

Denton ISD

Department of Psychological Services:
Family Services Center Model

CONSULTATION: PARENTS AS OUR CONSULTEES

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What's the agenda?

My goal is that after this afternoon you will walk away with the information and resources to develop your own “Family Services Center” or the variations that can be made of it.

1. Know the parent consultation model that is being presented today
2. How does this fit into YOUR psychological services delivery system
3. Does this seem to fit your psychological services department / families' needs?
4. How will you start this program in your district / campus

Memories...like the corners of Best Practices XX Edition...

- ▶ Going back to your foundations classes in school psychology, start with your text on consultation. Consultation texts are an important resource, but always go back to the NASP publications!

-- A Michael Dougherty writes in his book, Psychological Consultation and Collaboration in School and Community Settings, Sixth Edition:

“Consultation is a helping relationship that is interpersonal and has a problem-solving focus in which the consultant and consultee meet to assist a third party called the client system... The typical focus in consultation is changing behavior in some way, of program participants.”¹

Consultation continued

- ▶ Dougherty discusses the four characteristics of consultation:
 1. It is “a problem-solving strategy. ...The client system receives indirect services from the consultant through an Internediary (the consultee). ...It involves three parties: a consultant, a consultee, and a client system. ...It’s goal is of improving both the client system and the consultee.”²

Multicultural Needs

(Last reference to consultation)

Dougherty writes of the “Multicultural Limitations of Consultation and Collaboration”. I include this heading because of the needs of our diverse population. For the sake of this presentation and being in Texas, I will be referring to our Spanish speaking families. Three of the points he refers to in his text is important within the context of this program: “Consultant knowledge, skills, and dispositions related to cultural competence in consultation; understanding consultee needs for development in knowledge, skill, confidence, and objectivity; cultural variations in the parties involved in consultation (e.g., consultant-consultee similarity;...”³

A BRIEF HISTORY IN TIME

The Family Services Center, originally called the Family Counseling Center was developed by Drs. Rebecca Julius and Nancy Noah to be a part of the doctoral/specialist/masters level internship rotation at the Fall of the 2008-2009 school year.

I requested the name change to prevent any confusion of our services being construed as actual family counseling, e.g. the purview of LMFT, etc.

Theoretical underpinnings of the Family Service Center

- ▶ Solution Focused Brief Therapy is the theoretical orientation of our service.

Sklare writes that when clients are asked “what was better in their lives” the focus of the counseling moved from problem analysis to “A movement towards a focus on identifying solutions (that) removed the need for in-depth exploration of the historical antecedents of clients’ problems... and... dramatically shortens the time needed for counseling.”⁴

SFBT Integrated into our Family Services Center

- ▶ What is asked of our parents/guardians after the initial intake meeting is the miracle question. “If you woke up and your home was as you’d like for it to be with your child and the family and home, what would that look like?”⁵
- ▶ Included in the process is the consistent review of what is working during this process and what hasn’t work. How are things different in your home, now? What changes have you made in your behavior as a parent and how has that impacted your relationship with your child?⁵

The Nuts and Bolts of the Family Services Center

1. Program history and structure.
2. Things we don't do/roles we don't play.
3. Recurring themes over the years.
4. They're here. What do we do?
 - A. Forms
 - B. Process
 - C. Midpoint
 - D. Termination
 - E. We never abandon our families (clients)!
5. Does it HAVE to look like the Denton ISD Family Services Center?

What it looked like at the outset

- ▶ Interns, doctoral and specialist level, were assigned to district LSSP
- ▶ Parent referrals came from LSSPs at their respective campus.
 - ▶ REFERRAL CRITERIA
 - a. Student is receiving special education services at their respective campus.
 - b. The student has had or has psychological services.
 - 1. One gray area I allow for discussion, has been considered for psychological services.
 - 2. This comes in the form of evaluation time where behaviors are reported but higher in the home setting than at school and ends up with no services recommended at the time.
 - c. The parent reports behaviors of concern at home.
 - ▶ What the referral looks like (refer to referral form at end of handout).

