



# *Connecting Students in Distress with Behavioral Health Services*

*An Educator's Overview of Roles,  
Referrals and Resources*

For P-12 Teachers & School Personnel in the  
District of Columbia Public School System



## A Call to Action

The research is clear. When students show signs of distress, the most powerful in-school intervention is a teacher who notices, listens and takes action on behalf of students.

And why you? Teachers, coaches, and other frontline personnel who interact with youth everyday are in the best position to respond when a student shows signs of psychological distress.

### Your Role

The earlier a student is identified, assessed, and referred to the appropriate behavioral health service, the better the odds are in delaying or even preventing a child from a life of academic failure, substance abuse, suicide, or involvement with juvenile justice. Your role is to **know and follow** your school's protocol.

### Program Purpose

This program is designed to provide you with the tools needed to identify students in distress and refer them to appropriate services, starting with your school's protocol.



## Signs of Distress

Before you refer a student, it is important to know how to identify some common signs of distress. Although some warning signs are obvious, there are other less obvious

signs which could be the *real* indicators of a student's unmet behavioral health needs. Remember, your job is to notice and listen before referring a student.

Signs of distress can fall into several categories, but are *not always* indicators of unmet behavioral health needs. Here are some examples of categories:

- Academic
- Behavior
- Appearance
- Difficulty making transitions
- Family
- Environment



## Signs of Distress

Below are some common examples of distress you might have observed from students at your school...



**Maria, grade 11,**  
*frequently arrives to class  
with bloodshot eyes, uses  
profanity and is otherwise  
disruptive.*



**Dillon, grade 9,**  
*suddenly begins to miss  
class, fails to complete  
assignments and neglects  
his hygiene and personal  
appearance.*



**Jordan, grade 5,**  
*is falling asleep in class and  
is often irritable. His  
grades are falling  
significantly.*



**Sarah, grade 2,**  
*is often lethargic and  
unmotivated, and has been  
reported for stealing food  
and other items.*

**Important Note:** Behavioral health warning signs look differently for students at different ages and grade levels. Rely on the mental health professionals at your school to make the assessment.



## Signs of Distress

Below are some common examples of distress you might have observed from students at your school...



*Jasmine, grade 12, is disruptive and demonstrates other attention-seeking behavior.*



*Kevin, grade 10, is aggressive towards other students, skips class often and has been accused of gang involvement.*



*Ricardo, grade 7, seems to be rejected by his peers, is often anxious and feels threatened and intimidated at school.*



*Isabella, grade K, cries constantly, is clingy with teachers and speaks with anger about her parents.*

**Important Note:** Behavioral health warning signs look differently for students at different ages and grade levels.

Rely on the mental health professionals at your school to make the assessment.



## Who are the Mental Health Professionals at School?

Now that you have become familiar with some of the signs of distress, you need to know who the mental health professionals are in your school, and how you can partner with them to help students.

In DCPS schools, students and families have access to school mental health clinicians and school social workers. You should feel comfortable contacting any clinician when a student is in trouble.

### Department of Behavioral Health Clinicians

The Department of Behavioral Health (DBH) operates a school-based program in over 50 public and public charter schools and is expanding to include 19 additional schools.

DBH has school mental health clinicians who offer prevention, early intervention and treatment services to youth and their families.

#### SMHP Clinicians:

- Are employees of the Department of Behavioral Health who are located at District schools
- Provide supportive services for teachers and staff (*i.e. conducting classroom observations to identify youth who may need mental health services and supports*)
- Work within existing support services in the schools to help create a safer and more supportive school climate
- Provide direct treatment services to students and families
- May serve on a Student Support Team (SST)



## Who are the Mental Health Professionals at School?

Although SMHP Clinicians work in over 50 schools on a full and part time basis, *every* DCPS school has a social worker on staff. Even if you happen to be at a school that does not have an active SMHP, the school social worker

is always available to assess the student and implement appropriate services. Teachers and families need to know what options are available for them so students can get the help they need.

### School Social Workers

Like SMHP clinicians, school social workers are licensed to offer prevention, early intervention and treatment services to youth and their families. Both utilize evidence-based practices (EBPs) to help students.

In addition, all clinicians are on hand in the aftermath of traumatic events affecting the school population.

#### School Social Workers:

- Are employees of the DC Public School System
- Provide supportive services for teachers and staff (*i.e. conducting classroom observations to identify youth who may need mental health services and supports*)
- Work within existing support services in the schools to help create a safer and more supportive school climate
- Provide direct treatment services to students and families
- *Always* serve on Student Support Teams (SST)
- Chair SSTs in 50% of DC public schools



## Who are the Mental Health Professionals at School?

Depending on whether you serve at a public school, a public-charter school or another child serving facility, the way you refer a student for help might look different.

