

D & E Counseling Center's Success Stories

BEHAVIORAL CONSULTATION SUCCESS STORIES

Success Story #1: (Johnny)

'Johnny' is an eleven-year-old boy who has been involved with the mental health agency since June 2004. He was referred due to severe oppositional, disruptive and aggressive behaviors at home and school. He was diagnosed with ADHD, Oppositional- Defiant Disorder, and Depression. Shortly after his involvement with the agency, he was referred by his home school to the district's alternative school, to begin the 2004/2005 school year.

'Johnny' lived with his maternal grandmother and younger sister in a Youngtown housing project. In addition to severe school problems, 'Johnny' was severely oppositional with his grandmother, which included stealing and lying behaviors. His mother suffered from chemical dependency and would have only occasional contact with him. His father had been killed when he was 4 months old. Much of his expressed anger was related to the loss of his parents.

Through the school setting, 'Johnny' was able to access a broad spectrum of needed mental health services. At school, he received individual counseling with the school-based mental health therapist (SBMHT) to address his anger and depression, along with group social and coping skills training. He was referred to the SBMHT's agency psychiatrist for medical treatment of ADHD. Effectiveness of the medication was monitored through staff feedback in conjunction with behavior management and consultative services provided as part of the school based service package. A community support worker from the mental health agency aided the family in accessing other community services that were identified in the assessment. This included referral to the agency's Intensive Outpatient Summer Program that further enhanced and reinforced social coping skills. His school-based counselor was able to provide Parent Management and supports through sessions at the school, office and home based services with his grandmother.

'Johnny' has made significant improvements with his treatment goals throughout his involvement with the SBMHT. His grandmother reports much improvement with his behaviors at home, with only occasional incidents of theft and lying. He attained Level V (highest level) at the alternative school and was moved back to his home school in January 2007. To date he is doing well in a regular educational setting. He is participating in community based social programs without reports of peer or behavioral difficulties.

D & E Counseling Center's Success Stories

Success Story #2: (Katie)

'Katie' is a nine-year old girl attending the 3rd grade at an inner-city public elementary school. She was presented to the school's Multi-Disciplinary Student Assistance Team (MDSAT) by the school guidance counselor. The reasons for her referral to the team were diminishing academic performance (now failing most subjects), inconsistent school attendance, chronically disruptive behaviors in the classroom when she does attend, and hygiene issues. At the time of referral, she was not involved with any mental health services, but was very familiar to the guidance counselor. She was in regular education and previous contacts with her guardian (grandmother) were best described as "adversarial".

The MDSAT group determined that 'Katie's' difficulties should be addressed from both an educational and behavioral approach. An "academic success plan" was developed that included components such as linking her with educational supports and tutoring programs within the school, as well as certain accommodations that were sensitive to her learning style. As a member of the MDSAT, the community School-Based Mental Health Therapist (SBMHT) was asked to consult with 'Katie's' teacher, observe her behaviors in the classroom, and develop a behavioral intervention strategy to address her disruptive behaviors. Because the SBMHT was not a school employee, it was felt that he could make contact with 'Katie's' grandmother to enlist her participation and input, without the barrier of her already adversarial position toward the school.

After consulting with 'Katie's' teacher, reviewing anecdotal notes of her disruptive behaviors, and observing 'Katie' in the classroom, the SBMHT contacted the grandmother. A home visit was scheduled and after explaining his role and the need to have her as part of the "team" to help 'Katie' better succeed at school, the SBMHT found the grandmother to be both cooperative and informative. She described the difficulty she has getting 'Katie' to school in the morning and also shared previously unknown information about 'Katie' being picked on by a group of students because of her hygiene. She expressed anger at the school because of her perception that the school just felt that 'Katie' was a "bad kid" and felt they didn't understand that she acts up when she's angry or frustrated.

With the above information, the SBMHT facilitated an aggressive bullying prevention program within the 3rd grade classrooms. Individual sessions with 'Katie' focused on developing coping skills to help her better manage her anger and incidents of bullying. A female guidance counselor assisted in working with 'Katie' on personal hygiene and the SBMHT developed a behavioral reinforcement program with 'Katie's' grandmother to encourage her hygiene and school attendance. As 'Katie's' grandmother began perceiving the school being more sensitive to 'Katie's' needs, she became more cooperative with the school and improved her communication with 'Katie's' teacher. After several months, 'Katie's' school attendance and classroom behaviors have improved significantly, as has her hygiene. While she is still struggling academically, improvements have been noted and she is cooperating with the extra academic help being provided to her.

