

The paper for
professionals who work
with troubled youth



STARR POINTS

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also be used as a problem-solving format in teams. This involves structured meetings facilitated by a leader trained in the Circle of Courage and CLEAR methodologies.

The most important person in the CLEAR team process is the student. Young persons are the experts on themselves and only through listening to their voices will adults understand their inner world. Prior to the formal meeting, the facilitator gathers available school and case records, such as attendance and office discipline referrals, grades and progress reports, and health and psychological records. To prepare youth for the meeting, it is important to connect with the student and explore how they think and feel about their situation and the strategies they use to cope. This private discussion can follow the same CLEAR format to be used in the team meeting. The facilitator also explains to the student the meeting's purpose and format so this can be seen as a positive opportunity for respectful communication.



A CLEAR approach can help reclaim challenging youth

The following excerpts are from an article by Vikki Seger, MA and Nancy Koehler, MA describing a unique team approach to planning and positive behavior support where the young person becomes a key participant in solving problems and setting goals for growth. Koehler, N., & Seger, V. (2011) The CLEAR™ Problem-Solving Model: Discovering Strengths and Solutions, *Reclaiming Children and Youth*, 20(1), 16-19.

The CLEAR Team Problem-Solving model shifts the focus from deficits to strengths and solutions. The goal is to identify how a child's private logic and interpersonal conflicts serve to maintain maladaptive behavior. Specific interventions are designed to meet the universal growth needs for Belonging, Mastery, Independence, and Generosity (Brendtro, Brokenleg, & Van Bockern, 2002). This process values and supports each individual involved and engenders a spirit of hope and optimism.

In their book *Response Ability Pathways (RAP)*, Brendtro and du Toit (2005) summarize the research on understanding the purpose of behavior with the aptly named acronym CLEAR. This is a timeline by which the brain processes behavioral events:

CHALLENGES produce stress triggering
LOGIC which combines with
EMOTIONS which drive
ACTIONS that lead to
RESULTS or consequences

Using a structured team meeting, a trained facilitator frames the discussion around the CLEAR sequence of problem-solving. This evidence-based model is grounded in resilience science, neuroscience, and positive behavior support (Brendtro & duToit, 2005; Brendtro, Mitchell & McCall, 2009; Koehler, 2006). Viewed through the lens of potential, parents and staff join with the youth to create a CLEAR plan for the future. In RAP interventions, the CLEAR problem-solving process is used with individual students. The CLEAR model can

Through the CLEAR Team Problem-Solving process, adults learn what the student needs. A short period of brainstorming presents a wealth of ideas from which to choose. When these ideas are generated by the people who will implement them, follow-through is more likely. Often students themselves bring up the best ideas.

Support plans are designed to address student needs for belonging, social-emotional-academic mastery, independence, and generosity. Plans to monitor progress define specific data collection methods for behavioral support. Action plans define who will do what by when, making sure all implementation details are attended to and no one person is responsible for everything. Scheduled follow-up meetings insure fidelity and opportunity for modification.

References:

- Brendtro L., Brokenleg, M., & Van Bockern, S. (2002). *Reclaiming youth at risk*. Bloomington, IN: Solution Tree.
- Brendtro, L., & du Toit, L. (2005). *Response Ability Pathways: Restoring bonds of respect*. Cape Town, South Africa: Pretext.
- Brendtro, L., Mitchell, M., & McCall, H. (2009). *Deep brain learning: Pathways to potential with challenging youth*. Albion, MI: Starr Commonwealth.
- Koehler, N. (2006) Team planning to CLEAR up problems. *Reclaiming Children and Youth*, 15(3), 155-161.

In their own words

"I started to look at the Starr staff like they were mother and father figures in my life. They paid the way for me to attend college tours and also paid for me to take my G.E.D test. I started to open up to them about all my stresses and issues in my life. My relationship with my father has gotten much better, and we are very close now. I've learned that there are people out there who do care for others, and that it is never too late to turn your life around. I am very proud about how far I've come and hope to make others proud by getting a degree and accomplishing my career goals later on in life."

— Javon, a former youth in the Starr Columbus residential program

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THE LONG VIEW

Dr. James Longhurst is a licensed psychologist for Starr Commonwealth. In his role as Senior Vice President of Clinical and Psychological Services, Jim is involved in all case planning and clinical services for the organization. He is a member of the American Psychological Association and is a charter member of the International Positive Psychology Association. Jim is a certified lead facilitator and trainer for Starr's Healing of Racism and Glasswing® facilitator training initiative.



Lights, camera, action...it's telepsychiatry!

A couple years ago our health services supervisor told me that between 60-70% of youth entering our Albion residential treatment program were being treated with psychotropic medications for their mental health issues. We had been utilizing the services of local psychiatrists to treat these students, but it was obvious that we would need to expand our capacity in this area. This need isn't unique to Starr Commonwealth; the American Academy of Child and Adolescent Psychiatry estimates that there is a shortage of board qualified psychiatrists to meet the needs of between 7 and 12 million youth who are currently being treated for mental, behavioral, or developmental disorders.

