School Based Behavioral Health ECHO®

Session 2 Notes and Resource Sheet

November 14, 2022

DIDACTIC PRESENTATION

Collaborative Safety Planning in the School Setting Recording Presentation Slides

Presenter: Greg Marley, LCSW - Clinical Director, NAMI Maine

CASE SUMMARY

We explored the case of a 17yo female who has self-placed with her boyfriend's family, after being in several other foster and family placements. She has often and recently used crisis care system to manage SIB. She is the only young person in her new household that goes to school, as her boyfriend has been truant and his older brother has withdrawn from school completely. She is capable of honor roll, but recently, she has been absent from school, missing assignments, and peer engagement and participation in activities has dropped off.

Student engages well in therapy and sees an outpatient counselor weekly. She is prescribed Zoloft, a medication for ADHD and birth control, but she has not taken her medications for a week to 10 days and should be resuming those prescriptions very soon.

KEY QUESTION(S)

- How can we make sure that this young person has the authority to implement her own safety plan?
- How do we support her to remain engages at school and with activities?
- How do we encourage strength and resilience, when that quality is based on active trauma?

CLARIFYING QUESTIONS

Is the student identified under McKinney Vento?	She has recently been identified. The team is exploring after school counseling options and transportation.
Is the student in DHHS Custody? If so, she will have a Guardian Ad Litum assigned to her who can act as an advocate. This is her voice.	She is 17.5, DHHS caseworkers have been assisting her in making decisions, but there has been a change in caseworkers and the message is inconsistent. She did have a caseworker involved for 2 years, but that caseworker left just as she entered the kinship placement.
What help does the youth need to "drive her own bus", or make her own safety plan? Is fear holding her back? What does she need to feel comfortable?	This will be a good question to bring back to the student. She gives a lot of herself, she constantly gives to other people but has recently made the statement, "I don't take care of myself", she is unfamiliar with the process of caring for herself
The student is on the verge of being an adult, how much does that weigh on her? Could this be causing some anxiety? What is the meaning of family to her?	During her transition from foster placement to her boyfriend's home, she did question if it mattered where she is or what decisions she made. Attachment is questionable, as she transitions into adulthood it will be important to set boundaries and explore independence.
Is there another adult or school staff that is safe that she can turn to? DHHS is in a good place now to do a "light touch" and collaborate with a guidance counselor?	She doesn't have relationships in the same way other children do who have intact families. She is often told she is resilient but often feels that is a burden, se doesn't want to be.

KEY RECOMMENDATIONS – Relationships and Crisis Support

Teens that present this way are often difficult to connect with. Continue to foster the relationship you have built with her. Your sensitivity in your work is applaud-able, keep persevering.

Connect with DHHS, the guardian ad litum for support. Pull together a meeting with her team, DHHS caseworker, guardian and outpatient clinician so everyone is on the same page, she is able to develop her plan, and everyone is aware of it.

The guardian ad litum could be a critical person for her, they are her voice and guide. Children in DHHS custody who are close to aging out have some options and additional supports to remain in custody and get continued financial support for different components.

Connect her to support groups aimed at teens, such as YLAT, a group for older teens who have grown up in DHHS custody. https://www.ylat.org/.

Help her to build intentional relationship with-- Guidance counselor, advisor, coach, or a favorite teacher, or anyone else within the school. Introduce her to the 2 in 10 practice, speak to someone that you may not always talk to for 2 minutes, and do this for 10 days.

Let her know that crisis is always an option for her, however if she is just needing someone to talk to she could also use the NAMI Teen Text Line, the National Crisis text line for warm support or just someone to listen to her. This may take some of the stress off her caregivers and/or crisis.

KEY RECOMMENDATIONS – High School Completion

Identify obstacles for her getting to school and problem solve around those.

- A team member to check in on her regularly, especially if she is absent.
- Consider getting the school resource officer involved to provide support or help get her to school.

Determine if her 504 plan can be used to allow her to focus on only the classes she needs for graduation, or only on “recovery” to hopefully eliminate self-sabotage when she feels overwhelmed.

Consider a Maine Diploma, if she is eligible.

KEY RECOMMENDATIONS – SBHC

Connect her to the school based health center. Missing her birth control is concerning and it is important for her to have consistency in her medication. Find out who is prescribing and make a connection with that provider.

Providers may consult about medication or connect with an adolescent psychiatrist by calling the Maine Pediatric & Behavioral Health Partnership Access Line to request a consultation: 1-833-672-4711

Other RESOURCES and CONTACTS:

Model of a safety plan: My Plan for Safety.docx
Maine Suicide Prevention Program’s Collaborative Safety Planning Guide:
Schools: Collaborative Safety Planning Guide.docx)

Suicide Prevention Safety Card: Suicide – Maine Prevention Store
Suicide Prevention Tool kit for Primary Care Practices: Suicide Prevention Toolkits - WICHE

Maine Suicide Prevention Program Manager: Sheila Nelson 207-287-3856 *Sheila.Nelson@maine.gov*

NAMI Maine Suicide Prevention Clinical Director: Greg Marley (800) 464-5767 x2302 *gmarley@namimaine.org*

PLEASE NOTE: *The recommendations in this document rely on the information provided during the relevant Project ECHO case consultation. Recommendations are provided to assist case presenters make decisions and may not be appropriate in all cases. Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any MPBHP clinician and any patient whose case is being presented in a Project ECHO setting.*