Structure of the Family Services Center

- ▶ Paired LSSP and Intern receive referral. The Intern/LSSP does NOT serve the child at their campus. This is to give a fresh perspective of child needs and the presumption that if consultation is extant than parents are already communicating with the campus LSSP.
- ▶ Meetings are on Tuesday. Parents choose a slot: 5-5:50 or 6-6:50.
- ▶ Parents meet with LSSP/Intern pair for 6 to 8 sessions for this consultation process.
- ▶ Children of parents are supervised with snacks and activities provided, e.g. games, basic art supplies. For snacks, always check on dietary restrictions, food allergies, etc. Have had a couple of families with no-gluten diet. THIS IS NOT A TIME FOR ADULTS TO TALK TO EACH OTHER! 😊

Why Tuesdays?

- ▶ Mondays are just that, Mondays. Transitioning from weekends, etc.
- ▶ Wednesdays? This is often a religious service day for families.
- ▶ Thursdays and Fridays are often, this is anecdotal, too close to weekends.

Why not start right when school lets out?

- ▶ For many families, but especially those who are laborers, work until 5 or later.
- ▶ For families with children spread out between elementary and secondary schools, there can be up to 3 different release times and that is compounded by waiting for bus(es) to drop off or picking the students up at, up to, 3 schools.

What does the FSC look like now?

- ▶ Referrals come through the campus LSSPs as per the beginning of the program.
- ▶ Our referrals, at times, can come from the result of a Parent Training Assessment (Do we need to discuss what this is?) and the results do not appear to be an educational need for this intervention but parents continue to report difficulty with child/children at home*.
- ▶ Parents request support to administration, teachers, etc. but referral still comes through LSSP.

*Child must still have or have had psychological services and with some special education eligibility.

What the Family Services Center does NOT do

- ▶ The Family Services Center is not “Family counseling” as per Licensed Marriage and Family Therapist relation, LPC, LP, LMSW and other community counseling professionals
- ▶ The LSSP/Intern pair do not transpose their, very specific, roles for the FSC over that of the LSSP at the home campus.
- ▶ This service is not disparage the IEP team of the home campus, e.g., judge, second guess, etc.
- ▶ This service does not make decisions at the IEP level, e.g., goals, schedule of services, disability conditions, eligibility, etc.

A little bit more on the actual referral...

- ▶ As noted earlier, the home campus LSSP is the person that makes the actual referral, the information may come from parent, directly, a counselor, and/or an administrator.
- ▶ Within the referral is information about the concern at home and some background information. Here the referring LSSP is your informant.
- ▶ There is/may be some cross communication before the actual first meeting to ensure that referral information is clear (with the coordinator, that is me, in this instance).
- ▶ If necessary, (for referring LSSPs, this is something known, typically) statement of confidentiality is made to referring LSSP.

We still....

- ▶ Meet on Tuesdays with the options of our two slots.
 - ▶ First slot: 5-5:50
 - ▶ Second slot: 6-6:50
- ▶ Provide structured activities for children under supervision, but...
 - ▶ Activities are planned around the number of children present and behaviors presented by referral.
 - A. For example, “Not a good turn taker”. If one child, the interns/LSSPs will engage in group game and practice turn taking, giving compliments, and being a good sport.
 - B. If engaged in art activities, encouraging children to draw, color, etc., positive themed pieces, e.g., family activities, what they’re good at, rainbows, etc.
 - C. We give parents feedback on the activities and behavior during supervised activities.

Recurring Themes

Not in any specific order but these are the typical needs reported by parents:

1. Compliance
2. Conflicts with parent(s)
3. Conflict / aggression (verbal and/or physical) with siblings
4. Refusal to do homework, chores, etc. at home

Theeeiiiirrrrr Here!

WHAT NOW?