D & E Counseling Center's Success Stories

SCHOOL LIASION SUCCESS STORIES

Success Story #1: (Mary)

After screening an 8th grade student at one of the suburban middle schools, I met with her to go over her screen results. 'Mary' answered the following questions as follows: she had a slight problem with being nervous and afraid, a slight problem with being unhappy/sad, a medium problem with withdrawing from friends, and a very bad problem with her temper. She also admitted to having less energy and to losing interest in activities that used to be fun for her. After going over the screen with her, we began talking about her home life. 'Mary' stated that her mom is an alcoholic, and drinks all of the time. When her mom does drink, she becomes very angry and is very verbally abusive towards her. 'Mary' had resorted to cutting as a way of coping with the stress in her life in the past, and stated that she had not cut for over a month. We discussed other coping mechanisms, but I shared with her my concern that she may start cutting again if her life became too stressful. I asked her if I could call her mom, since she was the one who signed the permission slip. 'Mary' did not want me to do that, as her mom is always drunk, and she felt that it would make the situation worse. She stated that she has an older sister that she is able to talk to, and stated that I could call her. I explained to her that due to confidentiality, I could only call the person who signed the permission slip. After more discussion, she agreed to talk with the school guidance counselor on a regular basis; I gave the counselor the student's name, and he began seeing her on a weekly basis.

A month after the screen, I returned to the same school to screen another student who had been absent the month before. The guidance counselor told me that he had been meeting with the above-mentioned student regularly and that the week before 'Mary' had been very upset because of issues with her boyfriend. Because I had told him that she had used cutting as a coping mechanism in the past, he knew to check her for marks. He asked her to lift her shirt -sleeve and she had very fresh knife wounds on both arms. 'Mary' began to cry and said that she had begun cutting again a few days before. He made a call home, and the family agreed to start her into counseling (with the older sister's encouragement). The guidance counselor stated that had I not told him about the cutting, he never would have thought to ask her to pull up her shirt-sleeve, because she did not willingly share this information with him. As a result of the screen, she is now getting the help she needs.

D & E Counseling Center's Success Stories

Success Story #2: (Beth)

I screened 'Beth,' a 10th grade student at one of our suburban high schools. She scored quite high on her screen. Though she was not suicidal, she answered yes to the following questions: lack of interest, less energy, always feeling tired, could not think clearly, and alcohol use when feeling sad (often drinking 5 or more drinks in a row).

When I asked her about this, she began to cry and told me that she had recently told her mother that she had been raped repeatedly when she was thirteen years old by a neighbor down the street. Though her mother was upset, nothing was really done. 'Beth' told me that since telling her mother, she was having trouble eating, she cried all of the time, she had trouble concentrating at school, and she was using alcohol as a way of self-medicating. We talked at length, and I allowed her to vent her feelings of anger about what had happened to her. She told me that she felt she needed to talk to someone, and I encouraged her to allow me to call her mother. I had a lengthy conversation with the mother by phone; the mother was very receptive to the information I shared with her, and clearly cared about her daughter's well-being. She was hesitant, however, to get her involved in counseling. I took quite a bit of time explaining to her the reasons why her daughter would benefit from counseling, and stressed to her that the feelings of depression, anxiety, and anger would probably escalate if 'Beth' didn't get professional help. The mother agreed to talk with her daughter that evening.

When a follow-up call was made two weeks later, the mother assured our worker, Melanie, that she had an appointment set up for the following week at D&E. She also told Melanie that she was extremely happy that I had called her, and that she was grateful that I was insistent about getting her daughter counseling. 'Beth' attended her counseling session in the beginning of February and was assigned a counselor. I was initially a little hesitant about being so insistent on counseling, but I felt very strongly that 'Beth' needed professional help in order to deal with what had happened to her.

D & E Counseling Center's Success Stories

Success Story #3: (Patty)

I screened an 8th grade student at one of the suburban middle schools; she appeared very depressed, very anxious, and marked on her screen that she had attempted suicide three weeks prior, and was currently having suicidal thoughts. She shared with me that she had been feeling this way since the summer before, after "friends" got into her MySpace and altered it. 'Patty' had been having problems with people constantly teasing her at school, and felt very isolated and alone. When I asked her about a suicide plan, she told me that she had set aside quite a few pills, and that it was only a matter of time before she tried again. She was very upset throughout the conversation, crying a great deal, and asking me if I thought she would be ok. I called her father at work and shared our conversation with him; he stated that he was aware of her previous suicide attempt, and was extremely concerned about the information I shared with him. I told him that I did not feel comfortable letting her go home on the bus to an empty house, and he agreed that he would leave work immediately to be there when she got home. I sent a list of agency resources home with the student, and when our worker made a follow-up phone call two weeks later, her dad stated that they had called a few agencies and were waiting to hear about insurance. In addition, he stated that the family had returned to church and this seemed to be helping 'Patty'. He was very motivated to get her into counseling as soon as possible. As a result of the screen, the family was aware that she was suicidal, and she was closely watched at all times.

