide counseling support after traumatic events whether personal or community wide. The teams provide crisis stabilization including dispensing medication and perform assessment for voluntary and involuntary hospitalizations and linkages to other services, such as crisis beds and substance abuse detoxification and treatment. The teams work with family members and the community based mental health provider, if appropriate, to help with follow up.

MARYLAND CRISIS RESOURCES

MARYLAND MOBILE CRISIS TEAMS	
Anne Arundel County Crisis	410.768.5522
Baltimore Crisis Response, Inc. (Baltimore City)	410.433.5175
Baltimore Child and Adolescents Response System (Baltimore Co.)	410.433.5175
Baltimore County Crisis Team	410.931.2214
Carroll County (Maryland Crisis Hotline)	800.422.0009
Eastern Shore Mobile Crisis (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot and Wicomico Counties)	888.407.8018
Frederick County	301.662.2255

Harford County Crisis Team	410.638.5248
Howard County Crisis Team	410.531.6677
Montgomery County Crisis System	240.777.4000
Prince George's County Crisis Response Team	301.429.2185
St. Mary's County	301.863.6661
Worcester County	Call 911

Additional Crisis Hotlines And Resources

MD Crisis Hotline: 1.800.422.0009

Maryland's Crisis Hotline is available 24 hours/7 days a week to provide support, guidance and assistance.

MD Community Services Locator

<https://211md.org/>

<https://www.servicecoord.org/sps-state-and-community-resources/>

BALTIMORE CITY	
Baltimore's Crisis, Information & Referral (CI&R) Line	410.433.5175
BALTIMORE COUNTY	410.931.2214
CENTRAL MARYLAND	
Grassroots Crisis Intervention	410.531.6677
TDD for the Hearing Impaired	410.531.5086
FREDERICK COUNTY	
Frederick County Crisis Hotline	301.662.2255
Local Youth Crisis Hotline for the youth of Allegany, Frederick, Garrett and Washington Counties	301.695.5673
Home Alone Phone Friend for Kids	301.694.8255
Parent Stress Line	301.662.2255
Senior Reassurance Program	301.663.0011

MONTGOMERY COUNTY	
Mental Health Association	240.777.4000
TDD for the Hearing Impaired	240.777.4875
PRINCE GEORGE'S COUNTY	
Suicide Hotline	301.864.7130
General Crisis and Referral Line	301.864.7161
Crisis Response System	301.429.2185
Postpartum Depression Hotline	800.773.6667
WICOMICO, WORCESTER AND SOMERSET COUNTIES	
Life Crisis Center	410.749.4357 410.749.4363

Anne Arundel County Crisis Response System

Phone: (410) 768-5522 (Crisis Warmline)

Website: http://www.aamentalhealth.org/pr_warmline.cfm

Hours of Operation: 24/7

Area Served: Anne Arundel County

Provides mental health treatment, rehabilitation, and support to individuals and families

Maryland Youth Crisis Hotline

1-800-422-0009

24 hours a day, 7 days a week

National Suicide Prevention Hotlines

1-800-SUICIDE (784-2433)

1-800-273-TALK (8255)

Anne Arundel County Public Schools Student Safety Hotline

1-877-676-9854

24 hours a day, 7 days a week

Disaster Distress (Helpline Offers Immediate Crisis Counseling)

1-800-985-5990 or text "TalkWithUs" to 66746

1-800-985-5990 or text "Hablanos" to 66746 (Spanish)

TTY for Deaf/Hearing Impaired: 1-800-846-8517

24-hours-a-day, 7 days a week national hotline dedicated to providing disaster crisis counseling. Sponsored by the Substance Abuse and Mental Health Services Admin (SAMHSA).

Crisis Response System Hotline, Baltimore County

Phone: (410) 931-2214

E-Mail Address:

Website: <https://www.thesantegroup.org/>

Hours of Operation: 24/7

Area Served: Baltimore Country

Linkage to community treatment and support; free medical services/appointments; referrals to appropriate counseling

Crisis Response Center Phone: Prince George's County, Eastern Shore

Prince George's County (301) 429-2185

Eastern Shore (888) 407-8018

Website: <https://www.thesantegroup.org/>

Hours of Operation: 24/7

Area Served: Prince George's County, Eastern Shore

Provides assistance to those experiencing a crisis and are in need of a counselor.

Montgomery County Hotline

Phone: (301) 738-2255 (Hotline)/(301) 738-9697 (Youth Hotline)

E-Mail Address:

Every Mind Website: This is the new name of the mental health association

<https://www.every-mind.org/mental-health-association-of-montgomery-county-is-now-everymind/>

Hours of Operation: 24/7

Area Served: Nationwide

A free, confidential 24-hour hotline offering crisis & suicide intervention and prevention, information and referral and supportive listening

Baltimore City Crisis Response

Phone: (410) 433-5175

E-Mail Address: information@bcresponse.org

Website: <http://www.bcresponse.org/>

Hours of Operation: 24/7

Area Served: Baltimore City

Provides crisis intervention and addiction treatment services. Hotline for B-CARS. Provides support to those handling mental health crises including suicide, depression, mood swings, etc.

Domestic Violence Center of Howard County

Phone: (410) 997-2272 (24 Hour Domestic Violence Helpline)/(800) 752-0191 (Toll-Free 24 Hour Domestic Violence Hotline)/(410) 997-3292 (24 Hour Sexual Assault Helpline)

E-Mail Address: info@dvcenter.org

Website: <http://www.wearehopeworks.org/>

Hours of Operation: 24/7

Area Served: Howard County

Provides comprehensive services for survivors, individual and group counseling, emergency and transitional shelter, legal advice, information, referral, accompaniment and representation in court, an abuser intervention program and prevention services.