FORMS

1. Remember? We started with the referral form.
2. Family Services Center Expectations.
3. Contract/Review of Confidentiality

In many districts where the LSSP is central office based or they work at large, even with an assigned campus(es), the LSSP may be privy to information of students at all the schools, e.g., covering for an LSSP out on leave, ill, etc. Having said that, we do discuss confidentiality in the context of our service relative to the IEP driven services at the home campus.

4. Pre and Post parent stress/parent-child relationship checklist.
5. Session notes.

STOP AND REVIEW / STOP AND DISCUSS / STOP AND REVIEW / STOP AND DISCUSS

The Family Services Center Process

The first meeting is when the LSSP / Intern pair conduct an intake interview (refer to form). The concern(s) of parent(s) are discussed. If possible the parent stress/parent-child relationship protocol is completed, too.

The “miracle” question is asked within the first couple of meetings. “If you woke up and everything was the way you wished (per concern/s), what would that look like?”

The team of parent(s) and LSSP/Intern discuss as a group different strategies that may work. The parents go home and try it / them out and return the following week to discuss outcome. Review, revise, if necessary, do this again.

Midpoint



At this juncture, it is literally the midpoint of the typical number of sessions, we begin to discuss the efficacy of this process. The Intern/LSSP pair and the parents have been reviewing how well the strategies are working, how consistent are the positive behaviors, etc. The group then may start looking at any issues that have come up or just how well things are going and start to consider an end point. This may be more of a discussion that the LSSP/Intern have but parents often are part of this discussion process.

The Intern/LSSP may start to think about termination around now.

Termination. It's not a bad word!

The meetings, if you recall, are typically around 6-8 in number. Sometimes less and sometimes a few more. As the Intern/LSSP pair begin considering termination, the discussion takes place with the parent(s), usually a couple of meetings before the agreed upon termination time.

CAVEATS:

1. We never abandon our clients. The LSSP/Intern may want to discuss other resources if the parents are in need or request resources.
2. The Intern/LSSP remind parent(s) they may request another round of the FSC at another time, including the next cycle. Others in the queue will have priority but if no other family(ies) are waiting, they can be taken in again!

Does our program have to look exactly what Denton ISD does?

The short answer is NO!

Alt1) At YOUR campus(es), arrange for a “super” consultation round, with a discrete timeframe in mind, e.g., 3, 4, 6, etc. weeks. Meet weekly and do exactly what the FSC does. But it’s you, as the home campus LSSP.

Alt2) Design something that is campus based and connect with a school counselor, an LSSP Intern as part of her/his lucky rotation!

Alt3) START THIS PROGRAM AT YOUR DISTRICT!

To close...

- ▶ Are you campus based or central office based?
- ▶ How would this program, in any form, fit into your district / department's psychological services delivery model?
- ▶ How will "I" / "we" set up a program like this at my school/district?
- ▶ What does consultation look like at your school?
- ▶ What is your experience(s) with consulting with parents?
 - A) Will your model of practice change?
 - B) How will it change?
 - C) Campus/Individual/District Implementation?
- ▶ What does my campus/department/district need to set up a program?

QUESTIONS?

References

1. Dougherty, A Michael, (2014, 2009). PSYCHOLOGICAL CONSULTATION AND COLLABORATION IN SCHOOL AND COMMUNITY SETTINGS, Sixth Edition (pp. 7-8). Belmont, California: Brooks/Cole Cengage Learning.
2. Dougherty, A Michael, (2014, 2009). PSYCHOLOGICAL CONSULTATION AND COLLABORATION IN SCHOOL AND COMMUNITY SETTINGS, Sixth Edition (pp. 8-9). Belmont, California: Brooks/Cole Cengage Learning.
3. Dougherty, A Michael, (2014, 2009). PSYCHOLOGICAL CONSULTATION AND COLLABORATION IN SCHOOL AND COMMUNITY SETTINGS, Sixth Edition (p. 16). Belmont, California: Brooks/Cole Cengage Learning.
4. Sklare, Gerald B, (2005). Brief Counseling That Works, Second Edition (pp. 4-5). Thousand Oaks, California: A Joint Publication – Corwin Press & American School Counselor Association.
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