I set out to see how we could meet the growing needs of our kids. One thing I did was to call my daughter Jamie, who at the time was in her second year of residency at Michigan State University's College of Osteopathic Medicine. She directed me to contact Dr. Jed Magen, who is the Chair of the Department of Psychiatry for both the College of Osteopathic Medicine and the College of Human Medicine at MSU. Jamie said that he is highly regarded and could possibly help, so I called him and scheduled a time to meet.

I met him in his office at MSU and after getting to know him a bit, I asked if he and/or his colleagues would be able to come to our Albion campus and provide services. As we talked together, I was disappointed to learn from him that MSU would not be able to send a psychiatrist to our campus. But I was encouraged to hear him continue to say, "We could provide telepsychiatric services for your kids if you have the equipment." I asked him to elaborate and he stated that they were already providing psychiatric services through videoconferencing to youth and that it was proving to work very well. I left this meeting feeling hopeful and returned to my office to learn more about this concept and how we might be able to implement telepsychiatry in our program.

I found that telepsychiatry had gained wide acceptance among both providers and clients and that randomized clinical trials with adults indicated that psychiatric consultation and follow-up can be as effective when delivered by telepsychiatry as when provided in person. For children and adolescents there was ample anecdotal evidence of its effectiveness and the early research had also shown the effectiveness of telepsychiatry. Currently, the National Institute of Mental Health is conducting the first large federally funded randomized clinical trial to determine the effectiveness of telemental health in treating childhood emotional problems.

With the help of our IT department, I learned that our videoconferencing equipment was compatible with MSU and could be used for telepsychiatry. After developing a contract with MSU and some technological adjustments, we began to fully utilize telepsychiatry in early 2010.

We have a regularly scheduled time for our students each week to meet with Dr. Magen and his team where full evaluations and medication reviews can take place. Parents can also phone conference in to the sessions. We have found many benefits for our kids and parents through telepsychiatry. For one, utilizing this system is less disruptive for a student that no longer needs to be transported sometimes several miles from campus to a psychiatrist's office. One student commented, "I like that I don't have to leave campus to have my psych appointment. I don't have to wait in a waiting room doing nothing...I just do the things I usually do, then go to the appointment and when it's over I can resume my normal routine again."

As well, we have found that students feel safe and comfortable with this system. A student noted that "It can be more comforting because you are not physically in front of the doctor. That extra barrier (utilizing the monitor) helps reduce some of the anxiety!" For many of our students, telepsychiatry provides a less intimidating experience.

Parents, too, are also very satisfied with the quality of care. One parent notes, "I didn't understand why my child was on some of the medications prescribed before coming to Montcalm. I was able to talk to Dr. Magen and with some time, adjustments have been made to the medications. My child takes less medication than before, I understand why the medications are being used, and overall I've seen improvement in my child."

We are very pleased with telepsychiatry and hope to continue to explore the benefits of other telehealth services. We are happy to be working with Dr. Magen and MSU's team of psychiatrists. We know that they share with us the belief that the most important variable is the reliance on a strong therapeutic relationship between our kids and them.



Starr Commonwealth Programs

Albion, Michigan

Juvenile Justice (residential)
Sexually Reactive Youth (residential)
Abuse/Neglect (residential)
Alternatives (substance abuse, residential)
Montcalm School for Boys and Girls

Battle Creek, Michigan

Day Treatment
Intensive In-Home
Starr Life Skills
(supervised independent living)
Foster Care
Starr Suspension Center
Credit Enhancement Program
Juvenile Diversion Program

Columbus, Ohio

Sexual Offender Program (residential)
MyPlace Independent Living
Treatment Foster Care
Community-Based
New Paths (delinquent residential)
Emergency Shelter Care

Detroit, Michigan

Alternatives
(substance abuse, community-based)
New Boundaries (residential transition
and reintegration support)
Starr Life Skills
(supervised independent living)
Foster Care

Starr Institute for Training

The National Institute for Trauma
and Loss in Children (TLC)
Circle of Courage
Glasswing
No Disposable Kids

*For Michigan referrals, please call
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or e-mail michintake@starr.org*

*For Ohio referrals, please call
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Starr Points is a quarterly newsletter published by Starr Commonwealth, an internationally recognized leader in transformational programs for children, families, schools and communities. Founded in 1913, Starr's treatment philosophy is rooted in seeing something good in every child, which serves as the guiding principle in its strength-based approach. Starr offers a full spectrum of community-based early intervention and prevention services along with specialized residential programs. Through the Starr Institute for Training, parents, clinicians, educators and childcare professionals now have access to Starr's highly successful and innovative techniques aimed at bringing out the best in every child. For more information, visit www.starr.org.

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