Family Crisis Center, Inc.

Phone: (301) 731-1203 (Hotline)

E-Mail Address: info@familycrisiscenter-pgco.org

Hours of Operation: 24/7

Area Served: Statewide

Provides immediate crisis intervention through compassionate support, community resources, referrals to other helping agencies, and when appropriate, access to Safe Passage Emergency Safe House

Institute for Family Centered Services

Phone: (410) 298-9727 (Baltimore)/(301) 696-0726 (Frederick)/(301) 721-9324 (Gaithersburg)/(301) 934-5607 (La Plata)

Email Address:

Website: <http://www.carf.org/providerProfile.aspx?cid=280004>

Hours of Operation: 24/7

Area Served:

Provides family centered treatment, assessments/evaluations, intensive case management, substance abuse treatment, sex offender treatment, groups, and support services

Center for Abused Persons

Phone: (301) 645-3336

E-Mail Address:

Website: <https://www.centerforabusedpersonscharlescounty.org/>

Hours of Operation: 24/7

Area Served: Charles County

Lifeline for troubled youth and adults who are contemplating suicide or who need solutions to such problems as substance abuse, family conflict, physical and sexual abuse, assault and emergency housing

Maryland Youth Crisis Hotline

Phone: (800) 422-0009

E-Mail Address: westrayh@dhmh.state.md.us

Hours of Operation: 24/7

Area Served: Statewide

Provides a 24-hour toll-free hotline designed to meet the needs of troubled youth in crisis. MYCH is the first decentralized hotline in the country and serves as a primary intervention resource.

Spanish Suicide Hotline

Phone: (888) 628-9454

E-Mail Address:

Website: <http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

Hours of Operation: 24/7

Area Served: Nationwide

Provides assistance in Spanish

SEXUAL, DATING AND DOMESTIC VIOLENCE RESOURCES

(all words in blue and underlined are links to the web)

Immigrant Specific Resources

Sexual and domestic violence are against the law regardless of your immigration status. Call the [Helpline](#) for local resources that can help.

HopeWorks recognizes that survivors who are immigrants face bias, discrimination and sometimes violence when they try to access support and resources. We believe that everyone who needs our services deserves our compassion and respect and we will work to advocate with other systems and service providers on our clients' behalf. We also value partner agencies who provide specialized services to foreign-born survivors.

Abuse and Immigrants

Read more about the [Legal Rights Available to Immigrant Victims of Domestic Violence in the United States](#).

Organizations**FIRN – Foreign Born Information and Referral Network (Columbia and Laurel)**

The Foreign-born Information and Referral Network Inc. (FIRN) is a nonprofit organization that empowers immigrants, refugees, asylees, and other foreign-born individuals by helping them access community resources and opportunities. FIRN Provides legal assistance with Violence Against Women Act (VAWA) petitions.

LGBTQ Specific Resources

HopeWorks recognizes that LGBTQ people face bias, discrimination, and sometimes violence when they try to access support and resources. We believe that everyone who needs our services deserves our compassion and respect and we will work to advocate with other systems and service providers on our clients' behalf. We also value partner agencies who provide specialized services to LGBTQ survivors.

LGBTQ Abuse

Organizations

The National Coalition of Anti Violence Programs

AVP provides free and confidential assistance to thousands of lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) people each year from all five boroughs of New York City through direct client services and community organizing and public advocacy.

Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse

Northwest Network works to end violence and abuse by building loving and equitable relationships in communities and across the country.

CUAV (Community United Against Violence)

CUAV works to build the power of LGBTQ (lesbian, gay, bisexual, transgender, queer) communities to transform violence and oppression.

The Network la Red

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, BDSM, polyamorous and queer communities.

Teen Specific Resources

As any parent knows, it can be difficult to communicate with your teen, especially when it comes to a sensitive topic like dating violence. Perhaps you're not quite sure what to say, or maybe your teen doesn't seem to want to talk about it.

Whatever stage you and your teen are going through in discussing and learning about dating violence — whether you want to teach them about healthy relationships for the future, or you're concerned with a relationship they are currently in and want to give them advice — there are plenty of helpful resources.

Organizations

loveisrespect

A project of the National Domestic Violence Hotline and Break the Cycle, loveisrespect is the ultimate resource for advice and info on healthy dating. Its mission is to empower youth and young adults to prevent and end abusive relationships. Peer advocates can be reached 24/7 via phone, online chat, or text (“loveis” to 22522).

That's Not Cool

“Where do you draw your digital line?” Teens can learn about dating abuse and online safety through videos, games, and downloads they can share with friends.

Boys Town

Boys Town works to reunite children with their families when possible, or give them the skills and

foundation needed to build a life on their own. They strive to help every child, “from those who may simply be struggling or in doubt to those who are in need of the most severe behavioral care.”

National Runaway Safeline

If you’re thinking about leaving home, or you have and are seeking information and help, the Safeline is one of the top resources for runaway, homeless, and at-risk youth and their families.

Trevor Project

Trevor Project is the national crisis lifeline for LGBTQ teens and adults. They have suicide prevention services for youth in digital spaces, counseling via IM, and a large online social network for LGBTQ people.

Northwest Network

Northwest is a network founded by and for LGBTQ survivors, focused on safety, support and empowerment.

A Thin Line

A Thin Line is an MTV campaign created to empower teens to identify, respond to, and stop the spread of digital abuse.

