**Student Assistance Program**

**PBIS – Positive Behavioral Interventions & Support**
SUD & Mental Health Problems – Dual Diagnosis
“Evidence Based” - 8,000+ Idaho Students – Stats Available
Web Based “KISS” Solutions

Interventions Change Behaviors
Interventions are Uncomfortable – Often Avoided
New iMR Processes = Effective/Efficient/Acceptable/Stoic Interventions
Post Intervention = Client/TEAM become Responsible/Accountable

**Positive School Benefits**
Reduced Violations
Increased Daily Attendance
Grant supported financing

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**Schedule Intervention to Rule-In or Rule-out**
Substance Abuse/Dependence
Depression
Anxiety
Cognitive
Anger
(Optional: Social and Criminal Behaviors)

**Staff recognizes – changes**
Behavior
Attitudes
Attendance
Achievement

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**Staff Member Training**
Group Sessions - Individual Workbook Lessons - Certifications
Modular Tools – Available to all authorized Staff members
iMR Web based training
Private or Staff Clinicians – pros - cons

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**Schedule Intervention to Rule-In or Rule-out**
TEAM Attendees
Student – Clinician – Counselor – Family - Mentor

The use of tele-collaboration can insure all TEAM members are up to date on Plan conditions and status.

Student is responsible for plan tasks/reports for one year.

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**TEAM = Student, Family, Faculty and Clinician**
Assessments are web based – results immediate
Bar Graph provided to Student
Student marks “their” test results on 15 scales
Student Test Answers are available for review
Student confirms accuracy of self - assessments

**Approximate Timing**
Assessment = ¾ - 1 hour
Result Review & Action Plan – ¾ hours
Multiple Results from 15 validated scales eliminate disputes

**Action Plan**
Bar Graph Summary is basis for action plans
Bar Graph Summary/Plan can be basis for discussion with post Intervention TEAM members.

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**Post Intervention**
1. Educational and Treatment modules – plus quizzes - are available for Student use
2. Student/TEAM can use phone or email to provide info on plan activities and status.
3. Web Reports available 24/7 to TEAM members.
4. Programmed inquiry for school status of BAAA – Behaviors, Attendance, Achievement and Attitudes.

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**iMR New tools and processes**
Efficient/Effective Interventions
SUD and Mental Health – Dual Diagnosis
IDEA – PBIS Guidelines

**SUD & MH**

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**iMR Web based training**
Private or Staff Clinicians – pros - cons

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**SuperCounselor Does It Again!**

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**ADVISORS/CONSULTANTS**
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Leslee Whiteman – LCPC – CADC
%david@imresponsible.com

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https://www.imresponsible.com -- https://www.teamfixes.com -- 208-853-7410 – david@imresponsible.com
HISTORICAL INTERVENTIONS: iMRResponsible.com

Step 1. Teacher recognizes student behavioral changes: (Behaviors, Attendance, Achievement & Attitudes)
Step 2. Works with Counselor
Step 3 “Independent Comprehensive Diagnosis is Elected” = Rule “In or Out” - SUD & MH Issues
Step 4. Intervention is scheduled. 2 Hour estimate for each Intervention
   Schedule Intervention with Student, Clinician, Counselor and Student’s parents
   Intervention Steps:
   1. Introduction and Description of Process
   2. Student “self-diagnosis” of behavioral, SUD and mental health issues (45+ min)
      (Alcohol/Drug, Psychological (Stress, Anxiety, Anger, Cognitive)(Social/Criminal is Option)
      (Note: Compu-Tools are web based. Paper copies are available – when needed)
   3. Participants - Immediately review the diagnostic results
   4. (Using multi scale - graphic presentation = Eliminates Denial)
   5. Completes a Treatment Plan with Client, Counselor and Parents
   6. All parties sign performance contract and get copies of all documents (45+ min)
   * See alternative Post Intervention services that have been provided in the past

3. Meeting: = 1.5 -> 2.0 Hours
   (Counselors generally use appointment type scheduling for trained iMR Clinicians)
4. Idaho Interventions are handled by private Clinicians and/or On-Campus counselors that have been trained on the use of the Compu-Tools assessments.