D & E Counseling Center's Success Stories

Success Story #4: (Bob)

'Bob', a 10th grade student at a suburban high school screened positive for depression and past suicidal ideations. He answered yes to the following questions: nothing has been fun and I haven't been interested in anything, I have less energy than usual, I feel that I can't do anything well or that I am as good-looking or as smart as most other people, I have not been able to think as clearly or as fast as usual, and I have tried to kill myself in the last year.

When asked about these questions, 'Bob' did not think that it was a concern. As we talked about his friends and family, he started talking about being bullied by his peers and being verbally bullied by his father. All of this had come to a head this past summer when 'Bob' tried to hang himself in his bedroom; after a few minutes he said that he realized this was not the answer and stopped. He did not disclose this until now. 'Bob' talked about how his grades have dropped this year, how he is not able to sleep, and that he is tired all of the time. He has also been withdrawing from friends and family and has low self esteem. He then stated that he does not know what to do. 'Bob' and I discussed options on getting help, so that he did not have to feel this way. I encouraged him that it was brave to tell an adult about how he has been feeling and to want help. 'Bob' was hesitant about me calling his mother and when I pressed the issue I found out that he had signed his own permission slip. I informed him that I needed to call home and let an adult at school know the situation as well. We talked with a teacher that he trusted and called home to speak with his mother. She was very concerned when I told her what her son had disclosed on the screen and what he had told me. His mother reported not knowing any of this but would like to know what to do. I discussed counseling with 'Bob' and his mother; they were open to counseling and were able to make an appointment for an intake. 'Bob' has attended a few counseling sessions and the family plans on continuing.

D & E Counseling Center's Success Stories

Success Story #5: (Carol)

'Carol', a 7th grade student at an urban middle school screened positive for depression and for having suicidal ideations. The screen indicated that she would like help with the following: being nervous, being socially withdrawn, being unhappy, being irritable, and with drugs and alcohol. 'Carol' also answered the following questions: she is having a very bad problem with being nervous, a bad problem with being socially withdrawn, a very bad problem with being unhappy, a very bad problem with being irritable, has had a suicide attempt and has suicidal ideations.

'Carol' stated that she has a good relationship with her family, but she is not feeling like herself. Her grandmother recently died the day after her birthday. 'Carol' feels guilty that she did not spend enough time with her grandmother. She has been holding in her feelings of sadness and her grades have been dropping. In addition, she spoke about having a hard time trusting people, but would like help and would like to feel better. In the last year 'Carol' has often thought about getting away and not wanting to hurt anymore. She has in the past year attempted to kill herself by choking herself with a belt and taking pills. 'Carol' has disclosed this to friends, but not to an adult. 'Carol' stated that she has cut herself in the past and currently has access to pills if she wants them.

We discussed calling 'Carol's' mom and letting her mom know what was going on due to the severity of the situation and us wanting her to be safe. A trusted adult at the school and I called the student's mother together and asked her to come to the school to discuss the screening results. 'Carol' was nervous, but wanted to see her mom. She and I were able to discuss the results with her mother. While her mother was shocked, due to not knowing these details, she was quite concerned for her daughter. We reviewed safety in the home and increasing supervision with 'Carol'. The family does not have insurance at this time, so we were able to give her a healthy start application to fill out and submit. We also called the Youngstown State University Community Counseling Clinic (free) and set up an appointment, so that there was counseling in place while they were getting insurance. Arrangements were made to ensure that 'Carol' will also have support at school in place. The family was thankful that they were able to find out what was going on and be linked to help.

D & E Counseling Center's Success Stories

Success Story #6: (Jennifer)

'Jennifer', an 8th grade female student at an urban middle school screened positive for depression. She answered the following questions: she has a very bad problem with being unhappy and has suicidal ideations.