Maryland Statewide Coalitions

Maryland Network Against Domestic Violence

Maryland Coalition Against Sexual Assault

SECTION 5

PROTOCOL FOR HOSPITALIZATION AND EMERGENCY PETITION

Procedures For Hospitalizing A Student

In order to facilitate the hospitalization of students during the school day, the following protocol should be followed:

- Contact the Executive Director/designee or the Clinical Coordinator when a crisis situation arises that might result in hospitalization. Part of the discussion will include:
 1. Is the student 18 or older? What options are there for the student to self-admit?
 2. Does the student have an outside psychiatrist or outside therapist?
 3. Can the parents and/or guardian be reached to assist in the process? **The safety of the student must be the first priority even when a parent/guardian resists.**
 4. Does the student have an outside agency representative who could assist in the process and/or who needs to be notified?
 5. Will the school staff (*ONLY LCSW-C or LCPC therapists can complete the EP*) need to complete a Petition for Emergency Evaluation?
 6. How will the student be transported to the hospital? Police, ambulance, parents, agency staff (DSS/ DC CFSA, mental health, group home, etc?) It is only when an emergency petition is used that the police will transport.
 7. Will a staff member(s) accompany the student to the hospital? In most instances it is preferable to send the therapist and/or principal.
- Document all behaviors that have been witnessed that indicate a student is a potential harm to themselves or others. This information should be included on the Petition for Emergency Evaluation if that form is utilized. If not, prepare a written description that can be given to the emergency room physician for the evaluation.

Follow-Up With Families And Service Providers

When a hospitalization occurs, this is an opportunity to therapeutically assist the family as they process this incident. Upon the student's return to the site, if possible, the therapist and Principal should conduct a re-entry conference/phone call. In addition, a consent for release of information should be obtained for the hospital, the psychiatrist, and the therapist or other individuals that may have intervened during this crisis situation. Prior to student re-entry from the hospital, please request that the family provide a copy of the discharge paperwork.

Emergency Petition

MD State Law § 10-622. Petition for emergency evaluation.

- (a) Petition authorized.- A petition for emergency evaluation of an individual may be made under this section only if the petitioner has reason to believe that the individual:
- (1) Has a mental disorder; and
 - (2) The individual presents a danger to the life or safety of the individual or of others.
- (b) Petitioners; basis for petition.-
- (1) The petition for emergency evaluation of an individual may be made by:
 - (i) A physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the individual;
 - (ii) A peace officer who personally has observed the individual or the individual's behavior; or
 - (iii) Any other interested person.
 - (2) An individual who makes a petition for emergency evaluation under paragraph (1)(i) or (ii) of this subsection may base the petition on:
 - (i) The examination or observation; or
 - (ii) Other information obtained that is pertinent to the factors giving rise to the petition.

(c) Contents of petition.-

(1) A petition under this section shall:

- (i) Be signed and verified by the petitioner;
- (ii) State the petitioner's:
 - 1. Name;
 - 2. Address; and
 - 3. Home and work telephone numbers;
- (iii) State the emergency evaluatee's:
 - 1. Name; and
 - 2. Description;
- (iv) State the following information, if available:
 - 1. The address of the emergency evaluatee; and
 - 2. The name and address of the spouse or a child, parent, or other relative of the emergency evaluatee or any other individual who is interested in the emergency evaluatee;
- (v) If the individual who makes the petition for emergency evaluation is an individual authorized to do so under subsection (b)(1)(i) of this section, contain the license number of the individual;
- (vi) Contain a description of the behavior and statements of the emergency evaluatee or any other information that led the petitioner to believe that the emergency evaluatee has a mental disorder and that the individual presents a danger to the life or safety of the individual or of others; and
- (vii) Contain any other facts that support the need for an emergency evaluation.

(2) The petition form shall contain a notice that the petitioner:

- (i) May be required to appear before a court; and
- (ii) Makes the statements under penalties of perjury.

(d) Giving to peace officer; explanation by peace officer.-

- (1) A petitioner who is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer, or designee of a health officer shall give the petition to a peace officer.
- (2) The peace officer shall explain to the petitioner:
 - (i) The serious nature of the petition; and
 - (ii) The meaning and content of the petition.

[An. Code 1957, art. 59, § 22; 1982, ch. 21, § 2; chs. 459, 513; 1991, ch. 27; 2001, ch. 270; 2002, ch. 49; 2003, ch. 441; 2004, ch. 315; 2008, ch. 43; 2010, ch. 72.]

Emergency Petition Form (Please send a copy of this form to the Clinical Coordinator)

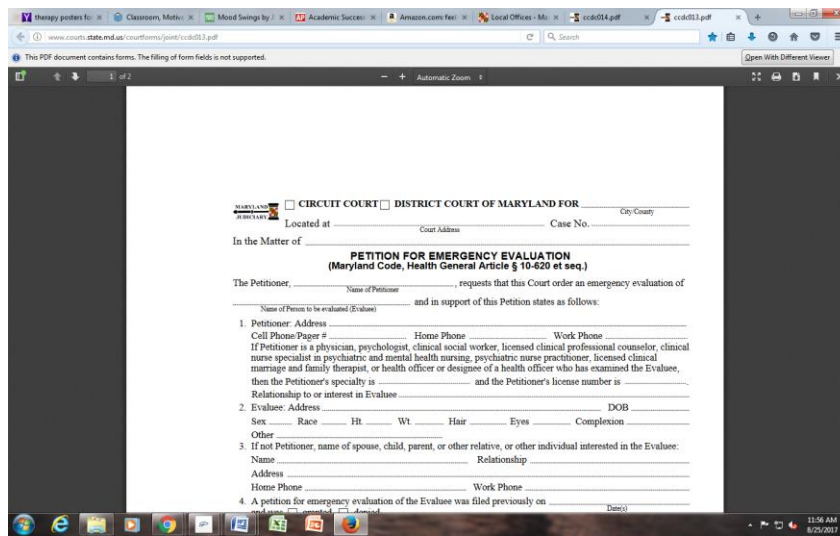
This is the link to the emergency petition form. You must complete both sets of forms for an emergency petition.

