





“Mental health problems do not affect three or four out of every five persons but one out of one.”

-Dr. William Menniger

Who are we?

- **SCIP: conceptualized in 2005 –operational in 2006**
- **8 Consultants (1-Francophone)**
- **Trained in many modalities including Triple P**
- **Varied and extensive experience in the field**
- **Based on a Solution Focused -Family Systems Approach**
- **Clinical supervisor/team leader – MSW-RSW**
- **Consultations and collaboration through team meetings**
- **SCIP Advisory Committee, comprised of school board and agency delegates, provide governance to this program**



Results



- The SCIP program has expanded to over 80 schools across three counties with the support of the MCYS (Ministry of Child and Youth Services)
 - Elgin- Oxford-26 schools
 - Middlesex- London- 54 schools
- Roughly 1/3 of all referrals to date have been referred to a physician; of them 1/4 were referred to Psychiatry
- Parents' and Teachers' shared that they felt the SCIP Program was essential in improving the lives of families within our community.

The Benefits of Early *Intervention*



Research indicates that if problems are not effectively treated at an early stage, they can become a clinical pathway to more severe emotional, social and behavioural problems.

“In fact, numerous studies have indicated that having a repertoire of coping skills at a young age can be a “buffer” or “moderator” of the effects of negative life stress on the development of psychological maladjustment” • (Pincus & Friedman, 2004)

- Improved school success
- Increased academic success
- Improved coping skills
- Improved social adjustment
- Reduced risk behaviours
- Improved communication skills
- Collaborative engagement with parents
- Improved self regulation and awareness

SCIP's Target Population



- **Elementary School Children in grades 1 to 6 (typically ages 6-12years)**
- **Identified and referred to SCIP by their school team**
 - LCDSB requires ALT and one other affiliate staff for all referrals
- **Exhibiting externalizing behaviours that may be interfering with their performance at home, school, and in the community**



Referral

Your Part

- Consider the criteria
- Complete the Referral Package
- Obtain Parent Consent
- Complete the Teacher measures

Our Part

- Consultation
- Pick up the completed referral package and ensure all components are filled out

Referral



Consider a Child Who is:

- Having difficulty following rules
- Non compliant
- Irritable and moody
- Being disruptive in the classroom
- Having problems attending
- Hyperactive
- Impulsive
- Often losing his/her temper
- Being argumentative
- Annoying others or being easily annoyed by others
- Easily angered and resentful
- Blaming others for his/her mistakes
- Having problems working effectively in groups or in teams
- Showing signs of difficulty in making and keeping friendships

Referral



Children **Outside** of SCIP's Mandate:

- Children who are in need of more intensive treatment such as residential or day treatment
- Children who are involved in the justice system
- *Children who are already receiving similar care in the community*
- Children whose needs are better served by other agencies due to such primary presenting problems as:
 - Depression and anxiety
 - Pervasive developmental disorders
 - Substance abuse problems
 - Physical illness without an associated mental health problem
 - Intellectual functioning in the lowest 2% of the population

Intake

Your Part

- Support the family and direct any questions to the designated SCIP Consultant

Our Part

- Parents complete Parent measures
- Limits to Confidentiality/Risks
Benefits review
- Acceptance/Deferral
- Complete the Intake Forms

Assessment

Social/Emotional/Behavioural

Your Part

- Complete Teacher Connors, TRF
- Allow us to come into the school to complete an observation/brief child interview

Our Part

- Review information from the OSR
- Complete Observation (usually 1 observation at varied times)
- Client Interview –about 30 minutes
- Parent Interview, Connors, CBCL
- Written Assessment Report

Assessment Feedback & Review

Your Part

- If requested by the parent- participate in a meeting to review recommendations from the assessment report

Our Part

- Review assessment report with the parent and determine what information will be shared with the school
- If the parent requests that no information be shared with the school- advise the referring contact person of this decision

Treatment / Best Practice

Your Part

- Open communication between school team and SCIP Consultant

Our Part

- Medical (paediatrician, psychiatric)
- Education/info to parents & schools
- School & Home based strategies/education
- Parenting-Triple P
- Facilitate Community Referrals

Treatment / Best Practice

- ❑ Parenting Group– Triple P (group or individual)
 - How to manage disruptive behaviour and to encourage desirable behaviour.

- ❑ ‘Fast Track’ to paediatrician and psychiatry
 - To holistically assess the well-being of the child medically, behaviourally and emotionally.

- ❑ Support the parents through attending appointments and improving their understanding of symptoms and solutions (capacity building/warm handoffs)

Service Coordination / Case Management

Your part

- Time delays do not mean inactivity
- If you have any questions, please speak to the consultant assigned to the case

Our part

- Referrals to existing community resources
- Navigate System
- Advocate/Attend appointments
- *Bridge* home & school

Feedback on SCIP....

Your Part

- Complete annual surveys
- Contact- SCIP Clinical Team Leader:
Sharon Walker
swalker@scipinlondon.com
519-432-0881 ext 353

Our Part

- Gather feedback through formal Parent and School Satisfaction Surveys
- Collate results and share with SCIP Advisory Committee
- Gather informal feedback through regular “check ins” with Family & School



**If you have any questions or require
further information, please do not
hesitate to contact us:**

519-432-0881