The use of private, certified, clinical providers relieves the School of any liability issues. The School Districts were instrumental in our processes design and the development of their overall policies regarding behaviors processes.

If School Districts wish to train and use salaried personnel, it is important that they be trained to insure that the Student’s “self-diagnosis” is presented - without subjective data. The use of self diagnosis tools eliminates facility responsibilities.

Treatment recommendation development is a process that some feel can best be handled by independent professionals. iMR tools were designed to insure that all processes used are objective, legal and ethical.

*Alternative - Post Intervention options:

During the early days of the Student Assistant Program, iMR developed a monitoring program that enabled the Student to notify iMR as Treatment Tasks were completed. This was done through the mail and iMR completed data entry. Today, we are able to automatically enter data submitted via email or cell phone text messages.

These supplemental actions are supported by a few – conscientious counselors/clinicians/parents. These “pro-active” processes are met with a variety of acceptance. Accountability increases work loads. Federal requirements, however, are beginning to require evidence of positive solution benefits.

iMR case management and monitoring processes do provide Teen drug courts and Corrections with the most effective case services they can obtain. Pilot programs have been designed to encourage these agencies to try iMR services and become addicted to the positive results. These programs are “supplements” / enhancements to regular EHR case management processes – currently used.
Program Tools ($35.00 per month / per site)($300.00 Annual) (Open to Alternatives)
1. iMR – Web-based access -Teen - Alcohol/Drug Comprehensive Diagnosis
2. iMR – Web-based access -Teen – Alcohol/Drug Rapid Tests
3. iMR – Web-based access –Teen - Psychological – (Depression, Anxiety, Anger & Cognitive)
4. iMR – Web-based access - Social and Criminal Behaviors Assessments
5. PDF Copies of all Questionnaires – used for manual entry -> then copy on to web site
6. PDF Copies of Treatment Plans/ Contracts
7. PDF Copies of Adolescent Bar Graph – Used during Intervention to verify self-test accuracy.
8. Training Tools —School Faculty members – Modular – Individual Training Tools
9. Training Tools —Validation of Compu-Tools accuracy (Inc. ASAM and DSM Integration)
10. Validation Manual – Independent verification that Compu-Tools exceedsl evidence based criteria

Case Management Tools and Processes (Included)
1. Group Lesson Modules — PDF Copies - Tests, Answers (100+ Lessons—Inc. Thinking Errors)
2. iMR – Web-based Case Data Entries—By Student and TEAM members
3. Current Case Reports—24/7 Web based Case data is available and can be exported
4. Electronic Case Data & Demographics - Import and Export Options

Monitoring Tools and Processes ($10.00-$20.00 per month / per client)
1. Monitoring Tools and Processes – with optional ALERTS
2. All daily plan tasks are logged into the iMR system via: direct Web Entry, use of iMR electronic forms + phone text (SMS). If regular mail is necessary, arrangements can be made.

Additional Training Tools
All Training materials are provided in electronic – PDF format. Each is designed to provide concise and easy to understand content. Each new TEAM member will be able to become familiar with the processes and concepts in a sort period of time. Module completion and quiz completion could be used to produce healthcare Certification.
1. Training Program—District Case Management Intervention Specialists
2. Training—Opioid and Heroin use and treatment
3. Drug Testing Options
4. Family and Social demographic and relationship tools – with analysis
5. Certification Package—Modules used for faculty training and certification

david@imresponsible.com – 208-853-7410 – https://www.imresponsible.com
iMRblog: ------https://www.teamfixes.com

iMResponsible.com has been providing effective Student Intervention Services for 20 years.
Join iMR as a partner in providing live saving options to Students in your area.
All tools and processes will be provided – including training and consulting.
# Assessment Summary

The following summarizes the results of the selected assessment test as completed by the client. Additional information regarding the client and test areas may be viewed by downloading the assessment summary from the menu to the right.

## Client: Typical Teen

### Computer Scoring (Recommended Problem Category)

Description: Results of all tests are grouped, weighed, and compared to established norms/results.

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>ACDC</th>
<th>YOUTH</th>
<th>LIFE</th>
<th>DSM-5</th>
<th>Computer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>No Evidence of Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-5</td>
<td>Possible Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-9</td>
<td>Probable Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10+</td>
<td>Definite Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Maximum Score = 11

<table>
<thead>
<tr>
<th>Computer Scoring</th>
<th>10 = Definite Problem</th>
</tr>
</thead>
</table>

## INDIVIDUAL TEST RESULTS

Description: Matrix of individual test scores.