Form 1—Petition for Emergency Evaluation

You can type in this PDF. Please print--take/send a copy to the hospital. Send a copy to the Clinical Coordinator.

<http://www.courts.state.md.us/courtforms/joint/ccdc013.pdf>

After clicking on the link above, click on "Open With a Different Viewer"--top right corner of the screen. This will make it a fillable form to complete

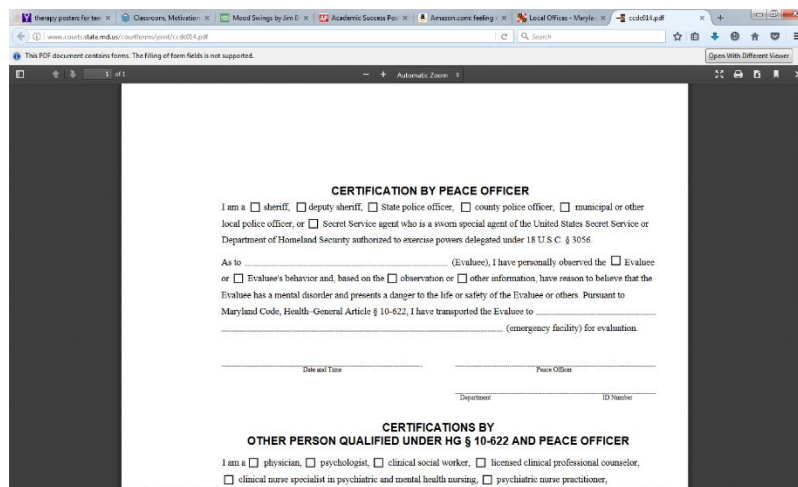


Form 2—Certifications by Other Person Qualified Under HG § 10-622 and Peace Officer

You can type in this PDF. Please print--take/send a copy to the hospital. Send a copy to the Clinical Coordinator.

<http://www.courts.state.md.us/courtforms/joint/ccdc014.pdf>

After clicking on the link above, click on "Open With a Different Viewer". This will make it a fillable form to complete



SECTION 6 SELF ADMINISTRATION OF MEDICATIONS

The Pathways Schools Information For Self Administration Of Medications By Students In School

1. No medication will be administered in school or during school-sponsored activities without the parent's/ guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
2. *The Pathways Schools School Medication Self Administration Authorization Form* must be completed for medication administration in school.
https://pathwayschoolsorg.sharepoint.com/:w:/s/AdminOfficeSharedDrive/ESKooR0JMjpKnwk_IRER6r8BZzvugxlyGRwC65U1GVcybw?e=IPXnkJ
3. The parent/guardian is responsible for obtaining the authorized prescriber's authorization. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year.
4. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian.
5. All prescription medication must be provided in a container with the pharmacist's label attached. Nonprescription OTC medication must be in the original container with the manufacturer's dosage label and safety seal intact.
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the authorized prescriber's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
7. An authorized prescriber's order and parent/guardian permission are necessary for self carry/self administered emergency medications such as inhalers for asthma and epinephrine auto injector for anaphylaxis. **The authorized prescriber must evaluate and approve the student's ability and capability to self administer medication. It is imperative the student understands the necessity for reporting to the staff that they have self administered their inhaler without any improvement or have self administered an epinephrine auto injector, so it can be determined if 911 should be called.**
8. A school administrator or designee will call the authorized prescriber, as allowed by the *Health Insurance Portability and Accountability Act* (HIPAA), if a question arises about the student and/or the student's medication.

SECTION 7 TRANSITION

The purpose of transition section of the IEP is to assist students in preparing them for life after high school and to prepare them for future education, employment and independent living. Transition services and responsibility for tracking the progress is based on the school in which the therapist serves. Although this section is mainly for therapists serving Edgewood and Horizon, it is beneficial for all the school therapists. The transition guides provide definitions/explanations of the various agencies involved in the transition process and timelines for expectations of when activities are to be completed.

For Maryland Students

[Secondary Transition Planning Guide for Individuals with Disabilities](#)

For DC students

[Secondary Transition Process](#)

[Planning for Post-School Success](#)

Transition activity ideas:

<https://drive.google.com/file/d/1L8X37oJn3YtLBy3GsTfprsYOqGI6tsOb/view>

[Transition Activities 2022-23.docx](#)

Assessment Tools

[QuickBook Of Transition Assessments](#)

Students in all counties and the District of Columbia are required to complete Service Learning Hours. The number of hours is dependent on the county and district. Tracking the hours is the responsibility of the school therapist. Assisting with the completion of the hours is through the school therapist and can be done in several creative ways: individually or through a school-wide or small group activity.

SECTION 8
TELEHEALTH INFORMATION
(From the Manual during the Pandemic)

Telehealth

Can I serve students who are across state lines and not in Maryland?

License requirements across state lines for most jurisdictions have been removed. If you have a student in another state, please notify the admin office. You will not be able to provide services across state lines unless you follow the guidelines of the state where the student is residing.

For DCPS and Charter School Students--Telehealth Providers Licensed in MD/VA

During SY 20-21, a mayoral order enabled reciprocity in DC for telehealth providers' who are licensed in MD/VA to provide services to DC resident students. However, starting this upcoming SY 21-22, this reciprocity is no longer being renewed. This will likely affect any students with disabilities who have a medical exemption and are receiving their telehealth services virtually by a provider licensed only in MD/VA, such as for students placed in nonpublic schools in MD/VA or are in care of DC in multiple ways (i.e., correctional, foster care).