One difference stems from whether your school has an active Student Support Team (SST).

### What is a Student Support Team (SST)?

SSTs exist to provide support for students with academic and/or behavioral concerns. They are typically made up of 3-5 members and can consist of

- a teacher
- an administrator
- a counselor
- a special education teacher
- a school social worker
- a parent
- additional specialists and office staff

***\* As an educator, you might be asked to participate on an SST at some point.***



## Who are the Mental Health Professionals at School?

School mental health clinicians and school social workers *can and do* serve on Student Support Teams. School social workers are often asked to lead or be the consultant for SSTs once a student's behavior becomes a concern.

At some point in the process, a decision has to be made about how to best support the student. The clinicians at your school are there to facilitate this process.

### Your Role on a Student Support Team

As a teacher, you may notice an academic or behavioral concern from a student. After documenting your own attempts to resolve the issue, you may choose to contact the SST at your school. With your participation, the SST will discuss which interventions are appropriate.

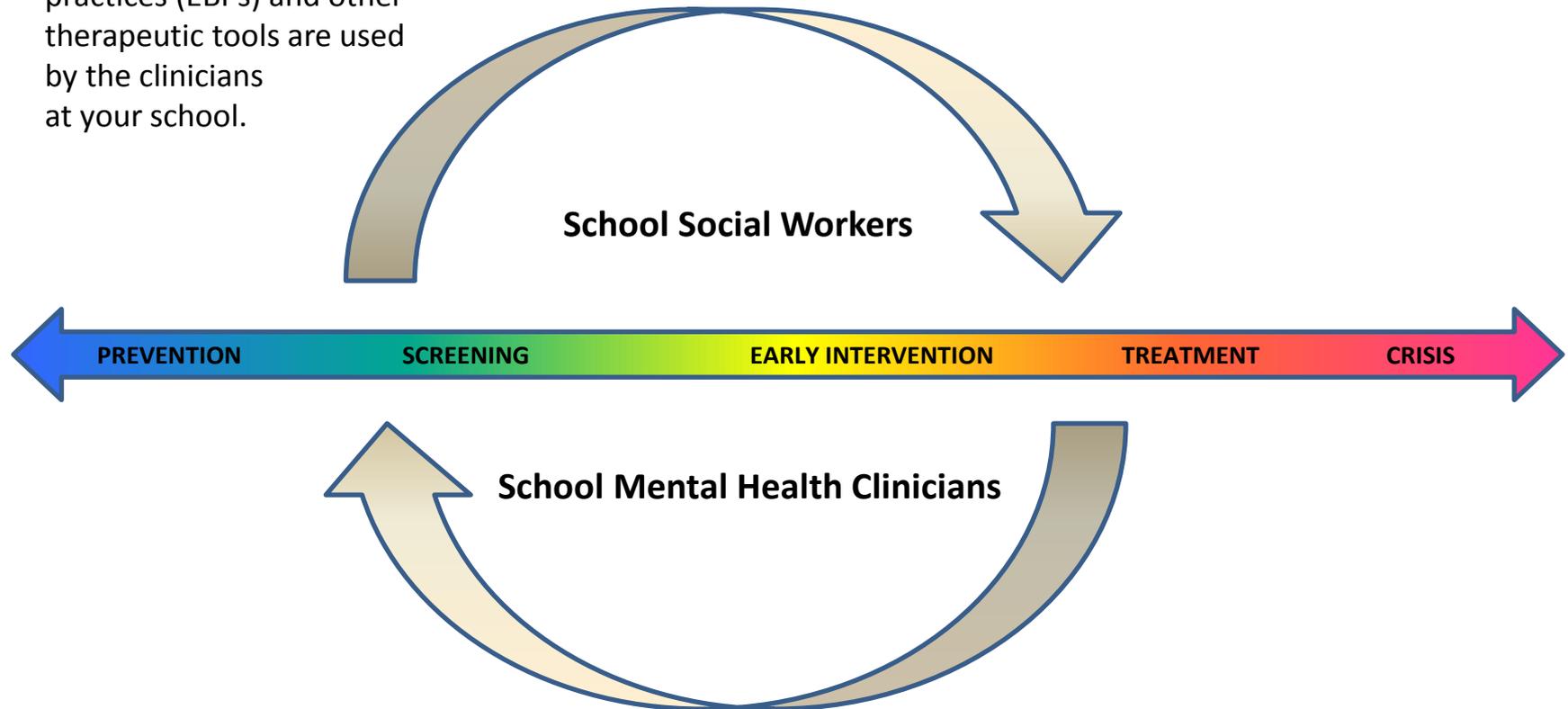
***\*As an educator, you might be asked to participate on an SST at some point.***

The Student Support Team will implement specific interventions to address the student's needs. The team members typically observe student behavior within the classroom for approximately six weeks to determine whether the strategies are effective. At that time, they can choose to maintain or modify the strategies, or refer the student for a special education assessment.