'Jennifer' stated that she does not have a good relationship with her grandmother, but sometimes gets along with her older sisters. She talked about being very sad and has conflict with one of her teachers daily. 'Jennifer' also stated that she has a loss of energy and sleeps when not at school and feels guilty over her mother and brother's deaths. 'Jennifer' also disclosed that she has in the past wished that she were dead when she has conflict with her grandmother. She argued with her grandmother before she came to school today and plans on running away as soon as school is over. In the past, 'Jennifer' has run away from home and recently she has been stealing at school. Further, the police have recently been called to the house a few times due to home conflict.

Currently, 'Jennifer' is seeing a therapist and has an appointment today after school. She is planning on running away though. I asked if we could call her grandmother and discuss this with her and also include the principal and her therapist, due to her wanting to run away. 'Jennifer' agreed. We called her grandmother and she will pick her granddaughter up after school and will take her to her counseling appointment, but would also like her to be hospitalized. This was discussed with 'Jennifer's' therapist and we decided to wait until her counseling appointment. The student was supervised throughout the day due to her wanting to run away. When 'Jennifer's' grandmother came to pick her up she was quite overwhelmed and asked if we could call Belmont Pines for an assessment. She was urged to go to her counseling appointment first so that everything could be assessed first. She stated that she would like to call Belmont Pines, we did and she took her granddaughter for an assessment. 'Jennifer' was admitted that evening and is now back at home. Case management services have been added to her counseling services.

D & E Counseling Center's Success Stories

Success Story #7: (Stephanie)

'Stephanie', a 10th grade female student at a suburban high school screened positive for depression and suicide. She answered yes to the following questions on the screen: nothing has been fun and I haven't been interested in anything, I have less energy than usual, I feel that I can't do anything well or that I am not as good-looking or as smart as most other people, I have not been able to think as clearly or as fast as usual, I have thought seriously about killing myself and I have tried to kill myself in the last year.

When 'Stephanie' and I began talking, she told me that she has a counselor and has an appointment with her tomorrow. She also stated that her mom knows everything that she put on the screen, but her counselor is not aware of this information. 'Stephanie' is grieving the loss of her sister and her sister's boyfriend, who both died of drug overdoses recently. She herself tried to overdose on her medication this past week, and after she attempted she disclosed to her mother. 'Stephanie' also disclosed that her grades have been getting worse, she has been staying home more (not hanging out with peers), and she has been very tired, has gotten in trouble with the law, and has a lack of concentration due to thinking about the loss of her sister. 'Stephanie' states that her sister was the reason she got up in the mornings and was her best friend.

I asked if I could call her mother and let her know that she had told me what was going on and 'Stephanie' said that was okay. When I spoke with her mother, I encouraged her and her daughter to discuss this with the therapist tomorrow at their appointment. I asked if she would like me to share the results with the therapist so that they could discuss it in session tomorrow. 'Stephanie's' mother was very appreciative and said that would be fine. I also encouraged her mother to increase supervision and safety, due to the recent suicide attempt and the upcoming memorial for her sister. Her mother was quite supportive and concerned for her daughter. As a result of the screening, the family and therapist agreed to add a more intensive service to what they were already receiving. Now, a level II therapist has been added and she sees the family twice a week at their home along with individual therapy provided at the counseling center.

D & E Counseling Center's Success Stories

Success Story #8: (Amy)

'Amy', an 8th grade student at a suburban middle school screened positive for depression and suicidal ideations. She asked for help for the following questions: I am having difficulty with friends, being unhappy, and being irritable. 'Amy' also disclosed that she has a bad problem with being irritable and has had suicidal ideations in the past.

When discussing these questions on her screen, 'Amy' was concerned about having a low mood and being irritable with her friends and family. In the past, when 'Amy' would get mad, she would say or think "I want to kill myself." She reported that this was about 2 years ago and has not told her friends, family, or therapist. 'Amy' denied any suicide attempts or self-injurious acts. She was concerned and would like help. I asked if it was alright to call her mother and she said that it was fine. When speaking to her mother, her mother reported that they had been going to counseling every 2 weeks and that her daughter had not brought up these concerns. I encouraged her to continue counseling and asked if she would like me to send her a copy of the summary sheet to discuss with the therapist. The mother took the summary to the next counseling session and they discussed it. The therapist then contacted me with the appropriate release and asked about the screening. The therapist stated that she was not aware of the information that 'Amy' had disclosed on the screen. She also explained that they had not been meeting often due to 'Amy' making progress in therapy. But now with the results of the screen, they will start meeting more often to work through the present issues.