Consent for telehealth services

If we are using telehealth as a modality, when can a therapist start providing therapy to a student?

Therapists may start services as soon as the parent/guardian has been contacted and they have signed the consent for telehealth services. Parents/guardians must give consent for these services to be implemented.

If a parent/guardian refuses telehealth services, send a copy of the form or email to the site to be filed in the student notebook. If a parent/guardian refuses services, you will not be allowed to have direct contact with the student. The therapist is required to document each week stating that approval for services was denied by the parent/guardian.

Teletherapy

The key to successful teletherapy is that the therapist is comfortable with the chosen platform for each student's individual therapy sessions. Technology-assisted social work services include any social work services that involve the use of computers, mobile or landline telephones, tablets, video technology, or other electronic or digital technologies. This includes the use of various electronic or digital platforms, such as the Internet, online social media, chat rooms, text messaging, email, and

emerging digital applications. There are still a whole host of common interventions that can be used in online therapy. Some include [mindfulness meditation](#), [journaling](#), [empty chair technique](#), or [therapeutic role play](#). With some solution-focused thinking, you'll see it wasn't as difficult as you made it out to be.

Tips for Smooth Online Teletherapy

- Learn how to use the platform—practice before you meet your students.
- Learn all the technical requirements for using the platform.
- Make sure that no one at your house or the client's house tries to stream videos ,etc. during a session, because it can slow the connection.
- Make sure that your background is not distracting. Consider positioning your computer/camera against plain wall or hang a plain piece of fabric behind you.
- Consider wearing plain, solid-color shirts--bright shirts and shirts with busy patterns (stripes) can create a distracting optical illusion.
- Avoid wearing shiny jewelry, as it can be distracting.
- Avoid wearing jingly jewelry, as the microphone will pick up the noise, making it difficult for the student to understand you.
- Limit background noise, including fans, barking dogs, phones, etc.
- Communicate with your student in advance to ensure comfortability with using the computer/platform.
- If you type during session, consider muting your audio, as keyboarding is loud, especially if you both use headphones.
- If you use headphones during teletherapy, consider headphones with a background-noise canceling feature.
- If you decide to screen-share websites during your session, make sure you review the particular site ahead of time. Many online games and websites include ads that are distracting or inappropriate.
- Allow yourself some time before each session to stretch and prepare for the next session
- In order to make eye-contact with the client, do not stare into the camera. It won't look like eye contact. You'll lose important facial and body cues. Instead, take your screen out of full-view. Minimize it so it takes up to 2/3rds of the screen. Center it directly under your camera. Look at the client in their eyes. it will LOOK like you are looking them in the eyes. Team them to do the same.
- Teens can be prone to “posing” or looking at themselves in their reflection. Do not be afraid to draw attention to this behavior and attempt to teach them to not look at themselves. Pro tip: it can be hard for you to resist looking at yourself, so use a sticky not to block your minimized face (for anyone new to teletherapy it can be subconsciously distracting).

Therapist's Roles and Expectations

Schedule and Tasks

- Have a schedule for your individual therapy and group therapy sessions
- Have office hours outside of the times you have scheduled for therapy sessions that you will be available to speak to parents, students and outside agencies/providers--publish schedule in an email to parents, students and agencies/providers
- Provide emotional support on at least a weekly basis for each student on your caseload
- Be available for outside providers, parents, etc. as needed
- Continue to refer students to adult service agencies

- Continue to work with students and families to prepare for attendance at postsecondary schools or job training sites

When providing any virtual sessions

- Every session confirm the student’s location (this is part of teletherapy ethics). Eventually you will become used to the background, but if things change, this needs to be documented in your progress note.
- Ask student if they are in a private place
- Review the Telehealth Opt Out Form with student
- Discuss the emergency plan and calling 911 if a crisis is presenting; have emergency numbers with you
- Discuss the requirement to report any issues that you would normally report—abuse, suicidal ideation, homicidal ideation, etc.
- Discuss what the therapy sessions will look like each week—time of day, number of times, etc.
- Dress professionally
- Provide therapy in a space that confidentiality can be maintained
- Notify the student/family that technical issues may cause interruptions in an individual session
- Discuss that confidentiality could be breached from either end—student or therapist
- Remind them that other individuals in the home should not be present (parents may want to participate—you will need to make a plan on how to treat this)
- No one can record the session—it is not legal
- Maintain professional boundaries

Considerations for Telehealth Videoconferencing Sessions

Boundaries and Boundary Crossings

Extraordinary times call for extraordinary measures. We are ordinary social workers responding to extraordinary circumstances. Remember the Standard of Care is what an ordinary, reasonable, and prudent professional with similar training would do under similar conditions.

The provision of telehealth raises concerns related to confidentiality, privacy and boundaries. It is key to consider the ethical obligation to maintain clear and appropriate boundaries. Whenever we interact with students in a manner that isn’t as we have been in our school settings, then the potential is there for us to have a boundary crossing in our interactions. For example, our doing teletherapy allows us into student homes to observe in different ways than we do on a regular basis. It crosses over to a boundary violation when our intent is wrong or when our behavior has a negative effect on the student. Our conversations and interactions need to remain as professional as they are when we are not doing telehealth services. It is important to not have “peer like” interactions with students and/or families—that is a boundary violation.

Some strengths of telehealth include: it can be like a virtual “home visit”; you can see the home, pets, siblings, or meet other family members; you can explore the physical environment of the student; you can give the student some control of the contact (e.g. the medium used or time).