### Primary Drug: Alcohol (Beer/Wine/Liquor)

### Secondary Drug: Marijuana

### Adolescent Chemical Dependency Checklist - Stages of Use

Description: Probability of continued use of, dependence or addiction to, alcohol/drugs.

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>Stages of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>5+</td>
<td>Early Stage of Dependency</td>
<td>26 = Dependency on Use</td>
</tr>
<tr>
<td>10+</td>
<td>Dependency on Use</td>
<td></td>
</tr>
</tbody>
</table>

### Maximum Score = 46

<table>
<thead>
<tr>
<th>Adolescent Chemical Dependency Checklist - Need for Treatment</th>
</tr>
</thead>
</table>

### Maximum Score = 53

<table>
<thead>
<tr>
<th>Need for Treatment</th>
<th>44 = Definite Problem</th>
</tr>
</thead>
</table>

### Adolescent Chemical Dependency Checklist - Risk Factors

Description: Clients’ environmental elements, which reduce the probability of abstinence.

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6</td>
<td>May Affect Recovery</td>
<td>3 = May affect Recovery</td>
</tr>
</tbody>
</table>

### Maximum Score = 8

### Youth Diagnostic Screening Device - Pathological 'Style' of Use

Description: How or why does the Client Use?

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>Style of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>5+</td>
<td>Positive</td>
<td>10 = Positive</td>
</tr>
</tbody>
</table>

### Maximum Score = 24

### Youth Diagnostic Screening Device - Problematic Consumption

Description: How much does the Client use when he/she uses? What is the pattern of Use?

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>Problematic Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+</td>
<td>Positive</td>
<td>8 = Positive</td>
</tr>
</tbody>
</table>

### Maximum Score = 9

### Youth Diagnostic Screening Device - Consequences of Use

Description: What has happened as a result of alcohol/drug use?

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>Consequences of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2+</td>
<td>Positive</td>
<td>2 = Positive</td>
</tr>
</tbody>
</table>

### Maximum Score = 7

### LIFE Areas (Job, Social, Family, Health & Legal)

Description: Number of Major Life Areas that are negatively affected by client’s alcohol/drug use (Jon Weinberg).

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>LIFE Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Possible</td>
<td>3 = Definite Problem</td>
</tr>
<tr>
<td>2</td>
<td>Probable</td>
<td></td>
</tr>
<tr>
<td>3+</td>
<td>Definite</td>
<td></td>
</tr>
</tbody>
</table>

### Maximum Score = 5

### DSM-IV (Diagnostic Statistic Manual)

Description: Diagnostic Symptoms associated with the continuing use of, dependence or addiction to, alcohol/drugs.

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>DSM-IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Evidence of Problem</td>
<td></td>
</tr>
<tr>
<td>1-3</td>
<td>Possible Problem</td>
<td></td>
</tr>
<tr>
<td>4-12</td>
<td>Probable Problem</td>
<td></td>
</tr>
<tr>
<td>13+</td>
<td>Definite Problem</td>
<td></td>
</tr>
</tbody>
</table>

### Maximum Score = 32

<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>18 = Definite Problem</th>
</tr>
</thead>
</table>

### IQ (Possible Denial, Probable Denial, Definite Denial)

Description: The scale counts the possibility of inconsistencies between question responses. The maximum number of inconsistencies that can be recorded is 10. The minimum number is 0.

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>IQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>Possible Minimization</td>
<td></td>
</tr>
<tr>
<td>4-6</td>
<td>Probable Minimization</td>
<td></td>
</tr>
<tr>
<td>7-10</td>
<td>Definite Minimization</td>
<td></td>
</tr>
</tbody>
</table>

### Maximum Score = 0

<table>
<thead>
<tr>
<th>IQ</th>
<th>0 = Possible Minimization</th>
</tr>
</thead>
</table>

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## Assessment Summary

The following summarizes the results of the selected assessment test as completed by the client. Additional information regarding the client and test areas may be viewed by downloading the assessment summary from the menu to the right.