## Continuum of Behavioral Health Services

Behavioral health services exist along a continuum of care. A range of evidence-based practices (EBPs) and other therapeutic tools are used by the clinicians at your school.



## Prevention Programs & Tools

PREVENTION

SCREENING

EARLY INTERVENTION

TREATMENT

CRISIS

Program Name	Grade Level/ Age Range	Description	School Mental Health Program EBPs	DCPS Evidence-based Practices
Theater Troupe/Peer Education Project (TT/PEP)	Based on assessment criteria	Peer education intervention that increases knowledge of social norms, modifies beliefs, attitudes and intentions through the examination of consequences; and promotes the development of communication and peer refusal skills related to alcohol and marijuana use		X
Healthy Boundaries	Grades 7-9	Sexual Abuse prevention program that teaches the skills needed to prevent or interrupt abuse	X	
Good Touch/Bad Touch	Elementary	Sexual Abuse prevention program that teaches the skills needed to prevent or interrupt abuse	X	X
Signs of Suicide (SOS)	Middle and High School	A depression awareness and suicide prevention program which teaches students to ACT (acknowledge, care and tell) when they or a friend experiences symptoms	X	X
Too Good for Violence	Grades 3-12	A program that reduces aggression and improves student behavior; emphasizing conflict resolution, anger management, self-respect and effective communication	X	
Connect with Kids	Middle and High School	A program that improves student behavior in areas such as teasing, bullying, cheating, lying, respect for others, academic perseverance and violence prevention	X	
Question, Persuade, Refer (QPR)	All	A tool for teachers and administrators to help them recognize the signs of suicide	X	X



## Screening Programs & Tools

PREVENTION

SCREENING

EARLY INTERVENTION

TREATMENT

CRISIS

Screening tools are used by school mental health professionals during the assessment process. Clinicians take the following into consideration during an assessment

- Aptitude and achievement tests
- Parent/Guardian and teacher input
- Outcomes of EBP interventions
- Student's health, social and cultural background
- Student's attendance and discipline history
- Documentation of adaptive behavior functioning
- Other relevant information



## Early Intervention Programs & Tools

PREVENTION

SCREENING

EARLY INTERVENTION

TREATMENT

CRISIS

Program Name	Grade Level/ Age Range	Description	School Mental Health Program EBPs	DCPS Evidence-based Practices
Child-Centered Play Therapy (CCPT)	Elementary	Helps children self-regulate emotions, develop executive functioning skills and increase emotional literacy		X
Mental Health Consultation (MHC)	PreK-12 Tools for Teachers	Indirect student intervention in the form of a problem-solving process for teachers to increase their self-efficacy in managing behavioral and mental health concerns in the classroom		X
Too Good for Violence	K-12 <sup>th</sup> Grade	A violence prevention and character development program designed to minimize violence	X	
Primary Project	PreK-3 <sup>rd</sup> Grade	Targets students displaying early school adjustment difficulties and may be at-risk for additional socio-emotional difficulties	X	



## Treatment Programs & Tools

PREVENTION

SCREENING

EARLY INTERVENTION

TREATMENT

CRISIS

Program Name	Grade Level/ Age Range	Description	School Mental Health Program EBPs	DCPS Evidence-based Practices
Cognitive Behavioral Intervention for Trauma in Schools <b>(CBITS)</b>	Grades 5-9	Addresses specific incidents of trauma exposure	X	X
Motivational Enhancement Therapy & Cognitive Behavioral Therapy <b>(MET/CBT5)</b> , Cannabis Youth Treatment <b>(CYT)</b>	Ages 12-18	Intervention to address cannabis use disorder		X
Structured Psychotherapy for Students Responding to Chronic Stress <b>(SPARCS)</b>	Middle and High School	Targets chronically traumatized adolescents experiencing chronic stress and problems in functioning		X
Taking Action	Ages 9-14	A program for youth with depressive disorders; the program can be modified to address youth of all ages	X	
Trauma Focused Cognitive Behavioral Therapy <b>(TF-CBT)</b>	Ages 3-18	Targets students who may be experiencing symptoms related to trauma and/or violence	X	X