From a student perspective—

- We can see their home
- Other individuals in the home may hear and see what is happening in the session

- If it is a group, students could see others who are participating, their homes, and break rules of confidentiality
- The modality may seem extremely private

From a staff perspective—

- students will see their homes
- very personal setting
- risk of comfortability and being more casual (I think of how we as admin team have interacted on our own meetings)
- risk of other members of the therapist’s family/household hearing the conversations and breaking the rules of confidentiality

Confidentiality

Confidentiality can be another challenge with many aspects to consider. The key is that we as professionals maintain confidentiality. Confidentiality always belongs to each student. A student may at anytime break confidentiality. They may allow other individuals into the teletherapy session, share information with others present, record a session, take a picture of the screen, etc. (ADD something)

Ways for therapist to maintain confidentiality and not create a boundary crossing

- Make sure the student feels safe—place, time, and teletherapy platform being used
- Use a key word when texting, on the phone, email, etc. to be certain you are communicating with the student and not another individual
- Therapy sessions should be held where other individuals in therapist’s home cannot hear
- Therapist should not use student names when others are present I the therapist home
- Conduct therapy sessions as if you were in person—being mindful of all boundary concerns with a student and their family
- Teletherapy formats may differ for each student based on boundary concerns that could breach your own personal information and that of the student and/or their family.

Language Translation Services

PGCPS - <https://www.pgcps.org/interpreting-and-translation/> See OIT flyer at bottom of webpage

MCPS - <https://www.montgomeryschoolsmd.org/departments/lasu/>

DCPS – check with your principal

Montgomery County Language Bank

You can access the Language Bank by visiting

<http://www.montgomerycountymd.gov/partnerships/language-Bank.html>

and logging into AccessMCG Extranet using the following:

user name: sregnault@pathwayschools.org
password: Path2021!!

Transition

Transition related activities should be incorporated into your individual and group therapy sessions. You can use You Tube videos (or other platforms such as ONET) to view different jobs for a job shadowing experience (I will forward ways you can work with them virtually. You can research transition topics related to a student's IEP goals and conduct groups with several students to address these topics. A tool would be to have several students with similar goals on a session, share your screen so they can see a presentation, assign them tasks to complete and discuss at a future transition session.

Refer students to adult services including mental health, DORS, RSA, DDA, and other agencies that the students may utilize. Coordinate with all adult service providers to provide a seamless transition from school to adult services. Explore postsecondary training and college resources with students and their families. This may include scholarships, applications, exploration of schools and disability support services, and placement tests. Maintain contact with students and their families throughout the transition process. Document all services that you are providing into the IEP systems both for MD and DC/OSSE charter schools

Ethics and Trauma in an Epidemic

Brené Brown recently stated, "These are anxious times. I hope you are well, taking care of yourselves, and finding a way to connect with people you love...."

Students will return to in-person school during the fall of the 2021-2022 school year. It is important to acknowledge the anxiety that both the students/families and staff are experiencing. Students and families may have experienced people who died during the pandemic. The experiences of COVID-19 are a new ACE (adverse childhood experience) for our students, families and staff. For students who have ACEs in their lives, the anxiety around death may be exacerbated. Trauma is a normal response to an abnormal situation (such as COVID-19). Acting out for students is natural. Stress is contagious so it is key for therapists to manage their own first.

Self-Care



Maslow's hierarchy of needs impacts all. All individuals are in the safety section of these needs. Therefore, the following statements are important to remember.

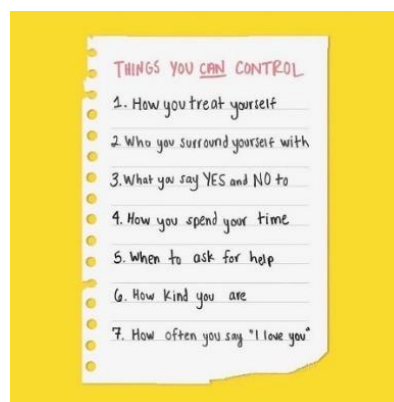
- This is why it's been hard to focus.
- This is why it feels like it takes you twice as long to get things done.

- This is why you've been consumed with ensuring that you have the right "stuff" to sustain your physiological needs.
- This is why you've been more irritable.
- This is why you've been craving connection.
- This is why you've been feeling overwhelmed.
- This is why you've been physically exhausted.
- This is why you've been like "Oh wait, there's a paper due?"
- This is why the idea of planning for the future is the furthest thing from your mind right now.
- This is why you only have enough mental energy to focus on the immediate.
- This is why you've been instinctively prioritizing self care and family.
- This is why you've been grasping to control what you perceive to be controllable because so much is uncontrollable and unpredictable right now.

Let students and colleagues know:

- This is normal.
- You are not a slacker.
- You are not "crazy" (Yeah, I know we hate that word).
- You should not compare yourself to others.
- You should not buy into the narrative that you must emerge a "better person".
- It's ok to not be as productive - we are experiencing trauma on a global scale.
- It's ok to "just be" and feel the way you feel about what's happening around you and/or to you.
- It's ok to seek help. COVID-19 is a crisis that threatens both our physical and psychological wellness.

Stress



Stress. We all know it and we all hate it. Everyone has felt stress at some point in their lives, one way or another. Most people don't know what stress is or how to deal with it. Stress is your body's way of responding to any kind of demand or threat. That is why we feel stressed out about tests, projects, major life decisions, and holidays. Throughout life we will all be stressed at one time or another. Here are some ways to reduce stress (from an article)

- **Exercise:** This is one of the most important things you can do to cope with stress. The benefits of exercising are incredible. Those who exercise regularly are less likely to have anxiety and stress to those who don't. Exercising will help lower your stress hormones and improve your sleep quality.