### Client: Typical Teen

#### CAS (Clinical Anxiety Scale)

**Description:** The CLINICAL ANXIETY SCALE (CAS) (Dr. Bruce A. Thyor, 1986) is a 25 item category partition scale that measures the amount of anxiety reported by a respondent. The CAS was psychometrically derived from a pool of questions largely based upon the diagnostic criteria found in the DSM-IV.

**Key:**
- 0-29 Possible Problem
- 30+ Definite Problem

#### CSS (Cognitive Slippage Scale)

**Description:** The COGNITIVE SLIPPAGE SCALE (CSS) (Dr. Michael L. Raulin, 1987) determines how accurately one perceives and thinks about reality. A variety of factors, both genetic and environmental may influence the manner in which symptoms of speech deficits and confused thinking manifest themselves. Perceptual aberration, intense ambivalence, somatic symptoms and distrust are also meaningful correlates of the CSS.

**Key:**
- 0-21 Possible Problem
- 22+ Definite Problem

#### CESD (Depression Scale)

**Description:** The Center for Epidemiologic Studies DEPRESSION Scale (CES-D) was developed for use in studies of the epidemiology of depressive symptomatology in the general population. It identifies not only the presence but also the severity (number of symptoms weighted by frequency/duration) of depressive symptomatology. The scale was designed to reflect current state and to be responsive to changes in state, by asking how often the symptom occurred during the past week.

**Key:**
- 0-17 Possible Problem
- 18-22 Probable Problem
- 23+ Definite Problem

#### DTAS (Diagnostic Anger Scale)

**Description:** The DIAGNOSTIC TOOL ANGER SCALE (DTAS) (Dr. Glenda Loomis, 1990) was developed by the author to determine how the consequences of angry behavior have manifested themselves in the clients’ interpersonal relationships and certain major life areas. Passive aggressive tendencies are also measured to assist the clinician with treatment recommendations. (Items 21-25) Specifically assess passive – Aggressive Tendencies.

**Key:**
- 0-9 Possible Problem
- 10+ Definite Problem
### Assessment Summary

The following summarizes the results of the selected assessment test as completed by the client. Additional information regarding the client and test areas may be viewed by downloading the assessment summary from the menu to the right.

#### Client: Typical Teen

**Antisocial Personality**

**Description:** One source for these test scores is the DSM-IV which states that 'Antisocial Behavior' is a pattern of irresponsible and antisocial behavior beginning in childhood or early adolescence and continuing into adulthood. For this diagnosis to be given, the person must be at least 16 years of age, have a history of 'Conduct Disorder' before the age of 16 and also have adult symptoms of 'Antisocial Behavior'. Should a history of childhood Conduct Disorder not be present, and adult conditions are not attributable to a mental disorder, a diagnosis of 'Adult Antisocial Behavior' should be made if adult symptoms are present.

**Key:**
- **Conduct Disorder** (Childhood signs of Antisocial Behavior)
  - 0-2 Negative
  - 3+ Positive
- **Adult Antisocial** (Adult Symptoms of Antisocial Behavior)
  - 0-3 Negative
  - 4+ Positive
- **Antisocial Personality Disorder - Diagnosis**
  Symptoms of Conduct Disorder and Adult Antisocial Behavior must both be present. (See notes above). If substance abuse is detected, in addition to antisocial behavior diagnosis, symptoms of conduct disorder must have been carried into adulthood, for Antisocial Personality Disorder to be present.

#### Antisocial Practices

**Description:** These questions resemble those that are included in the MMPI (Antisocial Practices Questions). The orders of the questions have been modified and, in some cases, the content has been altered. Scoring is similar to the MMPI questions but independent validation studies have not been conducted. Inclusion of these questions is designed to provide an indication of behaviors and practices and not to provide a complete diagnosis. The client's responses to these questions should be used to supplement any conclusions drawn from the DSM-IV and other criteria.

**Key:**
- 0-13 No Evidence of Problem
- 14+ Positive

#### Lifestyle Criminality

**Description:** These questions are based on the works of Glenn D. Walters, PhD. His screening criteria has been included in questions that are designed to allow the client to self-report on their own experiences. Positive responses are scored according to the authors instructions.