## Crisis Services & Tools

PREVENTION

SCREENING

EARLY INTERVENTION

TREATMENT

CRISIS

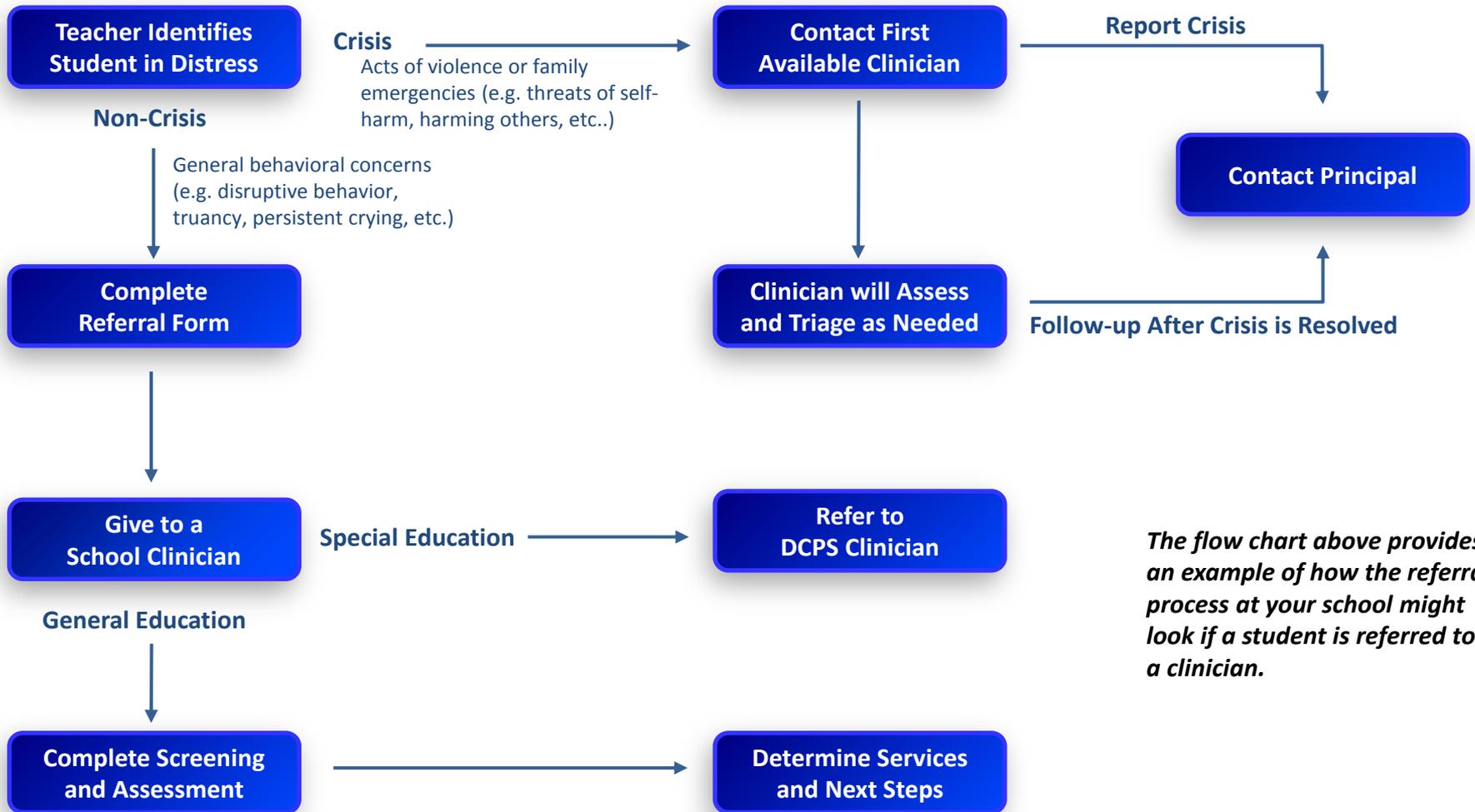
In cases of crisis, the clinicians at your school will work with the principal and other administrators to respond immediately. Crisis teams are available to provide support to children and youth both within the school and in the community.

Depending on the nature of the crisis, it might be necessary to get support outside of the school. In these instances, you should contact a mental health professional or the principal of your school. Parents/legal guardians of the student should also be made aware of emergency situations.