- **Candles and Essential Oils:** Lighting certain candles or using a diffuser for essential oils in your room will help reduce the tensions of stress. Using smells to help relieve stress or mood is called aromatherapy and it also helps improve sleep quality and decrease anxiety.
- **Reduce Caffeine:** Caffeine increases anxiety which then will increase your stress level. Caffeine is found in coffee, tea, chocolate, and energy drinks. Decreasing how much you drink or eat daily will help.
- **Write Things Down:** Writing down what is stressing you out will help keep you on task. By writing down all the things that are stressing you out, you will be able to physically see what you have to get done. Then after the task is complete cross it out and you will feel satisfaction afterwards.
- **Laughter:** Laughter cures everything. Laughing helps relieve stress response and tension by relaxing your muscles. Go onto YouTube and find something funny to watch. A little laughter will help go a long way.
- **Yoga and Meditation:** A way to de-stress is by taking a yoga class. Yoga and meditation have become a very popular method of stress relief and exercise. The main goal of yoga is to join your body and mind. The benefit of yoga for stress and anxiety seems to be related to its effect on the nervous system and stress response. Yoga may help lower cortisol levels, blood pressure, and heart rate.
- **Listen to Soothing Music:** Music can have such an impact on the body, especially soothing music. Slow-paced instrumental music induces relaxation response by helping to lower blood pressure and heart rate along with stress hormones. Nature sounds, along with Native American and Indian music, are very soothing and calming.

Telehealth Activity Resources

Telehealth Games

<https://www.guidancett.com/blog/interventions-for-online-therapy-with-children-and-youth-2020>

- **Videos:** If your software allows for screen sharing, share a mindfulness YouTube video, or other appropriate psychoeducation videos, in session. To maintain some control, I screen share and play the video, instead of the client. I allow the client to send me a list of topics they want to learn more about, and I research age-appropriate videos to play during the session. Sometimes, depending on the sensitive information in a video, I will send it to a parent/guardian for approval. I will have the video cued up, with the ads already skipped, and any unnecessary intros already jumped. I then mute the client, so there is no feedback, and they hear the video through their speakers and watch it on the shared screen. If a client needs to ask a question or tell me something, they communicate a pause. We use a gesture we agreed upon for unmuting (I often teach them the [ASL sign for “comment”](#)). Additionally, they can message me inside the video software, if they don't want to stop the video. At the end of each video, we process the client's reactions around the content. Videos I have used in a session include:
 - [Coronavirus disease \(COVID-19\)](#) from CDC (this is new to my repertoire due to the current pandemic)
 - [Answering Kids' Questions About Coronavirus](#) from CDC (kids like this one because a kid is conducting the questions)
 - [Be The Pond](#) from Cosmic Kids Yoga
 - [Depression Explained](#) from Professor Puppet
 - [What Causes Anxiety and Depression - Inside Out](#) from Mind Set

- [Preventing Childhood Anxiety and Depression](#) from GoStrengths!
- [A Student with Mental Illness](#) from Chara Bui
- [We Described Our Depression To An Illustrator](#) from BuzzFeedVideo (I do something similar to this with youth during session)
- [Do All Autistic People Think The Same](#) from Jubilee
- [6 Middle Schoolers Versus One Secret 5th Grader](#) from Jubilee
- [Do All Teen Moms Think The Same](#) from Jubilee
- [Do All Teen Dads Think The Same](#) from Jubilee
- [Do All Suicide Survivors Think The Same](#) from Jubilee (this one I often show families who do not understand their youth's suicidal ideation or attempt to minimize it by believing it is only attention-seeking behavior)
- **Show and Tell:** Show and tell is the practice of showing something of significance to someone and discussing it. Children **love** to show you their world. With online therapy, you have the chance to see their home, and particularly their room (if you were not doing home-based treatment). If the child's computer isn't directly plugged into the modem, have the child give you a tour of their room explaining what the different items are and their importance. Have the child show off an essential comfort/self-soothing item (like a teddy bear or blanket) and explain why it is comforting. Have them take you to various rooms in the house that are of importance. Have them share culturally significant items or rooms, like family heirlooms, religious items, or alters, and talk about what they mean to the family and the child. Some children even show me urns that contain loved-ones and share stories about them (this is great for grief processing work). This entire exercise is fantastic for rapport building.
- **Board Games At Home:** If the youth have board games, such as [Sorry](#) or [Candyland](#), you can have them set up the game and play the pieces for you. It's an excellent opportunity to discuss "being a helper" and diversity. Process what it is like to assist someone who isn't able to touch or interact with the objects physically. This opens the conversation around experience with individuals with disabilities, and now social distancing to help prevent the spread of the COVID-19 (coronavirus). This also allows the therapist to challenge the temptation to cheat. A therapist can choose to use their own gameboards, and have the client describe which pieces to move. I choose not to do this, only because youth can get distracted when they aren't engaging with the pieces.

Whiteboard or Jamboard: In in-person therapy, therapists often use a whiteboard or a dry-erase board for psychoeducation, or interventions such as tandem drawing. I use GSuite, which allows me to have an interactive whiteboard, through a program called [Jamboard](#). Some HIPAA compliant videoconferencing software includes the use of a whiteboard, such as [Zoom Healthcare](#) and [TheraPlatform](#). I create a Jamboard session, share the private link with the client, and we work on the board together, or they work on it by themselves. For art therapy, I will use the [bridge assessment/intervention](#), along with [motivational interviewing](#), to help address challenges the youth faces. Sometimes I will draw a line down the middle of the board, or create circles around the board, to represent boundaries that the youth and I have to honor. There is also a cognitive processing exercise I use with a child where we take turns drawing a line until we have created an entire picture. Lastly, with Jamboard specifically, I can import a coloring image page, and we can color it together using the pen tool.