**Key:**
- **Irresponsible Behavior**
  - 2 Probable
  - 3+ Definite
- **Self-Indulgent Behavior**
  - 2 Probable
  - 3+ Definite
- **Interpersonal Intrusiveness**
  - 2 Probable
  - 3+ Definite
- **Social Rule Breaking**
  - 2 Probable
  - 3+ Definite

**Lifestyle Criminality Classification**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7+</td>
<td>Possible</td>
</tr>
<tr>
<td>10+</td>
<td>Probable</td>
</tr>
</tbody>
</table>

#### Oppositional Defiant Disorder and Conduct Disorder

**Description:** If positive scores are shown in this section for these disorders, the diagnosis of symptoms has been made by a family member or by a close friend. Oppositional Disorder is a pattern of hostility, negativism and defiance that is most apparent to family members or close friends. It is similar in symptoms to Conduct Disorder without behavior that has violated the rights of others. Positive scores in one or both scales can be used in conjunction with other information gathered.

**Key:**
- **Conduct Disorder**
  - 0-2 Negative
  - 3+ Positive
- **Oppositional Disorder**
  - 0-4 Negative
  - 5+ Positive
STUDENT PERFORMANCE CONTRACT & TREATMENT PLAN

I have reviewed the results of the assessment and agree that it accurately describes historical events and statements made by me.

Client Initials: ____________

I believe that discontinuing the use of alcohol and other drugs is in my best interest and can do so without inpatient treatment.

Client Initials: ____________

I do not believe that the historical consequences of alcohol and other drug use require that I discontinue their use. I believe that I can continue to use without it resulting in negative legal or personal consequences.

Client Initials: ____________

RECOMMENDATIONS – COMMITMENTS

Evaluator Recommendations: Provider Name(s): Client Initials:

<table>
<thead>
<tr>
<th>SCHOOL DISTRICT RESOURCES</th>
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<table>
<thead>
<tr>
<th>DISCONTINUE ALL ALC/DRUG USE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT ALC/DRUG TREATMENT</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNITY RESOURCES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AANA Week</td>
<td></td>
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<tr>
<td>Counseling</td>
<td></td>
</tr>
<tr>
<td>Support Groups</td>
<td></td>
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<tr>
<td>Family Therapy</td>
<td></td>
</tr>
<tr>
<td>Psychological Tests</td>
<td></td>
</tr>
<tr>
<td>Physical Examination</td>
<td></td>
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<tr>
<td>Urine Analysis Drug Testing</td>
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<thead>
<tr>
<th>DETOXIFICATION SERVICES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT TREATMENT SERVICES</td>
<td></td>
</tr>
<tr>
<td>OTHER RECOMMENDATIONS</td>
<td></td>
</tr>
</tbody>
</table>

In addition to the commitments above, I also agree to the following:

SCHOOL
Good School Attendance [ ] Complete Homework [ ] Improve Grades [ ] Other [ ]

FAMILY
Complete Chores [ ] Obey Curfew [ ] Other [ ]

LEGAL/OTHER
Comply with Legal Requirements [ ] No Violent Behavior [ ] Other [ ]

Should I violate the terms of this agreement, I agree to the following conditions:

Condition: ____________

I HAVE REVIEWED THE RECOMMENDATIONS INCLUDED HEREIN AND AGREE TO FOLLOW THEM: [ ]

School Name ____________________________ Counselor Name ____________________________

Client Name ____________________________ Client Signature__________________________

Street Address ____________________________ Family Signature ____________________________

City/State/Zip Code ____________________________ School Coordinator ____________________________

Date ____________________________ Name of Clinician and Other Comments ____________________________

I HAVE REVIEWED THE RECOMMENDATIONS MADE AND DECLINE TO FOLLOW THEM: [ ]

THE PERFORMANCE AGREED TO BY THE CLIENT IN THIS CONTRACT IS TO BE MONITORED

Note: These Resource(s) should be included in the Student Monitoring Program and receive Activity Reports and Alerts

Name ____________________________ Street ____________________________

City/State/Zip ____________________________ Comments ____________________________

Grade ( ) Violation = D U P (Original=Referral, 1st Copy=Monitoring, 2nd Copy=Client, Last=Clinician)