Please review the school crisis plan and speak with an administrator for details about the protocol at your school.



## The Referral Process at your School Might Look Something Like This ....



*The flow chart above provides an example of how the referral process at your school might look if a student is referred to a clinician.*

## Legal Mandate to Report Child Abuse and Neglect

Mandated reporters are an integral part of the protection of children in the District of Columbia. Individuals who frequently work with children are often the first adults to see signs of child abuse or neglect. The nature of their child friendly professions makes them uniquely qualified to protect children from maltreatment. Individuals in those professions are mandated reporters because they are legally mandated to report child abuse and neglect.

District of Columbia Law identifies several professions as mandated reporters, including:

- Teachers
- Athletic Coaches
- Mental Health Professionals
- Psychologists
- School Officials

Visit [DC.MandatedReporter.org](https://www.dc.gov/mandatedreporter) for more information on how to recognize signs of abuse and how to make a report.

If you suspect that a child is being abused or neglected contact the Child and Family Services Agency's (CFSA) 24-hour hotline at **202.671.SAFE (7233)**



## Local Resources and Services

Below is a sample of organizations within the District that can provide support for students and their families. This is not an exhaustive list. For help with contacting additional services and/or resources, call the Access Help Line at 1.877.793.4357.

### SUICIDE

- [ChAMPS of Catholic Charities](#)
- [IAMtheDifferenceDC.org](#)
- 1.800.SUICIDE (1.800.784.2433)
- 1.800.273.TALK (Spanish)
- [TheTrevorProject.org](#)
- [Suicide Prevention Resource Center SPRC.org](#)

### YOUTH PREGNANCY

- [Mary's Center for Maternal and Child Care](#)
- [Teen Alliance for Prepared Parenting \(TAPP\)](#)
- [Healthy Babies Project](#)

### DEPRESSION

- [TeenDepression.org](#)
- [DBSA National Capital Area, dbsanca.org](#)

### ADDICTION TREATMENT

- Department of Behavioral Health/APRA [dmh1.dc.gov/page/apra](#)
- [Salvation Army](#)
- [Better Way Program](#)
- [Clean and Sober Streets](#)

### RAPE/SEXUAL ABUSE

- [DC Rape Crisis Center](#)
- [RAINN](#)
- [Safe Shores](#)
- [National Sexual Violence Center](#)

### GANG VIOLENCE

- [ARISE Foundation](#)

### DOMESTIC VIOLENCE

- [Break the Cycle](#)
- [National Domestic Violence Hotline 1.800.799.SAFE](#)
- [SashaBruce.org, 202.547.7777](#)

### EDUCATIONAL PROGRAMS

- [SchoolTalk](#)
- [Beulah Baptist Church GED Center](#)
- [Boys and Girls Club of Greater Washington](#)
- [For the Love of Children \(FLOC\)](#)

### HIV/AIDS

- [Damien Ministries](#)
- [Israel Baptist Church](#)
- [DC Department of Health](#)

### SEXUAL LITERACY/LGBTQI2-S

- [Supporting and Mentoring Youth Advocates and Leaders \(SMYAL\)](#)
- Mayor's Office of GLBT Affairs [GLBT.dc.gov](#)
- [MetroTeenAIDS.org](#)
- [CASS collectiveactiondc.org](#)
- Sexual Health Division, Office of the State Superintendent [OSSE.dc.org](#)

### MENTORING/TUTORING

- [Concerned Black Men, Inc.-DC](#)
- [Prepare Our Youth](#)
- [AmeriCorps](#)

### VICTIMS OF BULLYING

- [StopBullying.gov](#)
- [Centers for Disease Control](#)
- [PTA.org](#)
- [TeachingTolerance.org](#)

### FOOD PANTRIES

- [Capitol Area Food Bank](#)
- [Bread for the City](#)
- [So Others Might Eat \(SOME\)](#)

### CLOTHING DONATIONS

- [The Family Place Inc.](#)
- [Allen Community Outreach Center \(ACOC\) \(202\)-889-5607](#)
- [Anacostia Community Outreach Center](#)

### HELP FOR HOMELESSNESS

- [Covenant House](#)
- [Latin American Youth Association layc-dc.org](#)
- [National Coalition for the Homeless](#)
- [Neighbor's Consejo](#)

### FAMILY SUPPORT COLLABORATIVES

- [Marshall Heights Community Development Organization, MHEDO](#)
- [Georgia Avenue Family Support Collaborative, GAFSC](#)
- [Far Southeast Family Strengthening Collaborative, FSFSC](#)