- **Podcasts:** If your software allows for screen sharing, share topics from Podcasts that are age-appropriate. Share a clip or the entire Podcast, depending on the length of the session.

Depending on the sensitive information in a Podcast, I'll send it to a parent/guardian for approval. I'll have the clip cued up, with the ads already skipped, and any unnecessary intros already jumped. I then mute the client from my end, so there is no feedback, and they hear the Podcast through their speakers. If they need me to pause want to ask a question, they use a gesture we agreed upon for unmuting. They can also message me inside the video software if they don't want to pause. In the end, we process the client's reactions around the content. The Podcasts can be useful resources for the clients to utilize as coping skills. Often I assign a Podcast to listen to as homework, with a worksheet to complete and process their reactions in the next session. These are good for family therapy as the whole family can process their responses to the information and discuss it in family therapy. Podcasts I have used in a session include:

- [Play Time: A Play Therapy Podcast](#) with Andrew Barnett of Barnett Child Therapy
 - [Play Therapy Community Podcast](#) with Lisa Dion of Play Therapy Community
 - [Kid Therapist Podcast](#) with Allison McQuaid
 - [The Better Mental Health for Kids and Parents Podcast](#) with Dr. Fasano
 - [Short and Curly](#) with Dr. Matt Beard, Carl Smith, and Molly Daniels
 - [Unspookable](#) with Soundsington Media
- **Online Gaming:** There are plenty of ways to play games online with children. Avoid any games that involve substantial multiplayer, or online community experience, that need to be downloaded, or that require a screen name. If you have to create a log-in, make sure it is with your HIPAA compliant email and something nondescript like "person85." Play [Uno](#) or play checkers, chess, or connect four with [Skill Games Board](#). Play card games like Go Fish or Match with [PlayingCards.io](#). You can even get a free Minecraft Serve through [Aternos](#). Minecraft is a great game to discuss home life. For art therapists, it is a digital way to do the House portion of the [House-Tree-Person Assessment](#). Even nonart therapists can discuss home life without doing it as an assessment. Work with the youth to build a home. It isn't difficult for someone who hasn't played before, to learn. The goal is to have the child do most of the work themselves, anyways. Talk about what makes a home safe. Have them focus on "comfort zones," "safety measures," and "areas to avoid without supervision." These will take parent consent, consenting to opt-in to use online gameplay for therapeutic means, and discussing the benefits and risks.

BONUS ACTIVITY: With the abundance of toilet paper everyone now has in their homes, here are [15 crafts](#) to create with toilet paper rolls! Choose one that has materials both you and your client have on hand, and create something together. Good project to do with parents/guardians and children to learn fine motor skills and following directions.

Mental Health APPS—

go to PsberGuide.org for more information

PsberGuide.org is a project of OneMind. This site will give you information on apps that they have reviewed for safety, etc. They have review on their page. There are various apps that can be used in therapy. They include apps focused on relaxation techniques, mindfulness, and monitoring symptoms, sleep, food tracking, etc. Some examples include Virtual Hope Box, Calm, Breathe, Breathe to Relax, Relax M, Insight Timer, various chat box apps which are not monitored by humans, Headspace, Sanvello, and Balance. You must be familiar with the app that you may ask a student to use. Some apps cost money.

"Test Drive" the Apps

- Is it useful?**
What does it say it can do? How will you know if it works?
- Is it easy to use?**
Customizability, long-term use
- Can you share information?**
Can you print, export, or share data to others? This might be helpful for you to review that data entered with client

APR Professional Services, Davis, Arkansas, & Texas, 2019

2

Introduction
How to introduce an app to clinical care

Assess individual's use and understanding of smartphones and apps

- Phone ownership? What do they do on their phone? Have they ever used a health app?

Describe the purpose of the app

- Who is it intended for?
- Targets
- Goals
- Activities

Describe key features

- Lessons, symptom tracking, homework completion, data review

State expectations

- Frequency, duration, and timing of use
- Will app be used or reviewed in sessions?

4

Data Review
How to review the data collected on the app with the patient

Most apps do not provide data to the clinician

Issues with viewing data off patient phone

- Small screen, hard for patient and clinician to view at same time
- Patient might not be comfortable handing over phone
- Data review may not be intuitive
- Data may not be accurate

Goals in reviewing data

- Patterns/Trends
- Outliers/Extreme values
- Understanding and action

Apps in the Midst of COVID-19

Sanvello offers a range of coping tools and peer supports and has offered free premium access during COVID-19. The app also gives you suggested activities based on your mood — very helpful for self-isolation.

Headspace has released free content, including content specifically geared towards health care providers and educators in the US. Instructions to access can be found [here](#).

Calm has compiled free resources in an online hub [here](#). These include meditations for stress, sleep and more, and meditations for kids.

Breethe meditation app has created a free collection of meditations called Inner Wellness During Coronavirus.

Employers & payers can get access to **Dayzz** sleep app at no cost which they can, in turn, provide to their employees. To access, email Dayzz CEO Amir Indutsky at amir@dayzz.com.

Balance, a meditation app, is offering a free one-year subscription to anyone who wants it. To receive the free subscription just download the app and then email access@balanceapp.com for instructions.

Wysa's AI chat and tool packs for anxiety and isolation support will remain free during the epidemic.